TITLE 450. DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

CHAPTER 70. STANDARDS AND CRITERIA FOR OPIOID TREATMENT PROGRAMS

SUBCHAPTER 1. GENERAL PROVISIONS

450:70-1-2. Definitions

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

"Accreditation" means the process of review and acceptance by a nationally recognized accreditation body.

"Accreditation body" means a body that has been approved by SAMHSA to accredit opioid treatment programs using opioid agonist or partial agonist treatment medications.

"Administer" means the direct application of a prescription drug by ingestion or any other means to the body of a person served by a licensed practitioner, or the patient at the direction of, or in the presence of, a practitioner.

"Administrative withdrawal" means medically supervised withdrawal involving the gradual tapering of dose of medication over time, coinciding with the usually involuntary discharge from medication assisted treatment. Administrative withdrawal typically results from non-payment of fees, violent or disruptive behavior, incarceration or other confinement.

"Approved narcotic drug" means a drug approved by the United States Food and Drug Administration for maintenance and/or detoxification of a person physiologically dependent upon opioid drugs.

"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.

"Biopsychsocial assessment" means in-person interviews conducted by a LBHP or Licensure Candidate designed to elicit historical and current information regarding the behavior and experiences of a person served, and are designed to provide sufficient information for problem formulation, intervention planning, case management needs, and formulation of appropriate substance abuse-related treatment and service planning.

"Buprenorphine" means a partial agonist, Schedule III narcotic approved for use in opioid dependence treatment.

"CARF" means the Commission on the Accreditation of Rehabilitation Facilities.

"Central registry" means a document or database to which an OTP shall report identifying information about individuals who are applying for or undergoing medically supervised withdrawal or maintenance treatment on an approved opioid agonist or partial agonist to a central record system approved by the Commissioner or designee.

"Certification" means the process by which ODMHSAS or SAMHSA determine that an OTP is qualified to provide opioid treatment under applicable State and Federal standards.

"Chain of custody" means the process of protecting items so that movement, possession and location are secure and documented and there is no possibility for altering or otherwise tampering with the item.

"Chronic pain disorder" means an ongoing condition or disorder consisting of chronic anxiety, depression, anger and changed lifestyle, all with a variable but significant level of genuine

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neurologically based pain. The pain becomes the main focus of the person served, and results in significant distress and dysfunction.

"Clinical Opioid Withdrawal Scale" or **"COWS"** means a well validated, standardized assessment instrument for evaluating the severity of withdrawal through the identification of objective and subjective symptoms and the severity of these symptoms.

"Clinical record" or **"treatment record"** means the collection of written information about the evaluation or treatment of a person served that includes the intake data, evaluation, service plan, description of services provided, medications as prescribed, continuing care plan, and discharge information.

"Clinical supervision" means an organized process by which knowledgeable and skilled supervisors systematically and routinely provide ongoing and in-depth review of direct service providers' performance.

"COA" means the Commission on Accreditation.

"Comprehensive maintenance treatment" means dispensing or administering an approved opioid agonist or partial agonist medication at stable dosage levels for a period in excess of twenty-one (21) days for opioid use disorder; and providing medical, clinical and educational services to the person served with opioid use disorder.

"Continuing care plan" or **"discharge summary"** means a written plan of recommendations and specific referrals for implementation of continuing care services, including medications, developed with the knowledge and cooperation of the person served.

"Co-occurring disorder" or **"COD"** means any combination of mental health and substance use disorder symptoms or diagnoses as determined by the current Diagnostic and Statistical Manual of Mental Disorders that affect a person served.

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

"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.

"DEA" means Drug Enforcement Administration.

"Discharge planning" means the process, beginning at admission of determining a consumer's continued need for treatment services and developing a plan to address ongoing consumer recovery needs.

"Diskette" means a compressed wafer form of methadone intended to be dissolved in water for consumption.

"Dispense" means preparing, packaging, compounding and labeling for delivery, a prescription drug in the course of professional practice to an ultimate user by the lawful order of a physician.

"Diversion" means the unauthorized or illegal transfer of an opioid agonist or partial agonist treatment medication.

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"Diversion control plan" or **"DCP"** means documented procedures to reduce the possibility that controlled substances are used for any purpose other than legitimate use.

"Drug test" means the assessment of an individual to determine the presence or absence of illicit or non-prescribed drugs or alcohol or to confirm maintenance levels of treatment medication(s), by a methodology approved by the OTP medical director based on informed medical judgment and conforming to State and Federal law. This may include blood testing, oral-fluid and urine testing.

"Employment services" means services designed to assist a person served in obtaining, maintaining, or advancing in employment. Services may include job readiness, job search and application assistance, resume development, interview preparation, addressing barriers to employment, and workplace support. Services may be provided directly by the OTP or through referral and linkage to appropriate employment, education, training, or vocational resources.

"Exception request process" means a process recording the justification of the need to make a change in treatment protocol for person receiving medication assisted treatment for opioid use disorder and submitted to SAMHSA using form SMA-168.

"FDA" means the Federal Food and Drug Administration.

"Federal opioid treatment standards" means the established standards of SAMHSA, CSAT and the DEA that are used to determine whether an OTP is qualified to engage in medication assisted opioid treatment.

"HIPAA" means Health Insurance Portability and Accountability Act

"Holiday" means those days recognized by the State of Oklahoma as holidays.

~~**"Individual Placement and Support"** or **"IPS"** means an evidence based specific type of employment and education service to help people with mental illness, substance use disorders or co-occurring disorders, find and keep competitive employment.~~

"Individualized service planning" means the ongoing process by which a clinician and the person served identify and rank problems, establish agreed upon goals, and decide on the treatment process and resources to be utilized.

"Interim maintenance treatment" means maintenance treatment provided in conjunction with appropriate medical services while a person served is awaiting transfer to a program that provides comprehensive maintenance treatment.

"JC" or **"TJC"** means the Joint Commission.

"**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 by one of the following licensing boards:

(i) Social Work (clinical specialty only);

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(ii) Professional Counselor;
(iii) Marriage and Family Therapist;
(iv) Behavioral Practitioner; or
(v) Alcohol and Drug Counselor.

"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.

"Liquid methadone" means a liquid concentrate of methadone meant to be mixed with water for ingestion.

"Lock box" means a container with a combination lock or key lock entry system for securing take home medications. The box must have the ability to lock and should be secure enough to thwart access by children.

"Long-term care facility" means a facility that provides rehabilitative, restorative, and/or ongoing services to those in need of assistance with activities of daily living. Long-term care facilities include extended acute care facilities; rehabilitation centers; skilled nursing facilities; permanent supportive housing; assisted living facilities; and chronic care hospitals.

"Long-term withdrawal management" means detoxification treatment for a period of more than ~~30~~thirty (30) days but less than ~~180~~one hundred and eighty (180) days.

"Medical director" means a physician, licensed to practice medicine in Oklahoma, who assumes responsibility for the administration of all medical services performed by an OTP, either by performing them directly or by delegating specific responsibility to authorized program physicians and healthcare professionals functioning under the medical director's direct supervision, unless otherwise indicated in this chapter. This includes ensuring the program is in compliance with all federal, state, and local laws and regulations regarding the medical treatment of dependence on an opioid drug.

"Medical withdrawal" means a condition created by administering an opioid agonist or partial agonist treatment medication in decreasing doses to an individual to alleviate adverse physical or psychological effects of withdrawal from the continuous or sustained use of an opioid drug and as a method of bringing the individual to a drug-free state.

"Medication for Opioid Use Disorder" or **"MOUD"** means medications, including opioid agonist medications, approved by the Food and Drug Administration under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), for use in the treatment of opioid use disorder.

"Medication unit" means a satellite facility established as part of, but geographically separate from, an OTP from which appropriately licensed practitioners dispense or administer an opioid agonist or partial agonist treatment medication or collect samples for drug testing or analysis. Medication units include mobile and brick and mortar facilities.

"Non-oral methadone" means an injectable form of methadone not allowed for use by an OTP.

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"Nurse practitioner" means a registered nurse who is prepared through advanced education and clinical training, to provide a wide range of health care services.

"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.

"OBNDD" means the Oklahoma Bureau of Narcotics and Dangerous Drug Control.

"Opiate drug" means any of a class of drugs also called narcotics derived from the opium poppy or containing opium and with analgesic or sedative effects that can form sustain or enhance addiction and physical dependency.

"Opioid agonist" means a drug that has an affinity for and stimulates physiologic activity at cell receptors in the central nervous system normally stimulated by opioids. Methadone is an opioid agonist.

"Opioid agonist or partial agonist treatment medication" means a prescription medication, such as methadone, buprenorphine or other substance scheduled as a narcotic under the Federal Controlled Substances Act (21 U.S.C. Section 811) that is approved by the U.S. Food and Drug Administration for use in the treatment of opiate addiction or dependence.

"Opioid antagonist" means a drug that binds to cell receptors in the central nervous system that normally are bound by opioid psychoactive substances and that blocks the activity of opioids at these receptors without producing the physiologic activity produced by opioid agonists. Naltrexone is an opioid antagonist.

"Opioid dependence" means a cluster of cognitive, behavioral, and physiological symptoms in which an individual continues use of opioids despite significant opioid-induced problems. Opioid dependence is characterized by repeated self-administration resulting in opioid tolerance, withdrawal symptoms, and compulsive drug-taking. Dependence may occur with or without the physiological symptoms of tolerance and withdrawal.

"Opioid drug" means any of a class of drugs also called narcotics, having a dependence-forming or dependence-sustaining liability similar to morphine. Originally a term for synthetic narcotics only, but for the purposes of this chapter and unless otherwise specified, currently used to describe both opium based and synthetic narcotics. These drugs have analgesic or sedative effects.

"Opioid partial agonist" means a drug that binds to, but incompletely activates, opiate receptors in the central nervous system, producing effects similar to those of an opioid agonist but, at increasing doses, does not produce as great an agonist effect as do increased doses of an agonist. Buprenorphine is a partial opioid agonist.

"Opioid Treatment Program (OTP)" means an organization which has been certified by ODMHSAS to provide therapeutic services and FDA-approved medications for opioid use disorder, referred to in statute as an Opioid Substitution Treatment Program.

"Opioid Use Disorder treatment" means the dispensing of MOUD, along with the provision of a range of medical and behavioral health services, as clinically necessary and based on an individualized assessment and a mutually agreed-upon care plan, to an individual to alleviate the combination of adverse medical, psychological, or physical effects associated with an Opioid Use Disorder.

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"Pain management" means the successful management of chronic pain or a chronic pain disorder.

"Parenteral" means injected, infused or implanted, used to describe drug administration other than oral or anal.

"Person served" 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), consumer(s), patient(s) or resident(s) or a combination thereof.

"Physician assistant" means a licensed or certified mid-level medical practitioner who works under the supervision of a licensed physician (MD) or osteopathic physician (DO).

"Program physician" means a licensed physician who provides medical treatment and counsel to the persons served by an OTP while under the supervision of the medical director.

"Program sponsor" means a person named in the application for an OTP permit who is responsible for the operation of the OTP and who assumes responsibility for all its employees, including any practitioners, staff, or other persons providing medical, rehabilitative, or therapy services at the program or any of its medication units. The program sponsor need not be a licensed physician but shall employ a licensed physician for the position of medical director.

"Psychotherapy" or **"Therapy"** means a goal directed process using generally accepted clinical approaches provided face-to-face by a Licensed Behavioral Health Professional (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. Rehabilitation services must be provided by a Licensed Behavioral Health Professional (LBHP), Licensure Candidate, Certified Alcohol and Drug Counselor (CADC) or Certified Behavioral Health Case Manager II (CM II).

"SAMHSA" means the Substance Abuse and Mental Health Services Administration.

"Sentinel event" means a type of critical incident that is an unexpected occurrence involving the death or serious physical or psychological injury to a person served, 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. 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 a person receiving outpatient services is an active client, 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 Provider" means a person who is allowed to provide services for those with substance use disorders within the regulation and scope of their certification level or license.

"Short-term withdrawal management" means detoxification treatment for a period not in excess of ~~30~~thirty (30) days.

"Split dosing" means dispensing of a single dose of MOUD as separate portions to be taken within a 24-hour period. Split dosing is indicated among, but not limited to, those patients who:

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possess a genetic variant which increases methadone metabolism; concurrently take other medications or drink alcohol that also induce hepatic enzymes leading to more rapid metabolism of methadone; who are pregnant; or for whom methadone or buprenorphine are being used to treat a concurrent pain indication in addition to the diagnosis of OUD. This leads to more stable, steady-state medication levels.

"State Opioid Treatment Authority" or **"SOTA"** means the agency designated by the Governor or other appropriate official designated by the Governor to exercise the responsibility and authority within the State or Territory for governing the treatment of opioid dependence with an opioid drug. For Oklahoma it is the Oklahoma Department of Mental Health and Substance Abuse Services.

"STD" means sexually transmitted disease.

"Tablet methadone" means methadone in a tablet form intended to be taken orally. For the purposes of this chapter diskettes will not be considered to be tablet methadone. Tablet methadone is not allowed for use by an OTP.

"Take-home dose" or **"take-home medication"** means one or more doses of an opioid agonist or partial agonist treatment medication dispensed to a person served for use off the premises.

"Therapeutic hour(s)" means the amount of time in which the person served was engaged with a service provider in identifying, addressing, and/or resolving those issues that have been identified in that individual's treatment plan.

"Urine drug screen" means a urine sample taken to determine if metabolites are present indicating the use of drugs.

"Withdrawal management" means the dispensing of a MOUD in decreasing doses to an individual to alleviate adverse physical effects incident to withdrawal from the continuous or sustained use of an opioid and as a method of bringing the individual to an opioid-free state within such period. Long-term withdrawal management refers to the process of medication tapering that exceeds thirty (30) days.

SUBCHAPTER 3. FACILITY RECORD SYSTEM

PART 3. INTAKE AND ADMISSION ASSESSMENT

450:70-3-5. Assessment and record content - Initial medical examination

(a) All OTPs shall assess each individual for appropriateness for admission, ensuring the individual is placed in the least restrictive level of care.

(b) OTPs shall require each person served to undergo an initial medical examination. The initial medical examination shall be comprised of two parts:

(1) A screening examination to ensure that the person served meets criteria for admission and that there are no contraindications to treatment with MOUD; and

(2) A full history and examination, to determine the individual's broader health status, with lab testing as determined to be required by an appropriately licensed practitioner. An individual's refusal to undergo lab testing for co-occurring physical health conditions should not preclude them from access to treatment, provided such refusal does not have potential to negatively impact treatment with medications.

(c) If there are no contraindications, an individual may commence treatment with MOUD after the screening examination has been completed. Both the screening examination and full examination

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must be completed by an appropriately licensed practitioner. If the licensed practitioner is not an OTP practitioner, the screening examination must be completed no more than seven (7) days prior to OTP admission. Where the examination is performed outside of the OTP, the written results and narrative of the examination, as well as available lab testing results, must be transmitted, consistent with applicable privacy laws, to the OTP, and verified by an OTP practitioner.

(d) A full in-person physical examination, including the results of serology and other tests that are considered to be clinically appropriate, must be completed within fourteen (14) calendar days following an individual's admission to the OTP. The full exam can be completed by a non-OTP practitioner, if the exam is verified by a licensed OTP practitioner as being true and accurate and transmitted in accordance with applicable privacy laws.

(e) Serology testing and other testing as deemed medically appropriate by the licensed OTP practitioner based on the screening or full history and examination, drawn not more than thirty (30) days prior to admission to the OTP, may form part of the full history and examination.

(f) ~~The screening and full examination may be completed via telehealth for those individuals being admitted for treatment at the OTP with either buprenorphine or methadone, if a practitioner or primary care provider determines that an adequate evaluation can be accomplished via telehealth. When using telehealth, the following caveats apply:~~If a practitioner or primary care provider determines that an adequate evaluation can be accomplished via telehealth, the following caveats apply:

~~(1) In evaluating patients for treatment with schedule II medications (such as Methadone), audio-visual telehealth platforms must be used, except when not available to the patient. When not available, it is acceptable to use audio-only devices, but only when the patient is in the presence of a licensed practitioner who is registered to prescribe (including dispense) controlled medications. The OTP practitioner shall review the examination results and order treatment medications as indicated.~~

~~(2) In evaluating patients for treatment with schedule III medications (such as Buprenorphine) or medications not classified as a controlled medication (such as Naltrexone), audio-visual or audio only platforms may be used. The OTP practitioner shall review the examination results and order treatment medications as indicated.~~

(1) In evaluating patients for treatment with schedule II medications (such as Methadone), a doctor-patient relationship cannot be established via telehealth for the purpose of prescribing Methadone.

(A) The initial visit must be conducted face-to-face and in-person.

(B) Subsequent visits can be conducted via telehealth using audio-visual telehealth platforms. When audio-visual telehealth platforms are not available, it is acceptable to use audio-only devices, given that the patient is in the presence of a licensed practitioner who is registered to prescribe (including dispense) controlled medications.

(C) The OTP practitioner shall review the examination results and order treatment medication as indicated.

(2) In evaluating patients for treatment with schedule III medications (such as Buprenorphine) or medications not classified as a controlled medication (such as Naltrexone), audio-visual or audio only platforms may be used. The OTP practitioner shall review the examination results and order treatment medications as indicated.

(g) Compliance with OAC 450:70-3-5 may be determined by:

(1) A review of policies and procedures,

(2) Treatment records, and
(3) Other facility documentation.

450:70-3-5.1. Assessment and record content - History

(a) ~~The OTP shall have written policy and procedure stating any FDA-approved medications for use in treating a significant opioid use disorder when used by an OTP for persons with a history of physiologic dependence, shall only be used in treating persons with a history of symptoms of opioid use disorder as stated in Title 43A, Section 3-601(A) and as verified by the medical director or a program physician through medical examination; or persons with a history of dependence as stated in Title 43A, Section 3-601(A) and written documentation from an agency at which another type of substance use disorder treatment was attempted or accomplished.~~The OTP shall have written policies and procedures stating any FDA-approved medication for the treatment of significant opioid use disorders in persons with a history of physiologic dependence shall only be used:

(1) In treating persons with a history of symptoms of opioid use disorder as stated in Title 43A, Section 3-601(A) and as verified by the medical director or a program physician through a medical examination;

(2) In treating persons with a one-year history of opioid addiction to or physiologic dependence on controlled dangerous substances, as defined by the Code of Federal Regulations and described in Title 43A, Section 3-601(A), and the person has written documentation from an agency demonstrating that another type of substance use disorder treatment was attempted or completed. Such documentation shall be received prior to admission to the program and/or induction of any drug uses as a part of an opioid treatment regimen.

(b) The OTP shall have written policy and procedure stating that if clinically appropriate, the program physician may waive the requirement as stated in Title 43A, Section 3-601(A)(2) for:

(1) A person served within six (6) months of release from a correctional institution;
(2) A person served with a pregnancy verified by the program physician; or
(3) A person served having previously received medication-assisted recovery services for an opioid use disorder and within two (2) years of discharge from an OTP.

(c) Compliance with OAC 450:70-3-5.1 may be determined by:

(1) A review of policies and procedures,
(2) Treatment records, and
(3) Other facility documentation.

450:70-3-5.6 Assessment and record content – Central registry

(a) The OTP shall have written policy and procedure outlining the requirement for the reporting of persons receiving ~~medication assisted opioid~~methadone treatment to the ODMHSAS. This report to the Central Registry shall be made electronically as requested by the Department and within twenty-four (24) hours of admission, change of medical status or discharge of any person served.

(b) Compliance with OAC 450:70-3-5.6 may be determined by:

(1) A review of policies and procedures,
(2) Treatment records, and
(3) Other facility documentation.

450:70-3-5.9. Assessment and record content – Supportive service array

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(a) The OTP shall have a written policy and procedure that shall be made available to all persons served, outlining rehabilitation services. Minimum services include:

(1) Individual therapy or rehabilitation services until the person served is fully stabilized and as indicated in this ~~chapter~~Chapter;

(2) Group and family therapy or rehabilitation services for spouses, parents, or significant others and as indicated in this Chapter;

(3) ~~Individual Placement and Support Services;~~Employment services;

(4) Case management services;and

~~(5) Peer recovery support services; and~~

~~(6)~~(5) Referral for additional services as outlined by the individualized treatment plan.

(b) Compliance with OAC 450:70-3-5.9 may be determined by:

(1) A review of policies and procedures,

(2) Treatment records, and

(3) Other facility documentation.

SUBCHAPTER 6. SUBSTANCE USE DISORDER TREATMENT SERVICES

PART 3. TREATMENT SERVICES

450:70-6-15. Clinical Services

(a) Each OTP shall use opioid agonists or partial agonists in conjunction with other treatment services including, but not limited to, individual, family and group therapy; case management; ~~Individual Placement and Support services; peer recovery support services;~~employment services and other services that support recovery.

(b) The OTP shall provide adequate and appropriate services to each person served as clinically necessary, including medical services, therapy/rehabilitation services, crisis intervention services, vocational/educational services, and other screening, assessment and treatment services. These services must be available at the primary facility, except where the program sponsor has entered into a formal, documented agreement with a private or public agency, organization, practitioner, or institution to provide these services to individuals enrolled in the OTP. The program sponsor, in any event, must be able to document that these services are fully and reasonably available to all persons served.

(c) Services shall be provided by appropriately credentialed staff in accordance with state requirements, including Chapter 50 ~~and Chapter 53~~ of this Title. Therapy shall be provided by a program LBHP or Licensure Candidate. Rehabilitation services must be provided by a LBHP, Licensure Candidate, CADC or Certified Case Manager II. Case Management services must be provided by a LBHP, Licensure Candidate, CADC, or Certified Case Manager I or II. ~~Peer recovery support services must be provided by a Certified Peer Recovery Support Specialist. Individual Placement and Support (IPS) services must be provided by a provider trained and credentialed in IPS.~~

(d) The OTP shall have written policy and procedure stating there will be referral to adequate and reasonably accessible community resources, vocational rehabilitation, education, and employment services for consumers who either request such services or who have been determined through the assessment process to be in need of such services.

(e) The OTP shall have written policy and procedure stating consumers shall attend clinical services as prescribed in the individualized service plan and this Chapter.

(f) Compliance with OAC 450:70-6-15 may be determined by:

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(1) A review of policies and procedures,
(2) Treatment records, and
(3) Other facility documentation.

450:70-6-17.3. Service phases – Phase I

(a) Phase I consists of the first ninety (90) days of treatment. During Phase I, a minimum of four (4) treatment sessions per month shall be provided. Available services shall include, but not be limited to, therapy, rehabilitation, case management, ~~Individual Placement and Support services, and peer recovery support services~~and employment services.

(b) Compliance with OAC 450:70-6-17.3 may be determined by:
(1) A review of policies and procedures,
(2) Treatment records, and
(3) Other facility documentation.

450:70-6-17.4. Service phases – Phase II

(a) Phase II consists of the second ninety (90) days of treatment. During Phase II, a minimum of two (2) treatment sessions per month shall be provided. Available services shall include, but not be limited to, therapy, rehabilitation, case management, ~~Individual Placement and Support services, and peer recovery support services~~and employment services.

(b) Compliance with OAC 450:70-6-17.4 may be determined by:
(1) A review of policies and procedures,
(2) Treatment records, and
(3) Other facility documentation.

450:70-6-17.5. Service phases – Phase III

(a) Phase III consists of the third ninety (90) days of treatment. During Phase III, a minimum of one (1) treatment session per month shall be provided. Available services shall include, but not limited to, therapy, rehabilitation, case management, ~~Individual Placement and Support services, and peer recovery support services~~and employment services.

(b) Compliance with OAC 450:70-6-17.5 may be determined by:
(1) A review of policies and procedures,
(2) Treatment records, and
(3) Other facility documentation.

450:70-6-17.6. Service phases – Phase IV

(a) Phase IV consists of the last ninety (90) days of the first year of treatment. During Phase IV, a minimum of one (1) treatment session per month shall be provided. Available services shall include, but not limited to, therapy, rehabilitation, case management, ~~Individual Placement and Support services, and peer recovery support services~~and employment services.

(b) Compliance with OAC 450:70-6-17.6 may be determined by:
(1) A review of policies and procedures,
(2) Treatment records, and
(3) Other facility documentation.

450:70-6-17.7. Service phases – Phase V

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(a) Phase V begins after one (1) year of continuous treatment. During Phase V, a minimum of one (1) treatment session per month shall be provided. Available services shall include, but not be limited to, therapy, rehabilitation, case management, ~~Individual Placement and Support services, and peer recovery support services~~and employment services.

(b) Compliance with OAC 450:70-6-17.7 may be determined by:

(1) A review of policies and procedures,

(2) Treatment records, and

(3) Other facility documentation.

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