TITLE 450. DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

CHAPTER 1. ADMINISTRATION

SUBCHAPTER 1. GENERAL INFORMATION

450:1-1-1.1. Definitions

The following words or terms, as defined below, when used in Chapters 1, 15, 16, 17, 18, 21, 23, 24, 27, 30, 50, 53, 55, 60, 65, 70, and 75 shall have the following meaning, unless the context clearly indicates otherwise and will prevail in the event there is a conflict with definitions included elsewhere in Chapters 1, 15, 16, 17, 18, 21, 23, 24, 27, 30, 50, 53, 55, 60, 65, 70 and 75:

"Administrative Hearing Officer" means an individual who is an attorney licensed to practice law in the State of Oklahoma and is appointed by the Commissioner of ODMHSAS to preside over and issue a proposed order in individual proceedings.

"AOA" means American Osteopathic Association.

"Behavioral Health Aide (BHA)" means an individual who is credentialed by ODMHSAS to provide therapeutic behavioral services. In order to qualify as a BHA an individual must possess certification as a Behavioral Health Case Manager I and successfully complete training as prescribed by ODMHSAS.

"Behavioral Health Case Manager" or **"CM"** means any person who is certified by the ODMHSAS as a Behavioral Health Case Manager pursuant to Oklahoma Administrative Code, Title 450, Chapter 50.

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

"CARF" means Commission on Accreditation of Rehabilitation Facilities (CARF).

"Certification" means a status which is granted to a person or an entity by the Oklahoma State Board of Mental Health and Substance Abuse Services or the ODMHSAS, and indicates the provider is in compliance with minimum standards as incorporated in OAC Title 450 to provide a particular service. In accordance with the Administrative Procedures Act, 75 O.S. § 250.3(8), certification is defined as a "license."

"Certified Alcohol and Drug Counselor (CADC)" means Oklahoma certification as an Alcohol and Drug Counselor.

"Certified facility" means any facility which has received a certification status by the Oklahoma State Board of Mental Health and Substance Abuse Services or the ODMHSAS.

"Certification report" means a summary of findings documented by ODMHSAS related to an applicant's compliance with certification standards.

"COA" means the Council on Accreditation of Services for Families and Children, Inc.

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

"Critical incident" means an occurrence or set of events inconsistent with the routine operations of a facility, service setting, or otherwise routine care of a consumer. Critical incidents specifically include, but are not necessarily limited to the following: adverse drug events; self-destructive behavior; deaths and injuries to consumers, staff, and visitor; medication errors; residential consumers that have absent without leave (AWOL); neglect or abuse of a consumer;

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fire; unauthorized disclosure of information; damage to or theft of property belonging to consumers or the facility; other unexpected occurrences; or events potentially subject to litigation. A critical incident may involve multiple individuals or results.

"Critical standard" means a standard that ODMHSAS deems to have the potential to significantly impact the safety, well-being, and/or rights of consumers, or consumers' access to appropriate services.

"Discharge summary" means a clinical document in the treatment record summarizing the consumer's progress during treatment, with goals reached, continuing needs, and other pertinent information including documentation of linkage to aftercare.

"Contractor" or **"contractors"** means any person or entity under contract with ODMHSAS for the provision of goods, products or services.

"Employment Consultant ~~(EC)~~" or **"EC"** means an individual who (i) has a high school diploma or equivalent; and (ii) successful completion of Job Coach training.

"Encounter" means, for the purposes of the delivery of behavioral health care, an instance of direct provider/practitioner to consumer interaction with the primary responsibility for diagnosing, evaluating, or treating the consumer's condition(s). The interaction can be conducted either through a face-to-face in-person physical contact or through the use of telemedicine.

"Entities" or **"entity"** means sole proprietorships, partnerships and corporations.

"Facilities" or **"facility"** means entities as described in 43A O.S. § 1-103(7), community mental health centers, residential mental health facilities, community-based structured crisis centers, certified services for the alcohol and drug dependent, programs of assertive community treatment, eating disorder treatment, gambling addiction treatment, and narcotic treatment programs.

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

"Family Peer Recovery Support Specialist" or **"F-PRSS"** means any person who is certified by the Department of Mental Health and Substance Abuse Services as a Family Peer Recovery Support Specialist pursuant to requirements found in OAC ~~450:53~~Title 450, Chapter 53.

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

"Governing authority" means the individual or group of people who serve as the treatment facility's board of directors and who are ultimately responsible for the treatment facility's activities and finances.

"Individual proceeding" means the formal process employed by an agency having jurisdiction by law to resolve issues of law or fact between parties and which results in the exercise of discretion of a judicial nature.

"Institutional Review Board" or **"IRB"** means the ODMHSAS ~~board~~Board established in accordance with 45 C.F.R. Part 46 for the purposes expressed in this Chapter.

"Intensive Case Manager ~~(ICM)~~" or **"ICM"** means an individual who is designated as an ICM and carries a caseload size of not more than twenty-five (25) individuals. They are a LBHP, Licensure Candidate, CADC, or certified as a Behavioral Health Case Manager II, and have a minimum of two (2) years Behavioral Health Case Management experience and crisis diversion experience**.**

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"IRB approval" means the determination of the IRB that the research has been reviewed and may be conducted within the constraints set forth by the IRB and by other agency and Federal requirements.

"Levels of performance" or **"level of performance"** means units of service by types of service.

"Licensed Alcohol and Drug Counselor" or **"LADC"** means any person who is licensed through the State of Oklahoma pursuant to the provisions of the Licensed Alcohol and Drug Counselors Act.

"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) A practitioner with a license to practice in the state in which services are provided issued 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

(vi Alcohol and Drug Counselor.

"Licensed dietitian" means a person licensed by the Oklahoma Board of Medical Licensure and Supervision as a dietitian.

"Licensed mental health professional" or **"LMHP"** means a practitioner who meets qualifications as defined in Title 43A §1-103(11).

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

"Licensed practical nurse" means an individual who is a graduate of an approved school of nursing and is licensed in the State of Oklahoma to provide practical nursing services.

"Licensure candidate" means a practitioner 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.

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"Minimal risk" means that the probability and magnitude of harm or discomfort anticipated in the research are not greater, in and of themselves, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examination or tests.

"Necessary standard" means a certification standard that ODMHSAS deems important for an entity's overall functioning but generally does not have a significant, immediate impact on consumers.

"ODMHSAS" or **"Department"** 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.

"Paraprofessional" means a person who does not have an academic degree related to the scope of treatment or support services being provided but performs prescribed functions under the general supervision of that discipline.

"Peer Recovery Support Specialist" or "**PRSS**" means an individual certified by ODMHSAS as a Peer Recovery Support Specialist pursuant to requirements found in OAC ~~450:53~~Title 450, Chapter 53.

"Performance improvement" means an approach to the continuous study and improvement of the processes of providing services to meet the needs of consumers and others.

"Probationary certification" means a certification status granted for a one-year period for programs or facilities that have changed majority ownership or majority board composition but operations of the program or facility continue.

"Psychiatrist" means a licensed physician who specialized in the assessment and treatment of individuals having psychiatric disorders and who is fully licensed to practice medicine in the state in which he or she practices and is certified in psychiatry by the American Board of Psychiatry and Neurology, or has equivalent training or experience.

"Registered nurse" means an individual who is a graduate of an approved school of nursing and is licensed in the state of Oklahoma to practice as a registered nurse.

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

"Reimbursement rates" means the rates at which all contractors are reimbursed (paid) for services they provide under their ODMHSAS contract.

"Research" means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities which meet this definition constitute research for purposes of this Chapter, whether or not they are conducted or supported under a program that is considered research for other purposes. For example, some demonstration and service programs may include research activities.

"Respondent" means the person(s) or entity(ies) named in a petition for an individual proceeding against whom relief is sought**.**

"Sentinel event" means a type of critical incident that is an unexpected occurrence involving the death or serious physical or psychological injury to a consumer, staff member, or visitor, or risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or risk thereof" includes a variation in approved processes which could carry a significant chance of a serious adverse outcome. These events signal the need for immediate investigation and response.

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Sentinel events include, but are not limited to suicide, homicide, assault and other forms of violence, including domestic violence or sexual assault, and adverse drug events resulting in serious injury or death. Sentinel events include occurrences that take place at the facility and/or during the delivery of services, as well as suicide and unintentional drug overdose deaths that occur at any time while an outpatient consumer is an active consumer, within seventy-two (72) hours of contact after mobile/outpatient crisis intervention services are provided, and within seventy-two (72) hours of discharge from inpatient and residential settings, including sites certified under Chapter 23 of this Title.

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

"Service Provider" means a person who is allowed to provide substance abuse services within the regulation and scope of their certification level or license.

"Site Review Protocol" means an ODMHSAS document developed as a work document in the certification site visit(s) that is based primarily upon the rules (standards/criteria) being reviewed. The Site Review Protocol is used in preparing the Certification Report, which is provided to the facility as well as to the Board for its consideration and action related to certification.

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

"Substantial compliance" means the demonstration of compliance by an entity subject to certification to ODMHSAS of a minimum percentage of all applicable critical and necessary standards in accordance with these rules. The determination of whether an individual standard is deemed compliant may be done on a pass/fail basis or as a minimum percentage of required elements.

"Support Services Provider ~~(SSP)~~" or **"SSP"** means an individual age eighteen (18) or older with a high school diploma or equivalent.

"TJC" means The Joint Commission formerly referred to as the Joint Commission on Accreditation of Healthcare Organizations or JCAHO.

"Tobacco" means any nicotine delivery product or device that is not approved by the U.S. Food and Drug Administration (FDA) for the purpose of nicotine dependence treatment, including, but not limited to cigarettes, cigars, snuff, chewing tobacco, electronic cigarettes and vaping devices.

"Volunteer" means any person who is not on the program's payroll, but provides services and fulfills a defined role within the program and includes interns and practicum students.

SUBCHAPTER 7. CHARGES AND ELIGIBILITY FOR ODMHSAS SERVICES

450:1-7-6. Liability of Consumer for care and treatment - Eligibility for Waiver of Liability

(a) A consumer ~~at a facility within~~receiving services funded from the Department is responsible for payment and liable for his or her care and treatment unless he or she has received a waiver of the indebtedness from the Department.

(b) A consumer ~~at a facility within the~~receiving services funded from the Department shall be granted a waiver from payment for services if all of the following criteria are met:

(1) The individual must be in need of behavioral health services. An individual shall be considered to be in need of behavioral health services if treatment is needed to stabilize, reduce or eliminate the symptoms of, or prevent worsening of any of the following conditions for which a facility within the Department offers treatment needed based on the diagnosis and level of care:

(A) A diagnosable behavioral health condition as defined by the current DSM, excluding a sole diagnosis of developmental disorders or dementia disorders;

(B) A presenting problem(s) that indicates a behavioral health illness or condition;

(C) A level of functioning that indicates the need for behavioral health treatment based on a standard assessment instrument; or

(D) A behavioral health crisis.

(2) The individual must be uninsured. An individual shall be considered uninsured if one of the following applies:

(A) The individual is not covered by private or public insurance and receives no insurance benefits for behavioral health services;

(B) The individual has used all available benefits or coverage allowed for behavioral health services; or

(C) The individual has limited benefits for behavioral health services, but the service(s) needed by the individual are not covered by the individual's insurance or plan.~~; or~~

~~(D) Except for housing and vocational services, persons receiving behavioral health services through a health maintenance organization are considered to be fully covered for behavioral health services and are not eligible for a waiver of liability.~~

(3) The individual is indigent. An individual shall be considered indigent if he or she is at or below ~~200~~138% of the Federal Poverty Guidelines based solely on the individual's applicable income. The indigence requirement does not apply to persons receiving emergency services or to persons ~~seventeen (17)~~twenty-one (21) years of age or younger.

(A) "Income" is total annual cash receipts before taxes from all sources, and includes money wages and salaries before any deductions, net receipts from self-employment, regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, workers' compensation, veterans' payments, public assistance (including Temporary Assistance for Needy Families and Supplemental Security Income), training stipends; alimony, child support, military family allotments or other regular support from an absent family member or someone not living in the household, private pensions, government employee pensions, regular insurance or annuity payments, college or university scholarships, grants, fellowships and assistantships, dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

(B) "Income" does not include non-cash benefits, such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied non-farm or farm housing, and federal non-cash benefit programs such as Medicare, Medicaid, food stamps, school lunches, loans and housing assistance.

(C) Adjustments to "income" are allowed for the following:

(i) Child care allowance for dependent children under the age of fourteen (14). The amount of $200 for each child under the age of two (2), and $175 for each child under

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the age of fourteen (14) can be deducted from "income" to calculate total adjusted "income". If the family has children, there is no verification requirement.

(ii) Working adult allowance for working adults in the household. The amount of $240 for each working adult can be deducted from "income" to calculate total adjusted "income". "Working adult" is defined as a person age eighteen (18) or older with earned income (adult children in the household are not eligible to be counted for this deduction). There is no verification requirement for this deduction.

(c) Before any waiver of liability is granted, a report or questionnaire must be prepared which indicates the demographic information including the consumer's name, address if any, telephone number if any, and social security number, the consumer's income, number of dependents and third-party insurance or payer information. Income must be verified by the facility obtaining one of the following:

(1) The consumer's Internal Revenue Service Form W-2 from the previous year;

(2) The consumer's federal or state income tax return from the previous year;

(3) Two recent, consecutive paycheck stub(s) showing the pay date, hours worked, types of pay and gross rate of pay;

(4) A Medicaid card; or

(5) Any government document that verifies income. If the facility is unable to verify the consumer's income by an independent source, the consumer or a family member of the consumer must sign an income verification statement before a waiver of liability may be granted.

(d) The executive director of the facility within the Department or his or her designee shall make a determination of whether the consumer meets the criteria for waiver of liability and sign a statement, which must be placed in the consumer's record at the facility, of the reasons for the waiver.

450:1-9-5.7. Types and duration of certification status for facilities and programs

(a) The ODMHSAS may grant the following types of certification for the durations specified below.

(1) **Permit for Temporary Operations.** A Permit for Temporary Operations may be granted upon ODMHSAS's verification that the organization has substantially complied with Core Organizational Standards and Core Operational Standards applicable to the type of services for which Certification is sought. A Permit for Temporary Operations allows for the organization to begin operations so that compliance with Quality Clinical Standards may be assessed by the Department.

(A) A Permit for Temporary Operations will be granted for six (6) months and will expire upon subsequent certification achieved by the organization or upon a determination by ODMHSAS that the organization is not in substantial compliance with Quality Clinical Standards.

(B) Organizations shall notify ODMHSAS in writing no later than fourteen (14) calendar days after initiating clinical services in order to begin the compliance review of Quality Clinical Standards. Failure to provide such notification within the required timeframe may result in immediate termination of the Permit for Temporary Operation.

(C) A Permit for Temporary Operations may not be renewed. ODMHSAS may extend a Permit for Temporary Operations for no more than ninety (90) days in the

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event of extenuating circumstances as determined by ODMHSAS.

(D) Organizations that do not achieve subsequent Certification after obtaining a Permit for Temporary Operations must wait a minimum of ninety (90) days before making re-application.

(2) **Probationary Certification.** Probationary Certification may be awarded for a one (1) year period by ODMHSAS in cases where a program or facility has changed majority ownership or majority board composition but operations of the program or facility continue. Such programs or facilities must provide ODMHSAS with documentation of any changes in policies, procedures, personnel, services, and other documentation as requested by ODMHSAS. Upon determination by ODMHSAS that the program or facility meets the requirements of OAC 450:1-9-5.7(a)(3) prior to expiration of the Probationary Certification, the program or facility may obtain applicable Certification.

(3) **Certification.** ODMHSAS may award Certification for a one (1) year or two (2) year period beyond the period approved for a Permit for Temporary Operations or as a renewal of a previously awarded Certification in accordance with applicable chapters as stipulated in OAC 450:1-9-5 and when ODMHSAS determines that the organization has met substantial compliance with applicable standards. Programs certified under Chapter 21 of this Title may be awarded a three (3) year Certification beyond the period approved for a Permit for Temporary Operations or as a renewal of a previously awarded Certification. To qualify for Certification, programs must meet the following:

(A) Demonstrate compliance with a minimum of ninety percent (90%) of all Critical Standards as identified in the ODMHSAS Provider Certification Manual on the initial site review, file an acceptable plan of correction in the required timeframe addressing standards for which compliance was not achieved on the initial site review, and demonstrate compliance with one hundred percent (100%) of all Critical Standards after the initial site review.

(B) Demonstrate compliance with a minimum of seventy-five percent (75%) of all Necessary Standards as identified in the ODMHSAS Provider Certification Manual on the initial site review and file an acceptable plan of correction in the required timeframe addressing standards for which compliance was not achieved on the initial site review. ODMHSAS may verify compliance with standards identified in the plan of correction at its discretion.

(C) Programs with fewer than five (5) active cases for which clinical records could be reviewed must meet the requirements in (B) above, but can be considered for no more than a one (1) year certification.

(D) Community Residential Mental Health Programs can be considered for no more than a one (1) year certification.

(E) Programs awarded a Probationary Certification are not eligible for Certification under the conditions described in OAC 450:1-9-5.7(3) until all conditions of OAC 450:1-9-5.7(2) have been satisfied.

(F) Programs found to have initiated operations prior to the awarding of a Permit for Temporary Operations for the services for which certification is statutorily required shall obtain the necessary Permit for Temporary Operations to continue operations. Subsequently, these programs will be eligible for Certification for a one (1) year period only for the first two (2) years of Certification. Programs that fail to obtain the necessary Permit for Temporary Operations shall be required to cease

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operations.

(4) **Certification with distinction.** Certification with Distinction may be awarded for up to three (3) years by ODMHSAS in accordance with applicable chapters as stipulated in OAC 450:1-9-5 for programs seeking renewal of previously awarded certification when ODMHSAS verifies all of the following minimal conditions are satisfied.

(A) Programs must have provided services with an approved ODMHSAS Certification as described in OAC 450:1-9-5.7(a)(3) for one (1) year or longer in addition to the time services were provided under an approved Permit for Temporary Operations.

(B) Programs must demonstrate compliance with a minimum of ninety percent (90%) of all Critical Standards as identified in the ODMHSAS Provider Certification Manual on the initial site review, file an acceptable plan of correction in the required timeframe addressing standards for which compliance was not achieved on the initial site review, and demonstrate compliance with one hundred percent (100%) of all Critical Standards after the initial site review.

(C) Programs must demonstrate compliance with a minimum of eighty-five percent (85%) of all Necessary Standards as identified in the ODMHSAS Provider Certification Manual on the initial site review and file an acceptable plan of correction in the required timeframe addressing standards for which compliance was not achieved on the initial site review. ODMHSAS may verify compliance with standards identified in the plan of correction at its discretion.

~~(D) ODMHSAS may refund certification renewal application fees for organizations that demonstrate 100% compliance with all standards (i.e. Core Organizational Standards, Core Operational Standards, and Quality Clinical Standards) during the initial renewal site visit and review.~~

~~(E)~~(D) Community Residential Mental Health Programs can be considered for no more than a one (1) year Certification with Special Distinction.

~~(F)~~(E) Programs awarded a Probationary Certification are not eligible for Certification under the conditions described in OAC 450:1-9-5.7(4) until all conditions of OAC 450:1-9-5.7(2) have been satisfied.

(5) **Certification with special distinction.** Certification with Special Distinction may be awarded for up to three (3) years by ODMHSAS in accordance with applicable chapters as stipulated in OAC 450:1-9-5 for programs seeking renewal of previously awarded certification when ODMHSAS verifies all of the following minimal conditions are satisfied.

(A) The program must meet all conditions for Certification with Distinction as outlined in 450:1-9-5.7(a)(4); and,

(B) The program has attained national accreditation (COA, CARF, or TJC) for the services to which ODMHSAS Certification applies.

(C) Certification with Special Distinction will be reduced by ODMHSAS to Certification with Distinction by ODMHSAS if during the certification period for which the Special Distinction was approved, the program fails to maintain national accreditation status.

~~(D) ODMHSAS may refund certification renewal application fees for organizations that demonstrate 100% compliance with all standards (i.e. Core Organizational Standards, Core Operational Standards, and Quality Clinical Standards) during the~~

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~~initial renewal site visit and review.~~

~~(E)~~(D) Community Residential Mental Health Programs can be considered for no more than a one (1) year Certification with Special Distinction.

~~(F)~~(E) Programs awarded a Probationary Certification are not eligible for Certification under the conditions described in OAC 450:1-9-5.7(a)(4) until all conditions of OAC 450:1-9-5.7(a)(2) have been satisfied.

(b) Permits for Temporary Operations granted to applicants for initial certification of a facility, location, or level of service shall be for a period of six (6) months and shall become effective immediately upon approval by the ODMHSAS Board, the Commissioner or designee.

(c) Certification, other than Permits for Temporary Operations, granted to an applicant shall become effective the first day of the month following the date of the action by the Board, provided however, the Board may waive this requirement and make the Certification effective immediately.

450:1-9-6. Procedures for application for certification

(a) Applications for certification as a facility or program must be made to ODMHSAS in writing on a form and in a manner prescribed by ODMHSAS and include the following:

(1) A fully completed ODMHSAS application for certification form signed by authorized officials;

(2) The necessary written documentation or supporting evidence required on the application for certification form; and

(3) The required certification fee payable to the Oklahoma Department of Mental Health and Substance Abuse Services.

(4) The following fees are required:

(A) Application fee for all Treatment Programs is $1,000 per certification period.

(B) Application fee for Community Residential Mental Health Programs is $100 per certification period.

(5) The application may require a listing of all services provided by the applicant, as well as specifics about the applicant including but not limited to governing authority, administrative, fiscal, proof of status as a business entity recognized by the State of Oklahoma, Secretary of State, all locations or sites where applicant will provide services and types of services to be provided.

(6) The application must include a listing of key personnel responsible for business and clinical operations of the facility. At a minimum, the application will require a listing of the following, along with current contact information:

(A) Agency director;

(B) Business director or financial officer;

(C) Clinical director, currently licensed in the clinical area(s) for which certification is sought.

(i) If both substance use disorder treatment and mental health treatment services will be provided by the entity, the Clinical Director must have evidence of dual license or additional training in the area for which they are not currently licensed.

(ii) The facility must also provide evidence that the Clinical Director will be employed to serve as Clinical Director a minimum of ten (10) hours per week.

~~(7) ODMHSAS may refund certification fees based on exemplary performance during the~~

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~~Certification process for which the application has been submitted and based on guidelines established by ODMHSAS.~~

(b) Applications for certification or credentials as an individual provider must be made to ODMHSAS in writing on a form and in a manner prescribed by ODMHSAS and, as applicable, in accordance with specific requirements stipulated in OAC 450:21, OAC 450:50, OAC 450:53., and OAC 450:75.

(c) Failure to provide required materials within sixty (60) days of receipt of the application will result in a denial of the application.

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