



OKLAHOMA Mental Health & Substance Abuse

2000 N Classen Ste. 2-600
Oklahoma City, OK 73106
(405) 248-9200

TITLE 450

CHAPTER 24. STANDARDS AND CRITERIA FOR COMPREHENSIVE COMMUNITY ADDICTION RECOVERY CENTERS

Effective September 15, 2021

Authority: Oklahoma Board of Mental Health and Substance Abuse Services; 43A O.S. §§ 2-101, and 3-415

History: Codified 10/01/11, Added at 28 OK Reg 2024, effective 10/01/11; Amended at 31 OK 2042, effective 10/01/14; Amended at 32 OK 2115, effective 09/15/15; Amended at 33 OK Reg 1007, effective 09/01/16; Amended at 34 OK Reg 1806, effective October 1, 2017; Amended at 35 OK Reg 1845, effective October 1, 2018; Amended at 38 OK Reg 1343, effective September 15, 2021

Unofficial Copy

Official copies of administrative rules can be obtained only from the Office of Administrative Rules, Secretary of State. The official rules are the text accepted by the Oklahoma Secretary of State for publication in the Oklahoma Register and the Oklahoma Administrative Code as required by 75 O.S. § 250 et seq. ODMHSAS has attempted to ensure the text within this publication is the same as that on file with the Secretary of State. Any differences will be decided in favor of the text on file with the Secretary of State. This publication includes permanent rules in effect as of September 15, 2021.

TABLE OF CONTENTS

SUBCHAPTER 1. GENERAL PROVISIONS Page 6

- 450:24-1-1 Purpose
- 450:24-1-2 Definitions
- 450:24-1-3 Meanings of verbs in rules
- 450:24-1-4 Services
- 450:24-1-5 Applicability

SUBCHAPTER 3. REQUIRED SERVICES Page 12

Part 1. CCARC Required Core Services

- 450:24-3-1 Required core services
- 450:24-3-2 Core community addiction recovery services
- 450:24-3-3 Availability of services

Part 3. Screening, Assessment and Referral

- 450:24-3-21 Integrated screening and assessment services
- 450:24-3-22 Screening and assessment services, access or referral to needed services

Part 5. Emergency Services

- 450:24-3-41 Emergency services
- 450:24-3-42 Emergency Crisis Intervention
- 450:24-3-43 Crisis Intervention, staffing

Part 7. Ambulatory Withdrawal Management Services

- 450:24-3-61 Ambulatory withdrawal management services without extended on-site monitoring services
- 450:24-3-62 Ambulatory withdrawal management services without extended on-site monitoring staffing
- 450:24-3-63 Ambulatory withdrawal management services without extended on-site monitoring assessment/placement
- 450:24-3-64 Ambulatory withdrawal management services without extended on-site monitoring environment
- 450:24-3-65 Ambulatory withdrawal management services without extended on-site monitoring, substance use disorder, co-occurring

Part 9. Outpatient Treatment Services, ASAM Level 1

- 450:24-3-81 Outpatient treatment services
- 450:24-3-82 Outpatient therapy services, substance abuse, co-occurring

Part 11. Intensive Outpatient Services, ASAM Level 2.1

- 450:24-3-101 Intensive outpatient treatment services
- 450:24-3-102 Intensive outpatient treatment services, substance use disorder, co-occurring

Part 13. Medication Clinic Services

- 450:24-3-121 Medication clinic services
- 450:24-3-122 Medication clinic, medication monitoring
- 450:24-3-123 Medication clinic, error rates

Part 15. Case Management

- 450:24-3-141 Case management services
- 450:24-3-142 Case management services, locale and frequency
- 450:24-3-143 Case management services for consumers admitted to higher levels of care
- 450:24-3-144 Case management services, staff credentials

Part 17. Behavioral Health Rehabilitation Services

- 450:24-3-161 Rehabilitation services
- 450:24-3-162 Individual and group rehabilitation services

Part 19. Services to Homeless Individuals

- 450:24-3-181 Services to homeless individuals

Part 21. Peer Recovery Support Services

- 450:24-3-201 Peer recovery support services
- 450:24-3-202 Peer Recovery support specialists staff requirements
- 450:24-3-203 Peer recovery support services: locale and frequency

Part 23. Wellness Services and Related Activities

- 450:24-3-221 Wellness services and related activities

SUBCHAPTER 5. OPTIONAL SERVICESPage 26

Part 1. Applicability

- 450:24-5-1 Applicability

Part 2. Medically-Supervised and Non-Medical Withdrawal Management, ASAM Level 3.7

- 450:24-5-11 Medically-supervised withdrawal management
- 450:24-5-13 Non-medical withdrawal management [REVOKED]

Part 3. Residential Treatment, ASAM Level 3.5

- 450:24-5-21 Residential treatment for adults

Part 5. Residential Treatment for Persons with Dependent Children and Pregnant Women, ASAM Level 3.5

- 450:24-5-41 Residential treatment for persons with dependent children

Part 7. Residential Treatment for Adults with Co-Occurring Disorders, ASAM Level 3.3

450:24-5-61 Adult residential treatment for consumers with co-occurring disorders

Part 9. Residential Treatment for Adolescents, ASAM Level 3.5

450:24-5-81 Residential treatment for adolescents

Part 11. Halfway House Services, ASAM Level 3.1

450:24-5-101 Halfway house services

Part 13. Adolescent Halfway House Services, ASAM Level 3.1

450:24-5-121 Adolescent halfway house services

Part 15. Halfway House Services for Persons with Dependent Children and Pregnant Women, ASAM Level 3.1

450:24-5-141 Halfway house services for persons with dependent children

Part 17. Vocational Employment Services

450:24-5-161 Vocational employment services

Part 19. Gambling Disorder Treatment Services [REVOKED]

450:24-5-162 Gambling Disorder Treatment Services [REVOKED]

450:24-5-163 Level of Care [REVOKED]

450:24-5-164 Admission criteria [REVOKED]

450:24-5-165 Discharge criteria [REVOKED]

450:24-5-166 Treatment services [REVOKED]

SUBCHAPTER 7. FACILITY CLINICAL RECORDS..... Page 28

450:24-7-1 Clinical record keeping system

450:24-7-2 Applicability

450:24-7-3 Basic requirements

450:24-7-4 Record access for clinical staff

450:24-7-5 Clinical record content, screening, and assessment

450:24-7-6 Clinical record content, on-going assessment

450:24-7-7 Behavioral health service plan

450:24-7-8 Medication record

450:24-7-9 Progress notes

450:24-7-10 Other records content

450:24-7-11 Discharge assessment

450:24-7-12 Continuing care plan

450:24-7-13 Discharge summary [REVOKED]

**SUBCHAPTER 9. CONSUMER RECORDS AND CONFIDENTIALITY
[REVOKED]**

SUBCHAPTER 11. CONSUMER RIGHTS Page 33

450:24-11-1 Consumer rights, inpatient and residential

**SUBCHAPTER 13. ORGANIZATIONAL AND FACILITY MANAGEMENT
[REVOKED]**

**SUBCHAPTER 15. PERFORMANCE IMPROVEMENT AND QUALITY
MANAGEMENT [REVOKED]**

SUBCHAPTER 17. HUMAN RESOURCES [REVOKED]

SUBCHAPTER 19. STAFF DEVELOPMENT [REVOKED]

SUBCHAPTER 21. FACILITY ENVIRONMENT Page 34

450:24-21-1 Facility environment **[REVOKED]**
450:24-21-1.1 Tobacco-free campus **[REVOKED]**
450:24-21-1.2 Hygiene and sanitation **[REVOKED]**
450:24-21-1.3 Standards for food service
450:24-21-1.4 Dietetic services
450:24-21-2 Technology **[REVOKED]**

SUBCHAPTER 23. GOVERNING AUTHORITY Page 35

450:24-23-1 Documents of authority **[REVOKED]**
450:24-23-2 Board composition

SUBCHAPTER 25. SPECIAL POPULATIONS [REVOKED]

SUBCHAPTER 27. CERTIFICATE OF NEED Page 36

450:24-27-1 Purpose
450:24-27-2 Applicability
450:24-27-3 Certificate of Need requirements

SUBCHAPTER 1. GENERAL PROVISIONS

450:24-1-1. Purpose

(a) This chapter sets forth the Standards and Criteria used in the certification of Comprehensive Community Addiction Recovery Centers (CCARC) and implements 43A O.S. § 3-415. A.1., which authorizes the Board of Mental Health and Substance Abuse Services to certify private facilities and organizations which provide treatment, counseling and rehabilitation services directed toward alcohol and drug dependent persons. A CCARC is considered distinct and separate from facilities that may be certified under OAC 450:18 in that 450:24 requires the provision of all services stipulated in Subchapter 450: 24-3 et seq.

(b) The rules regarding the certification process including but not necessarily limited to application, fees and administrative sanctions are found in the Oklahoma Administrative Code, Title 450 Chapter 1, Subchapters 5 and 9.

(c) Rules outlining general certification qualifications applicable to facilities and organizations certified under this Chapter are found in OAC 450:1-9-5 through OAC 450:1-9-5.6.

450:24-1-2. Definitions

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

"Ambulatory Withdrawal Management without extended on-site monitoring" means withdrawal management within an outpatient setting, directed by a physician and has attendant medical personnel including nurses 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 require ambulatory withdrawal management as determined by an examining physician. This corresponds to ASAM Service Level: Level 1-WM Ambulatory withdrawal management without extended on-site monitoring.

"ASAM" means the American Society of Addiction Medicine.

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

"ASAM level 1" means Outpatient Services for adolescents and adults. This level of care typically consists of less than nine (9) hours of services per week for adults or less than six (6) hours of services per week for adolescents. Services may be delivered in a wide variety of settings.

"ASAM level 2.1" means Intensive Outpatient Services for adolescents and adults. This level of care typically consists of nine (9) or more hours of service a week for adults or six (6) or more hours of service a week for adolescents. Services are delivered as organized outpatient services during the day, before or after work or school, in the evening, and/or on weekends.

"ASAM level 3" means residential and inpatient services and encompasses ASAM levels 3.1, 3.3, 3.5 and 3.7.

"ASAM level 3.1" means Clinically Managed Low-Intensity Residential Services for adolescents and adults. This level of care typically provides at least five (5) hours of clinical services a week and provides a twenty-four (24) hour living support and structure with trained personnel. The corresponding service description for this level of care is Halfway House Services.

"ASAM level 3.3" means Clinically Managed Population-Specific High-Intensity Residential Services. This level of care is for adults only and typically offers twenty-four (24) hour care with trained personnel and is designed to accommodate individuals with cognitive or other impairments. The corresponding service description for this level of care is Residential Treatment for Adults with Co-Occurring Disorders.

"ASAM level 3.5" means Clinically Managed Medium-Intensity Residential Services for adolescents and Clinically Managed High-Intensity Residential Services for adults. This level of care provides twenty-four (24) hour care and offers a wide range of therapeutic services. The corresponding service descriptions for this level of care are Residential Treatment and Intensive Residential Treatment.

"ASAM level 3.7" means Medically Monitored High-Intensity Inpatient Services for adolescents and Medically Monitored Intensive Inpatient Withdrawal Management for adults. This level of care provides twenty-four (24) hour nursing care with physician supervision and medication availability. This level of care is appropriate for individuals withdrawing from alcohol or other drugs with subacute biomedical and emotional, behavioral, or cognitive problems severe enough to require inpatient treatment but for whom hospitalization is not necessary. The corresponding service description for this level of care is Medically Supervised Withdrawal Management.

"Case management services" means planned referral, linkage, monitoring and support, and advocacy provided in partnership with a consumer to assist that consumer with self sufficiency and community tenure and take place in the individual's home, in the community, or in the facility, in accordance with a service plan developed with and approved by the consumer and qualified staff.

"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.

"Comprehensive Community Addiction Recovery Center" or "CCARC" means a facility offering a comprehensive array of community-based substance use disorder treatment services, including but not limited to, outpatient services, Intensive outpatient services, ambulatory withdrawal management services, emergency care, consultation and education; and , certain services at the option of the center, including but not limited to, prescreening, rehabilitative services, aftercare, training programs, research and evaluation.

"Community-based Structured Crisis Center" or "CBSCC" means a program of non-hospital emergency services for mental health and substance use disorder crisis stabilization as authorized by 43A O.S. §3-317, including, but

not limited to, observation, evaluation, emergency treatment and referral, when necessary, for inpatient psychiatric or substance use disorder treatment services. This service is limited to CCARC'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, adult, adolescent, or child, 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.

"Consumer advocacy" includes all activities on behalf of the consumer to assist with or facilitate resolution of problems in the acquisition of resources or services needed by the consumer

"Co-occurring disorder" (COD) means any combination of mental health symptoms and substance use disorder symptoms or diagnoses that affect a consumer and are typically determined by the current Diagnostic and Statistical Manual of Mental Disorders.

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

"Crisis Diversion" means an unanticipated, unscheduled situation requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before they become overwhelming and severely impair the individual's ability to function or maintain in the community.

"Crisis Intervention" means actions taken, and services provided to address emergency psychological, physiological, and safety aspects of alcohol, drug-related, and mental health crises.

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

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

"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.

"Face-To-Face" for the purposes of the delivery of behavioral health care, means a face-to-face physical contact and in-person encounter between the health care provider and the consumer, including the initial visit. The use of telemedicine shall be considered a face-to-face encounter.

"Gambling disorder treatment services" means treatment activities for

consumers by a gambling treatment professional that include, but are not limited to, the following:

- (A) Assessment and diagnostic impression, ongoing;
- (B) Treatment planning and revision, as necessary;
- (C) Individual, group and family therapy;
- (D) Case management;
- (E) Psychosocial rehabilitation; and
- (F) Discharge planning.

"Independent living skills, assistance in development of" means all activities directed at assisting individuals in the development of skills necessary to live and function within the community, e.g., cooking, budgeting, meal planning, housecleaning, problem-solving, communication and vocational skills.

"Intensive outpatient services" means an organized, non-residential outpatient treatment services with scheduled sessions that provide a range of nine (9) to fifteen (15) treatment hours per week for adults or six (6) to twelve (12) treatment hours per week for children. 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. This corresponds to ASAM patient Placement Criteria Treatment Level: Level II.1 Intensive outpatient.

"Levels of care" means the different options for treatment as described in the current edition of the ASAM criteria that vary according to the services offered. Each treatment option is a level of care.

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

- (A) An Allopathic or Osteopathic Physician with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or a current resident in psychiatry;
- (B) An Advanced Practice Registered Nurse licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided and certified in a psychiatric mental health specialty;
- (C) A Clinical Psychologist who is duly licensed to practice by the State Board of Examiners of Psychologists;
- (D) A Physician Assistant who is licensed in good standing in Oklahoma and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions;
- (E) practitioners with a license to practice in the state in which services are provided by one of the following licensing boards:
 - (i) Social Work (clinical specialty only);
 - (ii) Professional Counselor;
 - (iii) Marriage and Family Therapist;
 - (iv) Behavioral Practitioner; or
 - (v) Alcohol and Drug Counselor.

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

"Licensure Candidate" means practitioners actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the following licensing boards:

- (A) Psychology;
- (B) Social Work (clinical specialty only);
- (C) Professional Counselor;
- (D) Marriage and Family Therapist;
- (E) Behavioral Practitioner; or
- (F) Alcohol and Drug Counselor.

"Linkage" refers to the communication and coordination with other service providers to assure timely appropriate referrals between the CCARC and other providers.

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

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

"On-premise meal service" means meals that are prepared and cooked in a commercial kitchen located on the facility premises.

"Outpatient services" means an organized, non-residential treatment service in regularly scheduled session intended for individuals not requiring a more intensive level of care or those who require continuing services following more intensive treatment regimens. This corresponds to ASAM criteria Treatment Level I, Outpatient Treatment. Services can address early intervention needs and increase in frequency and intensity up to 9 treatment hours per week.

"Peer Recovery Support Specialist" or **"PRSS"** means an individual who meets the qualifications and is certified as a PRSS pursuant to OAC 450:53.

"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 quality improvement, continuous improvement, organization-wide quality improvement and total quality management.

"Progress notes" means a chronological written description of services provided to a consumer, resident, client, or patient that documents, utilizing acceptable documentation practices, the consumer's response related to the intervention plan or services provided.

"Psychotherapy" or **"Therapy"** means a goal directed process using generally accepted clinical approaches provided face-to-face by a LBHP or Licensure Candidate with consumers in individual, group or family settings to promote positive emotional or behavioral change.

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

"Screening" means the process to determine whether the person seeking assistance needs further comprehensive assessment.

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

"Service plan" or **"Treatment plan"** means the document used during the process by which a LBHP or Licensure Candidate and the 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.

"Substance withdrawal" means a state of being in which a group of symptoms of variable clustering and degree of severity occur on cessation or reduction of use of a psychoactive substance that has been taken repeatedly, usually for a prolonged period and/or in high doses. The syndrome may be accompanied by signs of physiological disturbance. Onset and course of the withdrawal state are time-limited and are related to the type of substance and the dose being used immediately before abstinence.

"Supportive services" refers to assistance with the development of problem-solving and decision-making skills to maintain or achieve optimal functioning within the community and can include consumer education.

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

"Urgent Recovery Clinic" means a program of non-hospital emergency services for mental health and substance use crisis response including, but not limited to, observation, evaluation, emergency treatment, and referral, when necessary to a higher level of care. This service is limited to CMHCs and Comprehensive Community Addiction Recovery Centers (CCARCs) certified by ODMHSAS or facilities operated by ODMHSAS.

"Vocational assessment services" means a process utilized to determine the individual's functional work-related abilities and vocational preferences for the purpose of the identification of the skills and environmental supports needed by the individual in order to function more independently in an employment setting, and to determine the nature and intensity of services which may be necessary to obtain and retain employment.

"Vocational placement services" means a process of developing or creating an appropriate employment situation matched to the functional abilities and choices of the individual for the purpose of vocational placement. Services may include, but are not limited to, the identification of employment positions, conducting job analysis, matching individuals to specific jobs, and the provision of advocacy with potential employers based on the choice of the individual served.

"Vocational preparation services" means services that focus on development of general work behavior for the purpose of vocational preparation such as the utilization of individual or group work-related activities to assist individuals in understanding the meaning, value and demands of work; to modify

or develop positive work attitudes, personal characteristics and work behaviors; to develop functional capacities; and to obtain optimum levels of vocational development.

"Wellness" means the condition of good physical, mental and emotional health, especially when maintained by an appropriate diet, exercise, and other lifestyle

450:24-1-3. 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.

450:24-1-4. Services

All facilities providing services shall have a group of services herein designated as required core services in accordance with 450:24-3 et seq. CCARC's may have specific additional services some of which are designated as optional services in accordance with 450:24-5 et seq.

450:24-1-5. Applicability

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

SUBCHAPTER 3. REQUIRED SERVICES

PART 1. CCARC REQUIRED CORE SERVICES

450:24-3-1. Required core services

The services in this subchapter are core services, are required of each CCARC, and are required to be provided in a co-occurring capable manner.

450:24-3-2. Core community addiction recovery services

(a) All services required pursuant to the rule in OAC 450:24 shall provide in accordance with criteria established by the most current edition of the ASAM criteria as applicable to that specific service.

(b) Each CCARC shall provide the following services:

- (1) Screening and referral services;
- (2) Emergency services;
- (3) Outpatient services based on ASAM criteria;
- (4) Intensive Outpatient services based on the ASAM criteria
- (5) Case management services;
- (6) Rehabilitation services;

- (7) Medication clinic services;
 - (8) Facilitation to medical withdrawal management services based on the ASAM criteria;
 - (9) Facilitation to residential substance use disorder treatment based on the ASAM criteria;
 - (10) Service to homeless individuals;
 - (11) Peer Recovery Support Services, and
 - (12) Wellness Activities and Support.
 - (13) Ambulatory withdrawal management (Adults only) based on ASAM criteria.
- (c) Compliance with 450:24-3-2 shall be determined by a review of the following:
- (1) On-site observation;
 - (2) Staff interviews;
 - (3) Written materials;
 - (4) Program policies;
 - (5) Program Evaluations;
 - (6) Data reporting; and
 - (7) Clinical records.

450:24-3-3. Availability of services

- (a) The core services shall be available to individuals regardless of their work or school schedule.
- (1) All services provided on an outpatient basis shall be routinely available at least forty (40) hours per week, and will include evenings or weekends.
 - (2) CCARC policy shall provide for hours in addition to 8:00 AM - 5:00 PM. This applies to the main CCARC location and full time satellite offices with two (2) or more full time employed clinical staff.
 - (3) For CCARC's not providing 24 hour on-site services, hours of operation shall be conspicuously posted.
- (b) Compliance with 450:24-3-3 shall be determined by a review of the following: schedules; posting of hours; policy and procedures; and consumer needs assessment.

PART 3. SCREENING, ASSESSMENT AND REFERRAL

450:24-3-21. Integrated screening and assessment services

- (a) CCARC policy and procedure shall require that a screening of each consumer's service needs is completed in a timely manner. An integrated screening should be welcoming, trauma-informed, and culturally appropriate, include screening of whether the consumer is a risk to self or others, including suicide risk factors, as well as maximize recognition of the prevalence of co-occurring disorders among those who present for services at a Community Comprehensive Addiction Recovery Center.
- (b) Upon determination of appropriate admission, a biospsychosocial assessment must be completed using the Addiction Severity Index (ASI) for adults or the Teen Addiction Severity Index (T-ASI) for adolescents, which gathers sufficient

information to assist the consumer in developing an individualized service plan. The assessment must also list the client's past and current psychiatric medications. The assessment must be completed by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate. Licensure candidate signatures must be co-signed by a fully-licensed LBHP in good standing.

(c) The consumer and family as appropriate shall be an active participant(s) in the screening and assessment process.

(d) The CCARC shall have policy and procedures specific to each program service which dictate timeframes by when assessments must be completed and documented. If halfway house, residential, or medically supervised withdrawal management services are provided, assessments shall be completed in accordance with 450:18-7-24 through 450:18-7-26 and 450:18-13-61(b)(5)(B). In the event the consumer is not admitted and as a result the assessment is not included in the clinical record, the policy shall specify how screening and assessment information is maintained and stored.

(e) Compliance with 450:24-3-21 shall be determined by a review of clinical records, and policy and procedures.

450:24-3-22. Screening and assessment services, access or referral to needed services

(a) Written policy and procedures governing the screening and assessment services 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 procedure to be followed when an applicant or referral is found to be ineligible for admission;
- (4) Methods of collection of information from family members, significant others or other social service agencies;
- (5) Methods for obtaining a physical examination or continued medical care where indicated;
- (6) Referral to other resources when the consumer has treatment or other service needs the facility cannot meet;
- (7) Emphasis on welcoming all consumers and conveying a recovery oriented hopeful message; and
- (8) No barriers to entry based solely on the presence of historic, current or recent mental health symptoms.

(b) Compliance with 450:24-3-22 shall be determined by a review of the facility's written policy and procedures.

PART 5. EMERGENCY SERVICES

450:24-3-41. Emergency services

(a) CCARCs shall provide, on a twenty-four (24) hour basis, accessible co-occurring disorder capable services for substance use disorder related emergencies.

(b) This service shall include the following:

- (1) 24-hour assessment and evaluation, including crisis intervention, characterized by welcoming engagement of all individuals and families;
- (2) Availability of referral to 24-hour medical withdrawal management, residential treatment, and half-way house services;
- (3) Availability of assessment and evaluation in external settings unless immediate safety is a concern. This shall include but not be limited to schools, jails, and hospitals;
- (4) Referral services, which shall include actively working with local sheriffs and courts regarding the appropriate referral process and appropriate court orders (43A O.S. §§ 5-201 through 5-407);
- (5) CCARC's serving multiple counties shall provide or arrange for on-site assessment of persons taken into protective custody [43A O.S. § 5-206 et seq.] for substance use disorder related emergencies in each county;
- (6) The CCARC's emergency telephone response time shall be less than fifteen (15) minutes from initial contact, unless there are extenuating circumstances;
- (7) Face-to-face strength based assessment, unless there are extenuating circumstances, addressing substance use disorder and/or co-occurring issues which include a description of the client's strengths in managing substance use disorder issues and disorders during a recent period of stability prior to the crisis;
- (8) Intervention and resolution; and
- (9) No arbitrary barriers to access an evaluation based on active mental health symptoms or designated substance levels.

(c) Compliance with 450:24-3-41 shall be determined by a review of policy and procedures, and clinical records.

450:24-3-42. Emergency Crisis Intervention

(a) The CCARC shall provide or otherwise ensure the capacity for performing emergency assessment of substance use disorder related crisis. This capacity must be available 24 hours per day, seven days a week.

(b) Compliance with 450:24-3-42 shall be determined by a review of the following: policy and procedures; emergency contact records; clinical records; PI documentation; and staff on-call schedules.

(c) Failure to comply with 450:24-3-42 will result in the initiation of procedures to deny, suspend and/or revoke certification.

450:24-3-43. Crisis Intervention, staffing

(a) Staff providing crisis intervention shall be an LBHP or Licensure Candidate which shall include core competency in emergency evaluation of co-occurring disorders and meet the CCARC's privileging requirements for the provision of

emergency services, with the availability of an LMHP as defined in 43A O.S. § 1-103 for emergency examinations when warranted.

(b) Compliance with 450:24-3-43 shall be determined by a review of clinical privileging records and personnel records.

(c) Failure to comply with 450:24-3-43 will result in the initiation of procedures to deny, suspend and/or revoke certification.

PART 7. AMBULATORY WITHDRAWAL MANAGEMENT SERVICES

450:24-3-61. Ambulatory withdrawal management services without extended on-site monitoring services

Ambulatory withdrawal management shall be provided outside a medical facility in an outpatient setting, but under the direction of a licensed physician for consumers who are withdrawing or are intoxicated from alcohol or other drugs.

(1) Presenting consumers shall be assessed as currently experiencing no apparent medical or neurological symptoms as a result of their substance use that would require a higher level of care using the ASAM criteria.

(2) Treatment services: Services shall occur daily (seven [7] days a week during hours of operation). Substance use disorder ambulatory withdrawal management treatment services shall be provided which shall include, but are not limited to, taking of vital signs (temperature, pulse, respiration rate, blood pressure), documentation of fluid and food intake a minimum of one (1) time per visit or more often as indicated by the consumer's condition.

450:24-3-62. Ambulatory withdrawal management services without extended on-site monitoring staffing

(a) A licensed physician providing supervision of withdrawal management shall be on site or on call during hours of operation;

(b) Staff members shall be knowledgeable about the physical signs of withdrawal, the taking of vital signs, the implication of those vital signs, and emergency procedures.

(c) Oklahoma licensed nurses (RN's and LPN's as appropriate) shall provide on-site monitoring, and statutorily approved personnel shall administer medications in accordance with physician's orders;

(d) Staff shall be knowledgeable regarding facility-required education, evidenced based practices, training and policies; and

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

450:24-3-63. Ambulatory withdrawal management services without extended on-site monitoring assessment/placement

(a) A medical assessment for appropriateness of placement shall be completed and documented by a licensed physician during the admission process to the program.

(b) An individualized case management plan shall be developed for each consumer prior to discharge;

(c) Compliance with 450:24-6-0 may be determined by a review of the following:

- (1) Licenses;
- (2) Policy and procedures;
- (3) Treatment protocols;
- (4) Personnel records, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, ongoing in-service training(s);
- (5) Treatment records;
- (6) Interviews with staff; and
- (7) Other supporting facility documentation.

450:24-3-64. Ambulatory withdrawal management without extended on-site monitoring environment

(a) The facility shall provide for monitoring/documenting vital signs, food, and liquids.

(b) The facility shall provide a safe, welcoming, trauma-informed, and culturally/age appropriate environment.

(c) The facility shall maintain a written plan for emergency medical 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.

(e) The facility shall maintain written programmatic descriptions and operational methods for (a), (c) and (d).

(f) Compliance with 450:24-6-0 may be determined by a review of the following:

- (1) Policy and procedures;
- (2) Treatment protocols;
- (3) Treatment records;
- (4) Interviews with staff; and
- (5) Other supporting facility documentation.

450:24-3-65. Ambulatory withdrawal management without extended on-site monitoring, substance use disorder, co-occurring

(a) Facilities shall provide co-occurring disorder capable intensive ambulatory withdrawal management without extended on-site monitoring treatment services.

(b) These services shall include the provision of or referral for Human Immunodeficiency Virus (HIV), Sexually Transmitted Diseases (STD), and Acquired Immunodeficiency Syndrome (AIDS) education, training, and counseling services for drug dependent persons (43A O.S. §3-425.1), and every facility shall:

- (1) Provide or refer for educational sessions regarding HIV/STD/AIDS to consumers and the significant other(s) of the consumer; and
- (2) Provide or refer all drug dependent persons, and their identified significant other (s), for HIV/STD/AIDS testing and counseling;

- (3) Provide documentation of services described in (1) and (2) above, including refusal of these services; and
 - (4) Maintain all test results in the confidential manner prescribed by applicable state or federal statutes or regulations.
- (c) Compliance with 450:24-6-0 shall be determined by a review of the following: written policy and procedures; consumer records; and other supporting facility records and documentation.

PART 9. OUTPATIENT TREATMENT SERVICES, ASAM LEVEL 1

450:24-3-81. Outpatient treatment services

(a) Outpatient services shall be determined as necessary using the ASAM criteria and shall include a range of services to consumers based on their needs regarding emotional, social and behavioral problems. These outpatient services shall be provided or arranged for, and shall include, but not be limited to the following:

- (1) Individual therapy;
- (2) Group therapy;
- (3) Family therapy;
- (4) Rehabilitation services;
- (5) Case management services;
- (6) Peer recovery support services; and
- (7) Wellness services and related activities.

(b) Compliance with 450:24-3-81 shall be determined by a review of written policy and procedures; clinical records; and data reported by facilities.

450:24-3-82. Outpatient treatment services, substance use disorder, co-occurring

(a) Facilities shall provide co-occurring disorder capable outpatient substance use disorder treatment services.

(b) These services shall include the provision of or referral for Human Immunodeficiency Virus (HIV), Sexually Transmitted Diseases (STD), and Acquired Immunodeficiency Syndrome (AIDS) education, training, and counseling services for drug dependent persons (43A O.S. §3-425.1), and every facility shall:

- (1) Provide or refer for educational sessions regarding HIV/STD/AIDS to consumers and the significant other(s) of the consumer; and
- (2) Provide or refer all drug dependent persons, and their identified significant other(s), for HIV/STD/AIDS testing and counseling;
- (3) Provide documentation of services described in (1) and (2) above, including refusal of these services; and
- (4) Maintain all test results in the confidential manner prescribed by applicable state or federal statutes or regulations.

(c) Compliance with 450:24-3-82 shall be determined by a review of the following: written policy and procedures; consumer records; and other supporting facility records and documentation.

PART 11. INTENSIVE OUTPATIENT SERVICES, ASAM LEVEL 2.1

450:24-3-101. Intensive outpatient treatment services

(a) Intensive outpatient services shall be determined as necessary using the ASAM criteria and shall include a range of nine (9) to fifteen (15) treatment services per week for adults or six (6) to twelve (12) treatment hours per week for children based on their needs regarding emotional, social and behavioral problems. These intensive outpatient services shall be provided or arranged for, and should include, but not be limited to the following:

- (1) Individual therapy;
- (2) Group therapy;
- (3) Family therapy;
- (4) Rehabilitation services;
- (5) Case management services;
- (6) Peer recovery support services; and
- (7) Wellness services and related activities.

(b) Compliance with 450:24-3-101 shall be determined by a review of written policy and procedures; clinical records; and data reported by facilities.

450:24-3-102. Intensive outpatient treatment services, substance use disorder, co-occurring

(a) Facilities shall provide co-occurring disorder capable intensive outpatient substance use disorder treatment services.

(b) These services shall include the provision of or referral for Human Immunodeficiency Virus (HIV), Sexually Transmitted Diseases (STD), and Acquired Immunodeficiency Syndrome (AIDS) education, training, and counseling services for drug dependent persons (43A O.S. §3-425.1), and every facility shall:

- (1) Provide or refer for educational sessions regarding HIV/STD/AIDS to consumers and the significant other(s) of the consumer; and
- (2) Provide or refer all drug dependent persons, and their identified significant other (s), for HIV/STD/AIDS testing and counseling;
- (3) Provide documentation of services described in (1) and (2) above, including refusal of these services; and
- (4) Maintain all test results in the confidential manner prescribed by applicable state or federal statutes or regulations.

(c) Compliance with 450:24-3-62 shall be determined by a review of the following: written policy and procedures; consumer records; and other supporting facility records and documentation.

PART 13. MEDICATION CLINIC SERVICES

450:24-3-121. Medication clinic services

(a) CCARCs shall offer comprehensive medication clinic services to consumers in need of this service,

- (b) Medication clinic services shall include an assessment of each individual's condition and needs; and an assessment of the effectiveness of those services.
- (c) Medication clinic services shall be co-occurring capable and shall utilize accepted practice guidelines for psychopharmacologic management of co-occurring and/or substance use disorders.
- (d) Medication clinical services shall include but not be limited to:
 - (1) Prescribing or administering medication, including evaluation and assessment of the medication services provided.
 - (2) Medication orders and administration:
 - (A) Only licensed staff physicians, medical residents or consultant physicians shall write medication orders and prescriptions.
 - (B) A list of those physicians authorized to prescribe medications shall be maintained and regularly updated.
 - (C) A list of licensed staff members authorized to administer medications shall be maintained and regularly updated.
 - (3) Physician's assistants and nurse practitioners may write medication orders, or prescriptions consistent with state and federal law.
- (e) Compliance with 450:24-3-121 shall be determined by on-site observation and a review of the following: clinical records, written policy and procedures, and roster of licensed, credentialed staff.

450:24-3-122. Medication clinic, medication monitoring

- (a) Medication administration, storage and control, and consumer reactions shall be regularly monitored.
- (b) Facilities shall assure proper storage and control of medications, immediate response if incorrect or overdoses occur, and have appropriate emergency supplies available if needed.
 - (1) Written procedures for medication administration shall be available and accessible in all medication storage areas, and available to all staff authorized to administer medications.
 - (2) All medications shall be kept in locked, non-consumer accessible areas. Conditions which shall be considered in medication storage are light, moisture, sanitation, temperature, ventilation, and the segregation and safe storage of poisons, external medications, and internal medications.
 - (3) Telephone numbers of the state poison centers shall be immediately available in all locations where medications are prescribed, or administered, or stored.
 - (4) A qualified physician shall supervise the preparation and stock of an emergency kit which is readily available, but accessible only to physician, nursing and pharmacy staff.
- (c) Compliance with 450:24-3-122 shall be determined by on-site observation and a review of the following: written policy and procedures, clinical records, and PI records.

450:24-3-123. Medication clinic, error rates

(a) The facility's performance improvement program shall specifically, objectively, and systematically monitor medications administration or dispensing or medication orders and prescriptions to evaluate and improve the quality of consumer care.

(b) Compliance with 450:24-3-123 shall be determined by a review of the following: facility policies; PI logs; data; and reports.

PART 15. CASE MANAGEMENT

450:24-3-141. Case management services

(a) Case management efforts shall empower consumers to access and use needed services and meet self-determined goals. These services include resource skills development and consumer advocacy provided in various settings based on consumer need.

(b) Case management services shall be offered to all adults who are receiving services and, to each child (or their parent/guardian).

(c) Case management shall be co-occurring disorder capable.

(d) Case management services shall be planned referral, linkage, monitoring and support, and advocacy assistance provided in partnership with a client to support that client in self sufficiency and community tenure. Activities include:

(1) Completion of strengths based assessment for the purpose of individual plan of care development, which shall include evidence that the following were evaluated:

- (A) Consumer's level of functioning within the community;
- (B) Consumer's job skills and potential; and/or educational needs;
- (C) Consumer strengths and resources;
- (D) Consumer's financial needs;
- (E) Consumer's legal needs;
- (F) Consumer's present living situation and support system;
- (G) Consumer's use of substances and orientation to changes related to substance use;
- (H) Consumer's medical and health status;
- (I) Consumer's needs or problems which interfere with the ability to successfully function in the community; and
- (J) Consumer's goals.

(2) Development of case management care plan;

(3) Referral, linkage and advocacy to assist with gaining access to appropriate community resources;

(4) Contacts with other individuals and organizations that influence the recipient's relationship with the community, i.e., family members, law enforcement personnel, landlords, etc;

(5) Monitoring and support related to the individual plan of care to reassess goals and objectives and assess progress and or barriers to progress;

(6) Follow-up contact with the consumer if they miss any scheduled appointments (including physician/medication, therapy, rehabilitation, or

other supportive service appointments as delineated on the service plan);
and

(7) Crisis diversion (unanticipated, unscheduled situation requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before they become overwhelming and severely impair the individual's ability to function or maintain in the community) to assist consumer(s) from progression to a higher level of care.

(e) Compliance with 450:24-3-141 shall be determined by on-site observation and a review of the following: clinical records, and written policy and procedures.

450:24-3-142. Case management services, locale and frequency

(a) Case management services shall be provided within community settings; the residence of the consumer; or any other appropriate settings, based on the individual needs of the consumer. Contact with consumers shall be made on at least a monthly basis unless otherwise specified in the service plan.

(b) Compliance with 450:24-3-142 shall be determined by a review of the following: Case managers shall contact each consumer at least once a month, unless otherwise specified in the service plan to monitor progress or provide case management services. Inability to make face to face contact shall be documented. Contact was made with consumers as specified in the service plan.

450:24-3-143. Case management services for consumers admitted to higher levels of care

(a) Case managers shall maintain contact with existing CCARC consumers, and establish contact with newly referred persons who are receiving services in residential treatment settings, Community Based Structured Crisis Centers (CBSCC), or 24-hour settings providing substance use disorder withdrawal management treatment.

(b) Each CCARC shall assign at least one (1) staff member who is responsible for linkage between CBSCCs, withdrawal management center and/or the residential substance use disorder treatment facility and the CCARC. Linkage shall include, but not limited to, the following activities, pursuant to appropriately signed releases and adherence to applicable privacy provisions:

(1) Regular visits or communication with the CBSCC, withdrawal management setting, and/or residential substance use disorder treatment facility to monitor progress of those consumers in a CBSCC, withdrawal management setting and/or in facility-based substance use disorder treatment from the CCARC's service area.

(2) Provide knowledge and communication to other CCARC staff regarding CBSCC, withdrawal management setting, and/or residential substance use disorder treatment facility and discharge procedures.

(c) Case managers from the CCARC to which the consumer will be discharged shall assist the consumer and unit, CBSCC, and/or substance use disorder treatment facility with discharge planning for consumers returning to the community.

- (d) Individuals discharging from an inpatient setting, CBSCC, and/or substance use disorder treatment facility, who have not already been engaged, shall be offered case management and other supportive services. This shall occur as soon as possible, but shall be offered no later than one (1) week post-discharge.
- (e) Compliance with 450:24-3-143 shall be determined by a review of the following: clinical records; staff interviews; information from ODMHSAS operated psychiatric inpatient unit; CBSCC facilities, substance use disorder treatment facilities; meetings minutes (CCARC or state-operated psychiatric inpatient unit); and a review of a minimum of ten (10) clinical records of consumers who received services at an inpatient unit, CBSS, and/or 450-hour setting providing substance use disorder treatment within the past twelve (12) months.

450:24-3-144. Case management services, staff credentials

- (a) Individuals providing case management services shall be an LBHP, Licensure Candidate, CADC, or certified as a behavioral health case manager pursuant to Oklahoma Administrative Code, Title 450, Chapter 50.
- (b) Facility supervisors must be a certified behavioral health case manager pursuant to Oklahoma Administrative Code, Title 450, Chapter 50 if they directly supervise the equivalent of two (2) or more FTE certified behavioral health case managers who provide case management services as part of their regular duties.
- (c) Compliance with 450:24-3-144 shall be determined by a review of the facility personnel records and credentialing files.

PART 17. BEHAVIORAL HEALTH REHABILITATION SERVICES

450:24-3-161. Rehabilitation services

- (a) This section governs individual and group rehabilitation services for both adults and children.
- (b) Policy and procedures shall reflect that all rehabilitation programs and services incorporate the following core principles:
- (1) Recovery is the ultimate goal of rehabilitation. Interventions must facilitate the process of recovery and wellness.
 - (2) Addiction rehabilitation practices help people re-establish normal roles in the community and their integration into community life.
 - (3) Rehabilitation practices facilitate the development of personal support networks.
 - (4) Rehabilitation practices facilitate an enhanced quality of life for each person receiving services.
 - (5) People have the capacity to learn and grow.
 - (6) People receiving services have the right to direct their own affairs, including those that are related to their behavioral health.
 - (7) People are to be treated with respect and dignity.
 - (8) Rehabilitation practitioners make conscious and consistent efforts to eliminate labeling and discrimination, particularly discrimination based upon a disabling condition.

(9) Culture and ethnicity play an important role in recovery. They are sources of strength and enrichment for the person and the services.

(10) Rehabilitation interventions build on the strength of each person.

(11) Rehabilitation services are to be coordinated, accessible, and available as long as needed.

(12) Services are to be designed to address the unique needs of each individual, consistent with the individual's cultural values and norms.

(13) Rehabilitation practices actively encourage and support the involvement of persons in normal community activities, such as school and work, throughout the rehabilitation process.

(14) The involvement and partnership of persons receiving services and family members is an essential ingredient of the process of rehabilitation and recovery.

(15) Rehabilitation practitioners should constantly strive to improve the services they provide.

(c) CCARC policy and procedures shall reflect that rehabilitation services shall be co-occurring disorder capable and facilitate processes for dual recovery for these individuals.

(d) Compliance with 450:24-3-161 shall be determined by on-site observation; interviews with participants; interviews with staff; a review of policy and procedures; and a review of clinical records.

450:24-3-162. Individual and Group Rehabilitation Services

(a) CCARC policy and procedures shall reflect that individual and group rehabilitation services are available to both adults and children.

(b) Facility policy and procedures shall outline the way these services are provided, including but not limited to the populations served, staff qualifications for providing the service, and general design(s) by which these services are provided.

(c) Compliance with 450:24-3-146 shall be determined by a review of CCARC policy and procedures and personnel files.

PART 19. SERVICES TO HOMELESS INDIVIDUALS

450:24-3-181. Services to homeless individuals

(a) CCARCs shall provide the following services to individuals within their service area who are homeless, including those individuals experiencing chronic homelessness and who have a serious addictive disorder, including co-occurring disorders:

(1) Linkage and contacts with local emergency services, shelters, state-operated psychiatric inpatient unit, Community Based Structured Crisis Centers, Urgent Recovery Clinics, and any other organizations which may be in contact with homeless persons;

(2) Linkage and contacts with local housing authorities;

(3) Contact, and work with those who are homeless and who have a serious addiction disorders, to assist with accessing CCARC services,

- income benefit programs, and housing programs, among other services;
and
(4) These services shall be addressed in CCARC policy and procedures.
(b) Compliance with 450:24-3-181 shall be determined by a review of the following: documentation of linkage activities and agreements; clinical records; reporting data; and, CCARC policy and procedures.

PART 21. PEER RECOVERY SUPPORT SERVICES

450:24-3-201. Peer recovery support services

- (a) Peer recovery support services are provided as a program integrated within the overall structure of Comprehensive Community Addiction Center services and must be offered to children ages 16 and 17, and adults age 18 and older with addiction disorders, including co-occurring disorders.
(b) Peer recovery support services may be offered to other consumers of the CCARC and their families.
(c) These services shall
- (1) Be based on an individualized, recovery-focused service philosophy that allows individuals the opportunity to learn to manage their own recovery and advocacy process;
 - (2) Recognize the unique value of services being provided by persons with lived experience who are able to demonstrate their own hopefulness and recovery;
 - (3) Enhance the development of natural supports, coping skills, and other skills necessary to function as independently as possible in the community, including, but not limited to assisting re-entry into the community after residential treatment or other institutional settings;
 - (4) Have written policies specific to these services; and,
 - (5) Be provided by certified Peer Recovery Support Specialist(s) as defined by 450:24-3-202.
- (d) Each CCARC shall have in place provisions for direct supervision and other supports for staff providing this service.
(e) Compliance with 450:24-3-201 shall be determined by a review of the following: documentation of linkage activities and agreements; clinical records; reporting data; and, CCARC policy and procedures.

450:24-3-202. Peer Recovery Support Specialists staff requirements

- (a) Peer Recovery Support Services shall be provided only by Peer Recovery Support Specialists meeting the requirements and certified pursuant to OAC 450:53.
(b) Each CCARC shall document and maintain records to verify compliance with training and testing requirements of each provider of this service.
(c) Compliance for 450:24-3-202 shall be determined by a review of the facility personnel records and ODMHSAS files.

450:24-3-203. Peer Recovery Support services: Locale and frequency

- (a) Peer Recovery Support services can be provided in any location. The majority of contacts should be face-to-face; however, services may be provided over the telephone as necessary to help the consumer achieve his/her goals.
- (b) Compliance for 450:24-3-203 shall be determined by a review of the agency policy and procedures, data reporting system, consumer records, consumer interviews, and observation.

PART 23. WELLNESS SERVICES AND RELATED ACTIVITIES

450:24-3-221. Wellness Services and Related Activities

- (a) Wellness Services and Related Activities are consumer-driven services and supports that promote healthy lifestyles and behaviors which may include and not be limited to smoking cessation activities, exercise, stress management, spirituality, and education on nutrition and healthy eating.
- (b) These services shall:
- (1) Be based on an individualized, recovery-focused service philosophy that allows individuals the opportunity to learn to manage their own wellness; and,
 - (2) Be provided by staff credentialed by ODMHSAS as Wellness Coaches; and
 - (3) Have written policies specific to this services.
- (c) Compliance for 450:24-3-221 shall be determined by a review of the following: documentation of activities and agreements; clinical records; reporting data; and, CCARC policy and procedures.

SUBCHAPTER 5. OPTIONAL SERVICES

PART 1. APPLICABILITY

450:24-5-1. Applicability

The services in this subchapter are optional services. However, if the services in this subchapter are provided, either on the initiative of the CCARC, or as an ODMHSAS contractual requirement of the CCARC, all rules and requirements of this subchapter shall apply, as applicable, to the affected CCARC's certification.

PART 2. MEDICALLY-SUPERVISED WITHDRAWAL MANAGEMENT, ASAM LEVEL 3.7

450:24-5-11. Medically-supervised withdrawal management

If provided, Medically-supervised withdrawal management shall be provided pursuant to 450:18-5-5.1 and 450:18-13-61 through 18-13-63.

450:24-5-13. Non-medical withdrawal management [REVOKED]

PART 3. RESIDENTIAL TREATMENT, ASAM LEVEL 3.5

450:24-5-21. Residential treatment for adults

Facilities providing substance use disorder treatment services for adults in the residential setting must meet the requirements found in 450:18-5-5.1, 450:18-5-14 and 450:18-13-101 through 18-13-103.

PART 5. RESIDENTIAL TREATMENT FOR PERSONS WITH DEPENDENT CHILDREN AND PREGNANT WOMEN, ASAM LEVEL 3.5

450:24-5-41. Residential treatment for persons with dependent children and pregnant women

Facilities providing substance use disorder treatment services for persons with dependent children or pregnant women in the residential setting must meet the requirements found in 450:18-5-5.1, 450:18-5-14 and 450:18-13-121 through 18-13-124.

PART 7. RESIDENTIAL TREATMENT FOR ADULTS WITH CO-OCCURRING DISORDERS, ASAM LEVEL 3.3

450:24-5-61. Adult residential treatment for consumers with co-occurring disorders

Facilities providing treatment services for adults with co-occurring disorders in the residential setting must meet the requirements found in 450:18-5-5.1, 450:18-5-14 and 450:18-13-141 through 18-13-143.

PART 9. RESIDENTIAL TREATMENT FOR ADOLESCENTS, ASAM LEVEL 3.5

450:24-5-81. Residential treatment for adolescents

Facilities providing substance use disorder treatment services for adolescents in the residential setting must meet the requirements found in 450:18-5-5.1, 450:18-5-14 and 450:18-13-161 through 18-13-163.

PART 11. HALFWAY HOUSE SERVICES, ASAM LEVEL 3.1

450:24-5-101. Halfway house services

Facilities providing halfway house services must meet the requirements found in 450:18-5-5.1 and 450:18-13-181 through 18-13-183.

PART 13. ADOLESCENT HALFWAY HOUSE SERVICES, ASAM LEVEL 3.1

450:24-5-121. Adolescent halfway house services

Facilities providing adolescent halfway house services must meet the requirements found in 450:18-5-5.1 and 450:18-13-190 through 18-13-192.

PART 15. HALFWAY HOUSE SERVICES FOR PERSONS WITH DEPENDENT CHILDREN AND PREGNANT WOMEN, ASAM LEVEL 3.1

450:24-5-141. Halfway house services for persons with dependent children and pregnant women

Facilities providing halfway house services for persons with dependent children and pregnant women must meet the requirements found in 450:18-5-5.1 and 450:18-13-201 through 18-13-203.

PART 17. VOCATIONAL EMPLOYMENT SERVICES

450:24-5-161. Vocational employment services

(a) The vocational employment services program is an identified program within the CCARC that assists in the rehabilitation and support of persons with addiction disorders, which may include but is not limited to the following:

- (1) Vocational assessment services;
- (2) Vocational preparation services;
- (3) Vocational placement services; and
- (4) Other on and off-site employment support services.

(b) If offered by a CCARC, vocational employment services should be co-occurring disorder capable and be available to individuals with co-occurring disorders who are interested in work as a goal, even if they are not yet abstinent.

(c) Compliance with 450:24-5-161 shall be determined by on-site observation and a review of the following: organization chart; interagency agreements; written policy and procedures; and contractual agreements.

PART 19. GAMBLING DISORDER TREATMENT SERVICES [REVOKED]

450:24-5-162. Gambling Disorder Treatment Services [REVOKED]

450:24-5-163. Level of Care [REVOKED]

450:24-5-164. Admission criteria [REVOKED]

450:24-5-165. Discharge criteria [REVOKED]

450:24-5-166. Treatment services [REVOKED]

SUBCHAPTER 7. FACILITY CLINICAL RECORDS

450:24-7-1. Clinical record keeping system

Each CCARC shall maintain an organized clinical record system for the collection and documentation of information appropriate to the treatment processes; and which insures organized, easily retrievable, usable clinical records stored under confidential conditions and with planned retention and disposition.

450:24-7-2. Applicability

The requirements of this subchapter are applicable to a CCARC's clinical services, core and optional.

450:24-7-3. Basic requirements [REVOKED]

450:24-7-4. Record access for clinical staff

(a) The CCARC shall assure consumer records are readily accessible to the program 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 450:24-7-4 shall be determined by on-site observation and staff interviews.

450:24-7-5. Clinical record content, screening and assessment

(a) All facilities shall complete a face-to face screening with each individual to determine appropriateness of admission.

(b) The CCARC shall document the face-to-face screening between the potential consumer and the CCARC including how the consumer was welcomed and engaged, how the consumer was assisted to identify goals and experience hope, how the consumer received integrated screening to identify both immediate and ongoing needs and how the consumer was assisted to determine appropriateness of admission, and/or to access other appropriate services.

(c) All facilities shall assess each consumer for appropriateness of admission to the treatment program. Each presenting consumer for substance use disorder treatment shall be assessed, according to ASAM criteria, which includes a list of symptoms for all six dimensions and each level of care to determine a clinically appropriate placement in the least restrictive level of care. The ODMHSAS designated ASAM Service Level instrument must be completed to determine clinically appropriate residential/inpatient level of care (ASAM Level 3) treatment placement prior to admission into the treatment facility. Facilities must ensure that a consumer's refusal of a particular service does not preclude the consumer from accessing other needed mental health or substance-related or addictive disorder treatment services. Should the service provider determine the consumer's needs cannot be met within the facility, clinical assessments and referrals for the consumer shall be documented.

(d) Any consumer seeking admission to inpatient or residential services, including medically-supervised withdrawal management and non-medical withdrawal management while under the influence or undergoing withdrawal of alcohol or drugs, shall be assessed prior to admission for medical needs. The written criteria to be used for medical needs assessment of persons under the influence or undergoing withdrawal of alcohol or drugs, and the protocols for determining when physician review of the assessment is needed, shall be approved by the facility's consulting physician.

(e) Upon determination of appropriate admission, consumer assessment demographic information shall contain, but not be limited to, the following:

- (1) Date of initial contact requesting services;

- (2) Date of the screening and/or assessment;
 - (3) Consumer's name;
 - (4) Gender;
 - (5) Birthdate;
 - (6) Home address;
 - (7) Telephone number;
 - (8) Referral source;
 - (9) Reason for referral;
 - (10) Significant other to be notified in case of emergency; and
 - (11) PICIS data core content, if the facility reports on PICIS.
- (f) Compliance with 450:18-7-21 may be determined by a review of the following:
- (1) Policies and procedures;
 - (2) Intake protocols;
 - (3) assessment instruments;
 - (4) Treatment records;
 - (5) Interviews with staff and consumers; and
 - (6) Other facility documentation.

450:24-7-6. Clinical record content, on-going assessment

- (a) The CCARC shall have procedures and policies which delineate the process, protocols, and timeframes by which on-going clinical assessments occur.
- (b) Compliance with 450: 24-7-6 shall be determined by a review of the clinical records and agency policies and procedures.

450:24-7-7. Behavioral Health Service Plan

- (a) The service plan is performed by a LBHP or Licensure Candidate with the active participation of the consumer and a support person or advocate if requested by the consumer. In the case of children under the age of sixteen (16), it is performed with the participation of the parent or guardian, if allowed by law, and the child as age and developmentally appropriate. The service plan shall provide the formation of measurable service objectives and reflect ongoing changes in goals and objectives based upon consumer's progress or preference or the identification of new needs, challenges and problems.
- (b) The service plan is developed after and based on information obtained in the mental health assessment and includes the evaluation of the assessment information by the clinician and the consumer.
- (c) For adults, the service plan must be focused on recovery and achieving maximum community interaction and involvement including goals for employment, independent living, volunteer work, or training. For children, the service plan must address school and educational concerns and assisting the family in caring for the child in the least restrictive level of care.
- (d) Comprehensive service plans must be completed within six (6) treatment sessions and adhere to the format and content requirements described in the facility policy and procedures.
- (e) Service plan updates should occur at a minimum of every six (6) months during which services are provided and adhere to the format and content

requirements described in the facility policy and procedures. Service plan updates shall occur at a minimum of once every thirty (30) days during which services are provided for levels of care with ASAM Level 3 (residential and inpatient services).

(f) Service plans, both comprehensive and update, must include dated signatures for the consumer customer (if over age 14), the parent/guardian (if under age sixteen (16) or otherwise applicable), and the LBHP or Licensure Candidate. Licensure candidate signatures must be co-signed by a fully-licensed LBHP in good standing. Signatures must be obtained after the service plan is completed.

(g) Service plans for residential and halfway house services shall be completed in accordance with the time frames specified in 450:18-7-82.

(h) Service plans for medically supervised withdrawal management services shall be completed in accordance with 450:18-7-84.

(i) Compliance with 450:24-7-7 shall be determined by a review of the clinical records, policies and procedures, and interviews with staff and consumers, and other agency documentation.

450:24-7-8. Medication record

(a) A medication record shall be maintained on all consumers who receive medications or prescriptions through facility services and shall be a concise and accurate record of the medications the consumer is receiving or prescribed.

(b) The consumer record shall contain a medication record with the following information on all medications ordered or prescribed by licensed medical staff:

- (1) Name of medication,
- (2) Dosage,
- (3) Frequency of administration or prescribed change, and
- (4) Staff member who administered or dispensed each dose, and prescribing physician; and

(c) A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities during the admission process, updated when required by virtue of new information, and kept in a highly visible location in or on the record.

(d) Compliance with 450:24-7-8 shall be determined by a review of medication records and clinical records.

450:24-7-9. Progress Notes

(a) Progress notes shall chronologically describe the services provided, the consumer's response to the services provided and the consumer's progress in treatment.

(b) Progress notes shall address the following:

- (1) date;
- (2) consumer's name;
- (3) Start and stop time for each timed treatment session or service;
- (4) type of service provided; and
- (5) signature of the service provider with their credential(s).

(c) Outpatient staff must document each visit or transaction, except for assessment completion or service plan development, including missed appointments.

(d) Compliance with 450:24-7-9 shall be determined by a review of clinical records and policies and procedures.

450:24-7-10. 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 or recommendations for treatment.

(c) The consumer record shall contain any additional information relating to the consumer, which has been secured from sources outside the program.

(d) Compliance with 450:24-7-10 shall be determined by a review of clinical records.

450:24-7-11. Discharge assessment

(a) All facilities shall assess each consumer for appropriateness of discharge from a substance use disorder treatment program. Each consumer shall be assessed using ASAM criteria that includes a list of symptoms for all six dimensions and each of the levels of care, to determine a clinically appropriate placement in the least restrictive level of care. This organized process involves a professional determination for appropriate placement to a specific level of care based on the consumer's severity of symptoms and current situations.

(b) Compliance with 450:24-7-11 may be determined by a review of the following:

- (1) Policies 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.

450:24-7-12. Transition/discharge plan

(a) The facility shall assist the consumer to obtain services that are needed, but not available within the facility, and/or in transitioning from one level of care to another, and/or discharging from a facility. A written plan of recommendations and specific referrals for implementation of continuing care services, including medications, shall be prepared for each consumer who meets the ASAM PPC dimensional continued service criteria, in each level of care. Transition/discharge plans shall be developed with the knowledge and cooperation of the consumer.

(b) Appointments for outpatient therapy and other services, as applicable, should be scheduled prior to discharge from residential/inpatient level of care (ASAM

level 3) service settings. Development of the transition/discharge plan shall begin no later than two (2) weeks after admission into residential service settings.

(c) 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.

(d) The transition/discharge plan shall be included in the discharge summary.

(e) Compliance with 450:24-7-12 may be determined by a review of closed clinical records.

450:24-7-13. Discharge Summary [REVOKED]

SUBCHAPTER 9. CONSUMER RECORDS AND CONFIDENTIALITY [REVOKED]

450:24-9-1 Confidentiality of mental health and drug or alcohol abuse treatment information [REVOKED]

SUBCHAPTER 11. CONSUMER RIGHTS

450:24-11-1. Consumer rights, inpatient and residential

The CCARC shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

SUBCHAPTER 13. ORGANIZATIONAL AND FACILITY MANAGEMENT [REVOKED]

450:24-13-1. Organizational and facility description [REVOKED]

450:24-13-2. Information analysis and planning [REVOKED]

SUBCHAPTER 15. PERFORMANCE IMPROVEMENT AND QUALITY MANAGEMENT [REVOKED]

450:24-15-1. Performance improvement program [REVOKED]

450:24-15-2. Critical incident reporting [REVOKED]

SUBCHAPTER 17. HUMAN RESOURCES [REVOKED]

450:24-17-1. Personnel policies and procedures [REVOKED]

450:24-17-2. Job descriptions [REVOKED]

450:24-17-3. Utilization of volunteers [REVOKED]

SUBCHAPTER 19. STAFF DEVELOPMENT [REVOKED]

450:24-19-1. Staff qualifications [REVOKED]

450:24-19-2. Staff development [REVOKED]

450:24-19-3. Annually required in-service training for all employees and volunteers [REVOKED]

450:24-19-4. First Aid and CPR training [REVOKED]

SUBCHAPTER 21. FACILITY ENVIRONMENT

450:24-21-1. Facility environment [REVOKED]

450:24-21-1.1. Tobacco-free campus [REVOKED]

450:24-21-1.2. Hygiene and sanitation [REVOKED]

450:24-21-1.3. Standards for food service

The following shall be applicable to all residential facilities and to any outpatient facilities which provide an on-premise meal service or food services provided by an outside vendor.

(1) Storage, preparation, transportation, and serving of food shall be in compliance with the requirements of the OSDH regulations governing public feeding establishments.

(2) Dishwashing may be accomplished by either mechanical dishwashers or by approved manual methods. If mechanical dishwashers are used, the final rinse shall be in clear water of 180 degrees Fahrenheit, or in compliance with the OSDH regulations. Manual procedures, if used, shall follow a written procedure which outlines the steps followed, temperature of cleaning and rinsing solutions, detergents and chemicals used, etc., and shall be specifically approved by the local or OSDH.

(3) Equipment used in the preparation and handling of food shall bear the seal of or document compliance with the National Sanitation Foundation (NSF) or equivalent, or with OSDH standards or other appropriate regulatory body.

(4) Ice used in contact with food or drink shall come from a source approved by the OSDH. Transportation, storage, handling, and dispensing shall be in a sanitary manner approved by the OSDH.

450:24-21-1.4. 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 consumer's 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#), Oklahoma License Number (DL#), and date of the review.

(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 OSDH 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 consumers' treatment records, and when medically indicated, forwarded to parties having permission to receive information regarding consumers' 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) OSDH reports; and
- (6) Any other supporting facility documentation.

450:24-21-2. Technology [REVOKED]

SUBCHAPTER 23. GOVERNING AUTHORITY

450:24-23-1. Documents of authority [REVOKED]

450:24-23-2. Board composition

(a) Members of the Board of Directors shall reside, or be employed, or otherwise have a demonstrated interest in the area served.

- (b) The composition of the Board shall reflect an equitable representation of the population distribution in the service area. Each county in a multi-county service area of five or fewer counties must be represented on the Board by at least one resident of the county. CCARC's serving six or more counties may rotate such membership or otherwise ensure representation.
- (c) Composition of the Board shall also reflect a broad representation of the community, including minorities, at least one consumer of addiction recovery services and one family member of an adolescent who has received addiction recovery services.
- (d) No more than forty percent of the Board's members shall be providers of mental health and/or addiction recovery services.
- (e) The Board shall have no less than seven members.
- (f) System shall be devised to provide for a staggering of terms so that the terms of the Directors do not all expire at the same time.
- (g) The Board shall have a provision for the removal of individuals from the Board for non-attendance of Board meetings.
- (h) The governing body shall meet at least quarterly.
- (i) Employees of an agency shall be prohibited from participation as Board members of their governing authority, except in an ex-official, nonvoting capacity.
- (j) The meetings of the Board of Directors shall comply with the Oklahoma open meeting laws.
- (k) Compliance with 450:24-23-2 shall be determined by a review of facility policy and procedures regarding governing authority; governing body bylaws, rules and regulations; governing body minutes; membership rolls; and other documentation as needed.

SUBCHAPTER 25. SPECIAL POPULATIONS [REVOKED]

450:24-25-1. Americans with Disabilities Act of 1990 [REVOKED]

450:24-25-2. Human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Syndrome (AIDS) [REVOKED]

SUBCHAPTER 27. CERTIFICATE OF NEED

450:24-27-1. Purpose

The purpose of this Subchapter is to set forth rules regulating Certificate of Need requirements for applicable facilities.

450:24-27-2. Applicability

The rules set forth in this Subchapter are applicable only to facilities that seek to obtain initial certification under this Chapter for residential substance use disorder services, medically supervised withdrawal management services, or

halfway house services and that intend to enroll with the Oklahoma Health Care Authority as a Medicaid provider. Such facilities will be required to provide a Certificate of Need from the Department to the Oklahoma Health Care Authority upon enrollment as a Medicaid provider, in accordance with OAC 317:30-5-95.44(a)(3).

450:24-27-3. Certificate of Need requirements

- (a) Applicable providers must provide required documentation and meet criteria as specified in 450:18-17-3 to obtain a Certificate of Need.
- (b) Failure of a facility to obtain a Certificate of Need shall not prohibit the facility from obtaining certification from the Department.