TITLE 450. DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
CHAPTER 17. STANDARDS AND CRITERIA FOR COMMUNITY MENTAL HEALTH CENTERS

SUBCHAPTER 1. GENERAL PROVISIONS

450:17-1-6. Services and service areas

(a) All facilities providing services shall have a group of services herein designated as required core services in accordance with 450:17-3-2. Each site certified as a CMHC shall offer all required core services through in-person and/or virtual means. CMHCs may have specific additional services some of which are designated as optional services in accordance with 450:17-5-1. All required core services and all optional services must be co-occurring disorder capable.

(b) Service areas are established by ODMHSAS to ensure the most efficient statewide availability of treatment services. Only one certified CMHC is allowed per service area. Each CMHC entity may only operate CMHC sites within its designated service area, unless special approval by ODMHSAS is obtained. Such approval shall only be granted for specific consumers located in specific service locations, and only in situations in which appropriate CMHC/CCBHC services are not otherwise readily available due to extenuating circumstances.

(c) If operated by a CMHC entity, Community-Based Structured Crisis Center (CBSCC) sites must be within the CMHC's designated service area unless special approval by ODMHSAS is obtained.

SUBCHAPTER 3. REQUIRED SERVICES

PART 5. EMERGENCY SERVICES

450:17-3-41. Emergency services

(a) CMHCs shall provide, on a twenty-four (24) hour basis, accessible co-occurring disorder capable services for substance use disorder and/or psychiatric emergencies.

(b) This service shall include the following:

(1) 24-hour assessment and evaluation, including emergency examinations;

(2) Availability of 24-hour inpatient/crisis center referral and crisis diversion/intervention;

(A) CMHC staff shall be actively involved in the emergency services and referral process to state-operated psychiatric inpatient units, crisis centers and urgent recovery clinics.

(B) Referral to state-operated psychiatric inpatient units by the CMHC shall occur only after all other community resources, including crisis centers and urgent recovery clinics, are explored with the individual and family if family is available.

(C) Prior notification to and approval from the state-operated psychiatric inpatient unit of all referrals from CMHCs is required.

(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) CMHCs serving multiple counties shall provide or arrange for face-to-face assessment of persons taken into protective custody [43A O.S. § 5-206 et seq.] in each county;
(6) The CMHC's emergency telephone and telehealth 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 both mental health and substance use disorder issues which, if practicable, include a description of the client's strengths in managing mental health and/or substance use issues and disorders during a recent period of stability prior to the crisis;
(8) Intervention and resolution; and
(9) Access to an evaluation. No barriers to access of an evaluation based on active substance use or designated substance levels shall be implemented unless the facility provides written justification approved by ODMHSAS Provider Certification.

(c) Compliance with 450:17-3-41 shall be determined by a review of policy and procedures, and clinical records.

SUBCHAPTER 5. OPTIONAL SERVICES

PART 25. CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS

450:17-5-172. General Staffing

(a) In order to ensure adequate staffing, the facility must complete ~~an~~a needs assessment and staffing plan, which reflect of the needs of the target consumer population ~~and a staffing plan~~. The needs assessment will include cultural, linguistic, and treatment needs. The needs assessment will include both consumer and family/caregiver input and will be updated regularly, but no less frequently than every three (3) years.

(b) The facility operating the CCBHC will have policies and program descriptions to define how the CCBHC will operate a team dedicated to provide the range of specific services articulated elsewhere in this Subchapter.

(c) The facility shall have a fully staffed management team as appropriate for the size and needs of the clinic as determined by the current needs assessment and staffing plan. The management team will include, at a minimum a CEO or Executive Director and a psychiatrist as Medical Director. The Medical Director need not be a full-time employee. The Medical Director will ensure the medical component of care and the integration of behavioral health and primary care are facilitated. If, after reasonable efforts have been made, a CCBHC is unable to obtain a psychiatrist as a Medical

Director, a medically trained behavioral health care professional with prescriptive authority and appropriate education, licensure, and experience in psychopharmacology, and who can prescribe and manage medications independently pursuant to state law, may serve as the Medical Director if special approval from ODMHSAS is obtained. However, in these instances the CCBHC must obtain consultation from a psychiatrist regarding medical and clinical service delivery.

(d) The facility must maintain liability/malpractice insurance adequate for the staffing and scope of services provided.

(e) Compliance with this Section shall be determined by a review of policies, facility needs assessment, organizational chart, clinic liability and malpractice insurance documentation.

450:17-5-173. Staffing; Treatment team

(a) The treatment team includes the consumer, the family/caregiver of child consumers, the adult consumer's family to the extent the consumer does not object, any other person the consumer chooses, and identified staff as appropriate to the needs of the individual consumer. Each facility shall maintain a core staff comprised of employed and, as needed, contracted staff, which shall, at a minimum, include the following positions:

(1) Licensed Psychiatrist;

(2) Licensed Nurse Care Manager (RN or LPN);

(3) Consulting Primary Care Physician, Advanced Practice Registered Nurse, or Physician Assistant;

(4) At least one (1) Licensed Behavioral Health Professional (LBHP) and may include additional LBHPs or Licensure Candidates;

(5) ~~Certified~~ Behavioral Health Case Manager II or Certified Alcohol and Drug Counselor;

(6) ~~Certified~~ Peer Recovery Support Specialist;

(7) ~~Family Support Provider for child consumers~~Family Peer Recovery Support Specialist;

(8) Qualified Behavioral Health Aide; and

(9) Wellness Coach.

(b) Optional positions, to be included as necessary based on community needs assessments and the caseload of the CCBHC, may include:

(1) Certified Behavioral Health Case Manager I;

(2) Licensed nutritionist;

(3) Occupational therapist; and/or

(4) Occupational therapist assistant under the supervision of a licensed occupational therapist.

(c) Compliance with this Section shall be determined by a review of personnel files and privileging documents.

450:17-5-176. Availability and accessibility of services

(a) A CCBHC must conduct outreach activities to engage ~~those consumers who are difficult to find and engage~~underserved individuals and populations, with an emphasis on the special population list also known as the "Most in Need" list that is determined

and supplied to the CCBHC by the ODMHSAS. These activities must be services reported through the Medicaid Management Information System (MMIS). The CCBHC must have dedicated staff who do not carry a caseload. The CCBHC must have policies and procedures to describe how outreach and engagement activities will occur to assist consumers and families to access benefits and formal or informal services to address behavioral health conditions and needs.
(b) Facility records will identify which staff members are responsible for specific elements of outreach and engagement.
(c) To the extent possible, the facility should make reasonable efforts to provide transportation or transportation vouchers for consumers to access services provided or arranged for by the facility.
(d) To the extent allowed by state law, facility will make services available via telemedicine in order to ensure consumers have access to all required services.
(e) The facility will ensure that no individuals are denied services, including but not limited to crisis management services, because of an individual's inability to pay and that any fees or payments required by the clinic for such services will be reduced or waived to enable the facility to fulfill this assurance. The facility will have a published sliding fee discount schedule(s) that includes all services offered.
(f) The facility will ensure no individual is denied behavioral healthcare services because of place of residence or homelessness or lack of a permanent address. Facility will have protocols addressing the needs of consumers who do not live within the facility's service area. At a minimum, facility is responsible for providing crisis response, evaluation, and stabilization services regardless of the consumer's place of residence and shall have policies and procedures for addressing the management of the consumer's ongoing treatment needs. In addition, for those consumers who are homeless, the CCBHC must attempt to obtain at least two contact phone numbers for persons of the consumer's choice who know how to reach the consumer in the consumer's record, and/or a location where the consumer is most likely to be found, and/or a location to find a person of the consumer's choice likely to know where the consumer is located.
(g) The facility shall report to the Department any individual who is denied services and the reason for the denial. Reporting shall be completed in a form and manner prescribed by the Department.
~~(g)~~(h) Each CCBHC must have the following within three (3) years of initial CCBHC certification or by July 1, 2024, whichever is later:

(1) A minimum of one outpatient clinic with twenty-four (24) hour service availability, urgent recovery clinic (URC), or crisis unit in each of the following:

(A) Every county within the CCBHC catchment area with a population of 20,000 or more; and

(B) A minimum of one (1) adjacent county (if not within the county) for every county within the catchment area with a population of less than 20,000. A URC or crisis unit in another catchment area may be utilized to satisfy this requirement.

~~(h)~~(i) Compliance with this Section shall be determined by a review of policies, consumer records and facility fee schedule.

450:17-5-179. Primary care screening and monitoring

(a) The facility is responsible for outpatient clinic primary care screening and monitoring of key health indicators and health risk. Facility shall have policies and procedures to ensure that these services are received in a timely fashion, whether provided directly by the facility or through a DCO.
(b) Required primary care screening and monitoring of key health indicators and health risk provided by the facility shall include but not be limited to the following

(1) For all consumers, as applicable based on age as specified in the CCBHC Manual:

(A) Adult Body Mass Index (BMI) screening and follow-up for adults or weight assessment and counseling for nutrition and physical activity for children/adolescents (WCC);
(B) Blood pressure;
(C) Screening for clinical depression and follow-up plan;
(D) Tobacco use: Screening and cessation intervention; and
(E) Unhealthy alcohol use.

(2) As applicable:

(A) Adherence to antipsychotic medications for individuals with Schizophrenia;
(B) Adherence to mood stabilizers for individuals with Bipolar I Disorder;
(C) Antidepressant medication management;
(D) Cardiovascular health screening for people with schizophrenia;
(E) Diabetes care for people with serious mental illness;
(F) Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications; ~~and~~
(G) Metabolic monitoring for children and adolescents on antipsychotics~~.~~;
(H) HIV and viral hepatitis; and
(I) Other clinically indicated primary care key health indicators, as determined by the CCBHC Medical Director and based on environmental factors, social determinants of health, and common physical health conditions experienced by the CCBHC service population.

(c) The facility will ensure children receive age appropriate screening and preventive interventions including, where appropriate, assessment of learning disabilities, and older adults receive age appropriate screening and preventive interventions.
(d) The Medical Director shall develop organizational protocols to ensure that people receiving services who are at risk for common physical health conditions experienced by CCBHC populations receive appropriate screening across the lifespan. Protocols shall include methods for identifying service recipients with chronic diseases, ensuring service recipients are asked about physical health symptoms, and establishing procedures for the collection and analysis of laboratory samples.
~~(d)~~(e) Compliance with this Section will be determined by a review of facility policies and consumer records.

450:17-5-180. Initial assessment, ~~and~~ initial care plan, and comprehensive assessment

(a) The initial assessment and the initial care plan must be completed within ten (10) business days after the first contact. The initial care plan must include, at a minimum, the following:

(1) Preliminary diagnoses;
(2) Source of referral;
(3) Reason for seeking care, as stated by the client or other individuals who are significantly involved;
(4) Identification of the client's immediate clinical care needs related to the diagnosis for mental and substance use disorders;
(5) A list of current prescriptions and over-the-counter medications, as well as other substances the client may be taking;
(6) The use of any alcohol and/or other drugs the client may be taking and indications for any current medications;
(7) A summary of previous mental health and substance use disorder treatments, with a focus on which treatments helped and were not helpful;
~~(6)~~(8) An assessment of whether the client is a risk to self or to others, including suicide risk factors;
(9) An assessment of the need for medical care (with referral and follow-up as required);
~~(7)~~(10) An assessment of whether the client has other concerns for their safety, such as intimate partner violence;
~~assessment of need for medical care (with referral and follow-up as required);~~
~~(8)~~(11) A determination of whether the person presently is or ever has been a member of the U.S. Armed Services; ~~and~~
(12) For children and youth, a determination of whether the person has or has had involvement in government systems, such as child welfare and juvenile justice; and
~~(9)~~(13) At least one (1) immediate treatment goal.

(b) A comprehensive assessment is required for all people receiving CCBHC services. Clinicians should use their clinical judgment with respect to the depth of questioning within the assessment so that the assessment actively engages the person receiving services around their presenting concern(s). The assessment should gather the amount of information that is commensurate with the complexity of their specific needs, and prioritize preferences of people receiving services with respect to the depth of assessment and their treatment goals.

~~(b)~~(c) A Licensed Behavioral Health Professional (LBHP) or Licensure Candidate, acting within his/her scope of practice requirements, must complete the initial assessment, ~~and~~ initial care plan, and comprehensive assessment in accordance with OAC 450:17-3-21 for consumers who have not been assessed by the facility within the past six (6) months.

450:17-5-182. Comprehensive care plan, timeframes

(a) The comprehensive care plan must be documented and completed within sixty (60) calendar days after the first contact.

(b) The comprehensive care plan must be updated as needed but no less than every six (6) months thereafter. The update shall include an addendum to the plan showing progress toward goals specified in the plan, goals and objectives that have been achieved, and any new goals or objectives.

~~(c) Additionally, a review of the comprehensive care plan shall be completed every three (3) months. A review shall consist of a review of the consumer's needs and~~

~~progress as compared to the content of the comprehensive care plan to determine if an update to the comprehensive care plan is needed more frequently than required in (b) above.~~

~~(d)~~(c) Compliance with this Section will be determined by on-site review of clinical records and supported documentation. The ODMHSAS or its contractor may utilize site observation, staff surveys and/or interviews to assist Provider Certification with determining compliance.

450:17-5-183. Care coordination

(a) Based on a person and family-centered care plan and as appropriate, the facility will coordinate care for the consumer across the spectrum of health services, including access to physical health (both acute and chronic) and behavioral health care, as well as social services, housing, educational systems, and employment opportunities as necessary to facilitate wellness and recovery of the whole person. This care coordination shall include not only referral but follow up after referral to ensure that services were obtained, to gather the outcome of those services, and to identify next steps needed.

(b) The facility must have procedures and agreements in place to facilitate referral for services needed beyond the scope of the facility. At a minimum, the facility will have agreements establishing care coordination expectations with Federally Qualified Health Centers (FQHCs) and, as applicable, Rural Health Centers (RHCs) to provide healthcare services for consumers who are not already served by a primary healthcare provider.

(c) The facility must have procedures and agreements in place establishing care coordination expectations with community or regional services, supports and providers including but not limited to:

(1) Schools;

(2) OKDHS child welfare;

(3) Juvenile and criminal justice agencies;

(4) Department of Veterans Affairs' medical center, independent clinic, drop-in center, or other facility of the Department; ~~and~~

(5) Indian Health Service regional treatment centers~~.~~; and

(6) State licensed and nationally accredited child placing agencies for therapeutic foster care services.

(d) The facility will develop contracts, ~~or~~ memoranda of ~~understandings~~understanding (MOUs), or care coordination agreements with regional hospital(s), Emergency Departments, Psychiatric Residential Treatment Facilities (PRTF), ambulatory and medical withdrawal management facilities or other system(s) to ensure a formalized structure for transitional care planning, to include communication of inpatient admissions and discharges. If, after reasonable effort, the CCBHC is unable to attain contracts, memoranda of understanding (MOUs), or care coordination agreements, the CCBHC will establish written protocols to coordinate care.

(1) Transitional care will be provided by the facility for consumers who have been hospitalized or placed in other non-community settings, such as psychiatric residential treatment facilities. The CCBHC will provide care coordination while the consumer is hospitalized as soon as it becomes known. A team member will go to

the hospital setting to engage the consumer in person and/or will connect through telehealth as a face to face meeting. Reasonable attempts to fulfill this important contact shall be documented. In addition, the facility will make and document reasonable attempts to contact all consumers who are discharged from these settings within 24 hours of discharge.

(2) The facility will collaborate with all parties involved including the discharging/admitting facility, primary care physician, and community providers to ensure a smooth discharge and transition into the community and prevent subsequent re-admission(s).

(3) Transitional care is not limited to institutional transitions, but applies to all transitions that will occur throughout the development of the enrollee and includes transition from and to school-based services and pediatric services to adult services.

(4) The facility will document transitional care provided in the clinical records.

(e) Care Coordination activities shall include use of population health management tools, such as dashboards, patient registries, and team staffings.

(f) Care coordination activities will be carried out in keeping with the consumer's preferences and needs for care, to the extent possible and in accordance with the consumer's expressed preferences, with the consumer's family/caregiver and other supports identified by the consumer. ~~The facility will work with the consumer in developing a crisis plan with each consumer, such as a Psychiatric Advanced Directive or Wellness Recovery Action Plan.~~

(g) The CCBHC shall develop a crisis plan with each person receiving services. At minimum, people receiving services should be counseled about the use of the National Suicide & Crisis Lifeline, 988, local hotlines, mobile crisis, and stabilization services should a crisis arise when providers are not in their office. Crisis plans may support the development of a Psychiatric Advanced Directive, if desired by the consumer. Psychiatric Advance Directives, if developed, must be entered in the electronic health record of the person receiving services so that the information is available to providers in emergency care settings where those electronic health records are accessible.

~~(g)~~(h) Referral documents and releases of information shall comply with applicable privacy and consumer consent requirements.

~~(h)~~(i) Compliance with this Section will be determined by on-site observation, review of organizational documents, contracts, MOUs, and clinical records.

450:17-5-184. Crisis services

(a) The CCBHC ~~will~~shall make available, either directly or through a qualified DCO, the following co-occurring capable crisis services:

(1) Mobile crisis teams that are available for community response twenty-four (24) hours a day, seven (7) days a week, with response times of no more than one (1) hour in urban areas and two (2) hours in rural areas (as designated by the most recent data from the U.S. Census Bureau). Response time is the time from referral to the mobile crisis team to on-site, community-based response;

(2) Emergency crisis intervention services available in-person at the facility twenty-four (24) hours a day, seven (7) days a week; and

(3) Specialized crisis stabilization services, such as a PACT team or dedicated outreach staff/team, that are accessible to all consumers in the catchment area with

serious mental illness/serious emotional disturbance that meet criteria as determined by the CCBHC or as designated by ODMHSAS.

(b) Crisis services must include suicide crisis ~~response and~~prevention and intervention services capable of addressing crises related to substance use disorder and intoxication, including ambulatory and medical withdrawal management and drug and alcohol related overdose support following a non-fatal overdose after the individual is medically stable. Overdose prevention activities must include ensuring access to naloxone for overdose reversal to individuals who are at risk of opioid overdose, and as appropriate, to their family members.

(c) The CCBHC ~~will~~must have an established protocol specifying the role of law enforcement during the provision of crisis services.

(d) The CCBHC must have established protocols to track referrals made from 988 and other external crisis intervention call centers to the CCBHC to ensure the timely delivery of mobile crisis team response, crisis stabilization, and post crisis follow-up care.

~~(d)~~(e) Compliance with this Section shall be determined by facility policies and clinical records. The ODMHSAS may also utilize surveys and/or interviews with law enforcement agencies, consumers, families and community partners to determine if these requirements are met.

450:17-5-189. Community-based mental health care for members of the Armed Forces and Veterans

(a) The facility is responsible for screening all individuals inquiring about services for current or past service in the US Armed Forces.

(b) The facility is responsible for intensive, community-based behavioral health care for certain members of the US Armed Forces and veterans, particularly those Armed Forces members located 50 miles or more from a Military Treatment Facility (MTF) and veterans living 40 miles or more from a Veterans Affairs (VA) medical facility.

(c) All members of the Armed Forces and veterans will be afforded the complete array of services and supports available through the CCBHC, regardless of pay source or diagnosis. Need will be determined through a thorough assessment that includes any necessary communications with and records from any part of the military or veterans systems.

(d) The CCBHC will maintain Memoranda of Agreement and letters of collaboration necessary to easily receive referrals from the military or a VA medical facility, and to obtain all needed information from them, for successful treatment of all persons currently serving in the military or veterans. If, after reasonable effort, Memoranda of Understanding or letters of collaboration cannot be obtained, the CCBHC must develop a protocol to coordinate care.

(e) Compliance with this Section shall be determined by a review of facility policies and clinical records. In addition, the ODMHSAS may conduct surveys and/or interviews, or utilize a contracted agent to conduct them.