

**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 675. NURSING AND SPECIALIZED FACILITIES**

RULEMAKING ACTION:

PERMANENT final adoption

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]

AUTHORITY:

Commissioner of the Oklahoma State Department of Health; 63 O.S. § 1-104

SUBMISSION OF PROPOSED RULES TO GOVERNOR AND CABINET SECRETARY:

December 13, 2021

COMMENT PERIOD:

January 18, 2022 through February 18, 2022

PUBLIC HEARING:

February 18, 2022

ADOPTION:

March 4, 2022

SUBMISSION OF ADOPTED RULES TO GOVERNOR AND LEGISLATURE:

March 4, 2022

APPROVED BY GOVERNOR'S DECLARATION:

Approved by Governor's declaration on June 21, 2022

FINAL ADOPTION:

June 21, 2022

EFFECTIVE:

September 11, 2022

SUPERSEDED EMERGENCY ACTIONS:

n/a

INCORPORATIONS BY REFERENCE:

n/a

GIST/ANALYSIS:

In both sections, the term "mental retardation" is removed. In accordance with Title 25 O.S. § 40, all statutes and rules should avoid such language.

CONTACT PERSON:

Audrey C. Talley, Agency Rule Liaison, Oklahoma State Department of Health, 123 Robert S. Kerr Avenue, Oklahoma City, OK 73102, 405-426-8563. AudreyT@health.ok.gov.

PURSUANT TO THE ACTIONS DESCRIBED HEREIN, THE FOLLOWING RULES ARE CONSIDERED FINALLY ADOPTED AS SET FORTH IN 75 O.S., SECTIONS 250.3 (5) AND 308 (E), WITH AN EFFECTIVE DATE OF SEPTEMBER 11, 2022:

SUBCHAPTER 11. INTERMEDIATE CARE FACILITIES OF 16 BEDS AND LESS FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID-16)

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.