INITIAL RULE IMPACT STATEMENT

TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH

CHAPTER 675. NURSING AND SPECIALIZED FACILITIES

1. DESCRIPTION:

Subchapter 11. Intermediate Care Facilities of 16 beds and Less for Individuals with Intellectual Disabilities (ICF/IID-16)
310:675-11-2. Active Treatment. Removing the term "mental retardation" from the section.

310:975-11-4. Occupancy. Removing the term "mental retardation" from the section.

2. DESCRIPTION OF PERSONS AFFECTED AND COST IMPACT RESPONSE:

"Mental retardation" is a disrespectful and outdated term that is no longer used in statute or rule. There is no anticipated cost impact to the state.

3. DESCRIPTION OF PERSONS BENEFITING, VALUE OF BENEFIT AND EXPECTED HEALTH OUTCOMES:

In accordance with Title 25 O.S. § 40, all statutes and rules should avoid such language. All Oklahomans are benefited from this change by referring to persons with disabilities as persons first. There is no anticipated change in health outcomes.

4. ECONOMIC IMPACT, COST OF COMPLIANCE AND FEE CHANGES:

There is no expected economic impact, cost of compliance, or fee changes associated with these proposed changes.

5. COST AND BENEFITS OF IMPLEMENTATION AND ENFORCEMENT TO THE AGENCY.

There are no anticipated costs as these changes will align with statute. Benefits of implementation is for this Chapter to be in compliance with 25 O.S. § 40 - Persons with Disabilities - Respectful Language.

6. IMPACT ON POLITICAL SUBDIVISIONS:

There is no expected impact on political subdivisions.

7. ADVERSE EFFECT ON SMALL BUSINESS:

There are no anticipated adverse effects on small business as these changes are to align with existing statute.

8. EFFORTS TO MINIMIZE COSTS OF RULE:

There are no less costly means currently identified.
9. **EFFECT ON PUBLIC HEALTH AND SAFETY**
   
   There are no effects on public health and safety.

10. **DETRIMENTAL EFFECTS ON PUBLIC HEALTH AND SAFETY WITHOUT ADOPTION:**
    
    There are no detrimental effects on public health or safety without adoption.

11. **PREPARATION AND MODIFICATION DATES:**
    
    This rule impact statement was prepared on October 4, 2021.
RULEMAKING ACTION:
Notice of proposed PERMANENT rulemaking.

PROPOSED RULES:
Subchapter 11. Intermediate Care Facilities of 16 Beds and Less for Individuals with Intellectual Disabilities (ICF-IID-16)
310:675-11-2 [AMENDED]
310:675-11-4 [AMENDED]

SUMMARY:
In both sections, the term "mental retardation" is removed.

AUTHORITY:
Commissioner of Health; Title 63 O.S. §§ 1-104; Nursing Home Care Act, Title 63 O.S. § 1-1904 et seq; Persons with Disabilities - Respectful Language, Title 25 O.S. § 40

COMMENT PERIOD:
January 18, 2022 through the close of the Department's normal business hours, 5 PM, on February 18, 2022. Interested persons may informally discuss the proposed rules with the contact person identified below; or may, through the close of the Department's normal business hours, 5 PM, on February 18, 2022, submit written comment to the contact person identified below, or may, at the hearing, ask to present written or oral views.

PUBLIC HEARING:
Pursuant to 75 O.S. § 303(A), the public hearing for the proposed rulemaking in this chapter shall be on February 18, 2022 at the Oklahoma State Department of Health Auditorium, 123 Robert S. Kerr Avenue, Oklahoma City, Oklahoma 73102 from 9:30 AM to 12:30 PM. The meeting may adjourn earlier if all attendees who signed up to comment have completed giving their comments. The alternate date and time in the event of an office closure due to inclement weather is February 22, 2022 in the Auditorium, from 9:30 AM to 12:30 PM. Those wishing to present oral comments should be present at that time to register to speak. The hearing will close at the conclusion of those registering to speak. Interested persons may attend for the purpose of submitting data, views or concerns, orally or in writing, about the rule proposal described and summarized in this Notice. Validated parking will be provided for the parking lot located at the east corner of Broadway and Robert S. Kerr Avenue, subject to availability.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:
Business entities affected by these proposed rules are requested to provide the agency with information, in dollar amounts if possible, on the increase in the level of direct costs such as fees, and indirect costs such as reporting, recordkeeping, equipment, construction, labor, professional services, revenue loss, or other costs expected to be incurred by a particular entity due to compliance with the proposed rule. Business entities may submit this information in writing through the close of the Department's normal business hours, 5 PM, on February 18, 2022, to the contact person identified below.

COPIES OF PROPOSED RULES:
The proposed rules may be obtained for review from the contact person identified below or via the agency website at www.ok.gov/health.

RULE IMPACT STATEMENT:
Pursuant to 75 O.S., § 303(D), a rule impact statement is available through the contact person identified below or via the agency website at www.ok.gov/health.

CONTACT PERSON:
Audrey C. Talley, Agency Rule Liaison, Oklahoma State Department of Health, 123 Robert S. Kerr Avenue, Oklahoma City, OK 73102, phone (405) 426-8563, e-mail AudreyT@health.ok.gov.
310:675-11-2. Active Treatment

In institutions for individuals with intellectual disabilities, active treatment requires the following:

(1) The individual's regular participation, in accordance with an individual plan of care, in professionally developed and supervised activities, experience or therapies.

(2) An individual written plan of care that sets forth measurable goals or objectives stated in terms of desirable behavior and that prescribes an integrated program of activities, experience or therapies necessary for the individual to reach those goals or objectives. The overall purpose of the plan is to help the individual function at the greatest physical, intellectual, social or vocational level he can presently or potentially achieve.

(3) An interdisciplinary professional evaluation that consists of complete medical, social and psychological diagnosis and evaluations and an evaluation of the individual's need for institutional care; and is made by a physician, a social worker and other professionals, at least one of whom is a qualified mental retardation intellectual disability professional.

(4) Reevaluation medically, socially and psychologically at least annually by the staff involved in carrying out the resident's individual plan of care. This must include review of the individual's progress toward meeting the plan objectives, the appropriateness of the individual plan of care, assessment of the resident's continuing need for institutional care, and consideration of alternate methods of care.

(5) An individual postinstitutionalization plan, as part of the individual plan of care, developed before discharge by a qualified mental retardation intellectual disability professional and other appropriate professionals. This must include provision for appropriate services, protective supervision, and other follow-up services in the resident's new environment.

(6) Individuals assigned for specific purpose of direct personal care to residents, including those conducting a training program to develop the resident's self-help and socialization skills. Does not include professionals performing duties related to their profession.

310:675-11-4. Occupancy

Residents selected for ICF/IID-16 occupancy shall receive active treatment, and be capable of direction and emergency evacuation from the facility, as determined by a physician or nurse or qualified mental retardation intellectual disability professional.