

PROVIDER CERTIFICATION: OVERVIEW OF CHANGES

August 2022

Oklahoma Department of Mental Health and
Substance Abuse Services





TRAINING GOALS

- Awareness and understanding of the changes to the review process and rating system
- Awareness and understanding of changes to standards
- Orientation to the Provider Certification Manual
- Knowing what to expect during your next review



AGENDA

Welcome/Introduction	9 am-9:15 am
Overview of Rule Changes	9:15 am-9:45 am
Overview of Provider Certification Manual	9:45 am-10 am
BREAK	10 am-10:15 am
Overview of Rating System	10:15 am – 11 am
Scoring Examples	11 am-11:15 am
Q/A	11:15 am – 12 pm



AGENDA

Welcome/Introduction	1 pm-1:15 pm
Overview of Rule Changes	1:15 pm-1:45 pm
Overview of Provider Certification Manual	1:45 pm-2 pm
BREAK	2 pm-2:15 pm
Overview of Rating System	2:15 pm – 3 pm
Scoring Examples	3 pm-3:15 pm
Q/A	3:15 pm – 4 pm



GOALS OF CHANGES

- Increase transparency
- Improve clarity
- Streamline processes
- More effectively prioritize compliance issues



THE PAST 2 YEARS IN REVIEW: RULE CHANGES

2021 Rule Changes

- Reorganization of standards
 - General Program Standards placed in Chapter 1
 - 450:1-9-5.4: Core Organizational Standards
 - 450:1-9-5.5: Core Operational Standards
 - 450:1-9-5.6: Quality Clinical Standards

- ❖ Intent: To create consistency among standards applicable across all program types and reduce regulatory language



THE PAST 2 YEARS IN REVIEW: RULE CHANGES

2022 Rule Changes

- Provider Certification Process Changes
 - Establishment of critical versus necessary standards as basis for rating system
 - This replaces the clinical versus non-clinical rating system
 - Incorporates the Provider Certification Manual by reference
 - Makes operational changes/clarifications to increase flexibility and streamline processes
- ❖ Intent: More effectively prioritize compliance issues; streamline processes
- Simplification of Documentation Standards/Removal of Payer-Specific Requirements
 - Most specifics are now (if not previously) included in DMH contract requirements and/or OHCA rules – please carefully review the updated SFY 23 Services Manual and SOWs, and your applicable OHCA rules
- ❖ Intent: Reduce duplication between certification and contract reviews





THE PAST 2 YEARS IN REVIEW: RULE CHANGES

2022 Rule Changes

➤ Simplification of Documentation Standards/Removal of Payer-Specific Requirements: Case Management Assessment

- (d) Case management services shall be planned referral, linkage, monitoring and support, and advocacy assistance provided in partnership with a client to support that client in self sufficiency and community tenure. Activities include:
- (1) Completion of strengths based assessment for the purpose of assisting in the development of an individual plan of care development; ~~which shall include evidence that the following were evaluated:~~
- ~~(A) Consumer's level of functioning within the community;~~
 - ~~(B) Consumer's job skills and potential; and/or educational needs;~~
 - ~~(C) Consumer strengths and resources;~~
 - ~~(D) Consumer's present living situation and support system;~~
 - ~~(E) Consumer's use of substances and orientation to changes related to substance use;~~
 - ~~(F) Consumer's medical and health status;~~
 - ~~(G) Consumer's needs or problems which interfere with the ability to successfully function in the community; and~~
 - ~~(H) Consumer's goals.~~



THE PAST 2 YEARS IN REVIEW: RULE CHANGES

2022 Rule Changes

➤ Simplification of Documentation Standards/Removal of Payer-Specific Requirements: Progress Notes

~~(a) Progress notes shall chronologically describe the services provided by date and, for timed treatment sessions, time of service, the consumer's response to the services provided, and the consumer's progress in treatment.~~

~~(b) Progress notes, unless defined otherwise by level of care, shall address the following:~~

~~(1) date;~~

~~(2) consumer's name;~~

~~(3) start and stop time for each timed treatment session or service;~~

~~(4) signature of the service provider;~~

~~(5) credentials of the service provider;~~

~~(6) specific service plan needs, goals and/or objectives addressed;~~

~~(7) services provided to address needs, goals, and/or objectives;~~

~~(8) progress or barriers to progress made in treatment as it relates to the goals and/or objectives;~~

~~(9) consumer (and family, when applicable) response to the session or service provided; and~~

~~(10) any new needs, goals and/or objectives identified during the session or service.~~

(b) Progress notes must include the consumer's name, be signed by the service provider, and include the service provider's credentials.



MAJOR PROCESS CHANGES

- Categorizing all standards as "Critical" or "Necessary" and basing thresholds for compliance on these categories. This replaces our previous system of basing thresholds on whether the standard is categorized as "Clinical."
- Changing the minimum threshold for compliance from 75% of clinical standards to:
90% of critical standards and 75% of necessary standards
- Changing threshold for certification with distinction from 90% of clinical standards to:
90% of critical standards and 85% of necessary standards



MAJOR PROCESS CHANGES

- Specifying (in manual) which standards may be deemed compliant based on national accreditation status.
 - Examples include standards related to basic record keeping, confidentiality, and personnel policies
- Repurposing Probationary Certification for certain organizational changes that occur within currently certified programs.
- A policy and procedure attestation is allowed in lieu of full review of policies and procedures.
- Timelines for Plans of Corrections have changed from 10 days for all corrections to 5 days for corrections related to critical standards and 10 days for those related to necessary standards.
- Clarifies site reviews may be done virtually at the Department's discretion.



IMPORTANT CHANGES TO STANDARDS

➤ Chapter 15: Consumer Rights

- Minor language changes regarding notification to consumers of confidentiality rights and grievances, to specify this must be done at admission [450:15-3-20.1; 450:15-3-45]
- Added language regarding decision makers of grievances to be “impartial” [450:15-3-45]

➤ Changes to Documentation Requirements

- Progress notes – specifics of contents/timeframes removed
- Assessments – specific tools/contents/timeframes removed
- Service plans – specific contents/timeframes removed



DMH Contractors: Review the documentation requirements in the SFY 23 Services Manual



IMPORTANT CHANGES TO STANDARDS: CHAPTER 17

- Clarified that all core CMHC services must be available at each site, in person and/or telehealth [450:17-1-6]
- Added requirement for specific number of 24/7 outpatient clinic/URC/crisis unit sites within each catchment area, within 3 years of initial certification or July 1, 2024, whichever is later
- Added outreach and supported employment (IPS) as a required CCBHC service [450:17-5-177]
- Consolidated these program requirements; the specifics for each type of program are specified in the DMH Service Manual [Subchapter 5, Part 11]
- Removed requirement for board meetings to comply with Open Meetings Act





IMPORTANT CHANGES TO STANDARDS: CHAPTER 18

- Removed weekly treatment hours for residential levels of care as a certification standard
 - This is required in DMH contract requirements and SoonerCare rules
- Removed intensive residential as a separate certification
 - This still has separate billing and contract requirements; please reference the SFY 23 Services Manual and SoonerCare rules
- Clarified outpatient treatment service requirements



IMPORTANT CHANGES TO STANDARDS: CHAPTER 23/24

➤ **Chapter 23**

- Changed timeframe for URC assessment information from 12 to 12-24 hours [450:23-5-4]

➤ **Chapter 24**

- Removed requirement for board meetings to comply with Open Meetings Act



IMPORTANT CHANGES TO STANDARDS: CHAPTER 70

- Broadens service array to include case management, peer recovery support services, and supported employment (IPS) services to meet required number of hours of treatment
- Removed requirement for service plan to be reviewed/updated for a phase change alone [450:70-3-8]



EFFECTIVE DATES AND IMPLEMENTATION DATES

- **September 15, 2022:** This is the date the rules are effective.
- **November 1, 2022:** This is the date ODMHSAS will implement the new rating system and enforce any new standards in our review protocols.
- ❖ **Intent:** Allows providers a grace-period between when the rules are effective and when the rule changes are implemented/enforced during a review. This is to allow time to ensure understanding and awareness of the changes.



Questions about Rule
Changes?



PROVIDER CERTIFICATION MANUAL

- Available at:
<https://oklahoma.gov/odmhsas/policy/provider-certification.html>
- Contains detailed information about each program type's standards
- Contains a chart for each program type with applicable standards and how they will be rated
- Contains information about processes and procedures for a variety of circumstances (add-on programs, new locations, organizational name changes, etc.)





PROVIDER CERTIFICATION MANUAL

- **Helpful information included in the manual:**
 - Notes and Definitions (page 5)
 - Overview of Certification/Renewal Process and Important Changes (pages 7-9)
 - Frequently Asked Questions (page 113 – also on our website)
 - Choosing Consumer Files (page 115)
 - **Common Deficiencies and Examples (page 116)**
 - Determining Compliance Percentages/Thresholds – Examples (page 121)
 - Adding Programs and Services (page 124)
 - Organizational Changes (page 126)
 - Provider Enrollment and Billing Initiation (page 127)





PROVIDER CERTIFICATION MANUAL

Core Organizational Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Governing Authority**	1-9-5.4(a)	Necessary	Y/N	Policy/Document Review	Y (1.8) <i>Optional standard</i>	Y (GOV 3-4)	Y (LD 01.01.01, 01.03.01)
Organizational Description	1-9-5.4(b)	Necessary	Y/N	Policy/Document Review	Y (2.A.1, 2.A.9)	Y (GOV 2.02)	Y (LD 02.01.01)
Personnel Policies and Procedures	1-9-5.4(c)	Necessary	Y/N	Policy Review	Y (2.A.22)	Y (HR 2.01; 2.05)	Y (HRM 01.01.01, 01.02.01)
Utilization of Volunteers	1-9-5.4(d)	Necessary	Y/N	Policy Review/ Personnel Record Review	N	Y (HR 6)	N
Information Analysis and Performance Improvement**	1-9-5.4(e)	Necessary	Y/N	Policy/Document Review	Y (1.N; 2.H.1-4 / OTP 2.I.1-4)	Y (GOV 2.03; PQI standards)	Y (LD 03.02.01 - 03.07.01, 04.01.03; PI Standards)
Special Populations	1-9-5.4(f)	Necessary	Y/N	Policy Review	N	N	N



PROVIDER CERTIFICATION MANUAL

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Standard
Governing Authority**
Organizational Description
Personnel Policies and Procedures
Utilization of Volunteers
Information Analysis and Performance Improvement**
Special Populations

The “Standards” column is simply the standards as an entire component. Sometimes standards are broken down into individual elements in order to more accurately reflect what items are critical vs. necessary.



PROVIDER CERTIFICATION MANUAL

Citation
1-9-5.4(a)
1-9-5.4(b)
1-9-5.4(c)
1-9-5.4(d)
1-9-5.4(e)
1-9-5.4(f)

The “Citation” column is where the language of the standard is stated in administrative rules.



PROVIDER CERTIFICATION MANUAL

The “Review Method” column helps you know which methods are used to review the standard.

The “Covered by CARF, Covered by COA, and Covered by JCAHO” columns let you know which certification will cover this standard for automatic approval.

- Standards are now cross walked to ensure that we are not reviewing elements that other accreditations cover.
- The specific accreditation standard is reference. Please note that sometimes you must have a program-specific accreditation to be determined compliant (e.g, case management).

Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Policy/Document Review	Y (1.B) <i>Optional standard</i>	Y (GOV 3-4)	Y (LD 01.01.01, 01.03.01)
Policy/Document Review	Y (2.A.1, 2.A.9)	Y (GOV 2.02)	Y (LD 02.01.01)
Policy Review	Y (2.A.22)	Y (HR 2.01; 2.05)	Y (HRM 01.01.01, 01.02.01)
Policy Review/ Personnel Record Review	N	Y (HR 6)	N
Policy/Document Review	Y (1.N; 2.H.1-4 / OTP 2.I.1-4)	Y (GOV 2.03; PQI standards)	Y (LD 03.02.01 - 03.07.01, 04.01.03; PI Standards)
Policy Review	N	N	N



BREAK



ELEMENTS OF THE RATING SYSTEM

- Organizational, Operational, Clinical
- Critical vs. Necessary
- Compliance Threshold
- Review Method
- Accreditation



ORGANIZATIONAL, OPERATIONAL, CLINICAL

Which of these categories the standard fits into does not directly affect the minimum threshold for compliance. Rather, the determination of whether the standard is critical or necessary is what determines the minimum threshold. The timing of when each of these are reviewed differs.

- **Core Organizational Standards** address requirements necessary to assure the public and consumers of services that **essential organizational functions** are substantially in place at the facility and the facility is prepared to initiate services for which certification is being requested.
- **Core Operational Standards** address other essential conditions and processes that must be in place to assure **basic safety and protection of consumer rights**.
- **Quality Clinical Standards** address actual services provided, qualifications of staff, clinical documentation, and processes designed to assure consistency in **quality and efficacy of services**.



CRITICAL VS. NECESSARY

The determination of whether the standard is critical or necessary is based on ODMHSAS assessment of the magnitude and/or urgency of the standards regarding consumers' safety and treatment. Critical standards are noted in **red** in the manual. The categories as defined in administrative rules are as follows:

- **"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.
- **"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.



COMPLIANCE THRESHOLD

- The compliance threshold indicates the minimum level of compliance that must be demonstrated to ODMHSAS for the organization to be in compliance with the standard.
- This is expressed as either Yes/No (Y/N) or as a percentage. Which of these applies is based on the standard.
 - Certain standards cannot reasonably be assigned a percentage. For example, the presence of policy or procedure is generally Y/N.
 - On the other hand, many clinical standards are assigned a percentage so that if a few elements of many are missed, the provider has the opportunity to still be deemed compliant instead of utilizing an "all or nothing" approach.



COMPLIANCE THRESHOLD

- If a percentage is assigned, critical standards have a minimum threshold of 90% and necessary standards have a minimum threshold of 75%. The chart will also note if a single element or multiple elements are involved.
- It is especially important to note any critical standards with a "Y/N" threshold. While most of these standards are also policy- or facility-related, some are determined by a review of consumer or personnel records. This means that 100% compliance is required.



REVIEW METHOD

- **Site Review:** An in-person or virtual observation of the physical facility and/or the services performed
- **Consumer Record Review:** A review of open and closed clinical records, in their entirety
- **Personnel Record Review:** A review of personnel records, including training, credentials, and services provided
- **Policy Review:** A review of the organization's written policies and procedures
- **Document Review:** A review of other relevant documents pertaining to the standard, such as agreements/memorandums of understanding, staffing plans, and reports



ACCREDITATION

For programs that have current, valid national accreditation, certain standards may be deemed compliant based on national accreditation status in lieu of a full review of the standard. The following accrediting entities are eligible:

- The Commission of Accreditation of Rehabilitation Facilities (CARF)
 - The Council on Accreditation (COA)
 - The Joint Commission (JCAHO)
- Which standards may be covered by your national accreditation will differ by accrediting entity and the specific modules/services your program is accredited for.
- ODMHSAS reserves the right to review any standard at its discretion, including those covered by accrediting entities.



IDENTIFYING YOUR PROGRAM'S STANDARDS

1. Locate the General Program Standards in the manual and in administrative rules

- Unless an exemption is specifically noted for your program type, all standards apply to your program.
- Each standard includes a rule citation. To locate the full language of the standard, reference the applicable rules.



General Program Standards are contained in Chapter 1

- 450:1-9-5.4: Core Organizational Standards
- 450:1-9-5.5: Core Operational Standards
- 450:1-9-5.6: Quality Clinical Standards



IDENTIFYING YOUR PROGRAM'S STANDARDS

2. Locate the applicable Program-Specific Standards in the manual and in administrative rules

- All standards apply unless they are related to optional services; these standards only apply if your program has chosen to include these services and *are noted in italics*. Please note that the total standards identified for each program in this manual are not inclusive of any optional standards.
- Each standard includes a rule citation. To locate the full language of the standard, reference the applicable rules.



IDENTIFYING YOUR PROGRAM'S STANDARDS

3. If you have a current accreditation from CARF, COA, or JCAHO, identify which standards your accreditation may cover

Please note that which standards may be deemed compliant based on accreditation status depends on:

- The accrediting body you are accredited with
- The specific modules/services you are accredited for



IDENTIFYING YOUR PROGRAM'S STANDARDS

Example:

Indicates standard is related to optional services and may not apply

Indicates standard may be deemed compliant based on accreditation from CARF, but not from COA or JCAHO

Standard	Citation	Critical/Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Outpatient Therapy Services	27-7-6	Necessary	Y/N	Consumer Record Review	Y (OT 3.0.1)	N	N
Emergency Services	27-7-7	Critical	90% (multiple elements)	Consumer Record Review; Site Review	N	N	N
(Additional Treatment Services)	27-7-21	Necessary	Y/N	Policy/Document Review; Consumer Record Review	N	N	N



IDENTIFYING YOUR PROGRAM'S STANDARDS

Each program type includes total standards; however, this is your base total, not inclusive of any optional standards that may apply. You will need to work with your reviewer to determine your totals and thresholds.

Chapter 18: Program-Specific Standards for Outpatient Substance Use Disorder

- Must meet 90% of critical standards and 75% of necessary standards (out of 11 critical and 14 necessary general standards + 8 critical and 13 necessary program specific standards, *not including optional standards*)
 - **Minimal compliance = 17/19 total critical standards and 21/27 total necessary standards**
- For Certification with Distinction, must meet 90% of critical standards and 85% of necessary standards (out of 11 critical and 14 necessary general standards + 8 critical and 13 necessary program specific standards, *not including optional standards*)
 - **Minimal compliance = 17/19 total critical standards and 23/27 total necessary standards**

**Please note that your total standards may change based on optional services provided and their associated standards.*



PROCESS FOR SUPPLYING DOCUMENTATION

- At this time, the process of supplying documentation will remain largely the same.
 - Reviews will still be conducted via desk review and virtual site review and rarely as site visits.
 - We will still be collecting open, closed, staff and additional documents to complete the review process.
 - Further guidance is available in the Provider Certification Manual.

- We are also testing out a new platform (Teams/Sharepoint) for providers to easily provide documents to us. We hope to make it widely available soon.



COMPLIANCE PERCENTAGES/THRESHOLDS

Example: Percentage, Multiple Elements

Staff Development and Training: Critical Training***	1-9-5.6(b)(2) A-E, J-K; (b)(3); (b)(4); (b)(6)	Critical	90% (multiple elements)	Personnel Record Review
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- For this standard, the total number of records is multiplied by the total number of applicable elements (specific requirements) per record.
- For example, a Chapter 27 provider would have 7 applicable elements (since (b)(3), (b)(4) and (b)(6) do not apply to Chapter 27).
- If 5 personnel records are supplied, a total of 35 elements are required. As a critical standard, 90% of elements must be met, which would mean a minimum of 32/35 elements must be met in order to be determined in compliance.



COMPLIANCE PERCENTAGES/THRESHOLDS

Example: Percentage, Multiple Elements

In this example, the following circumstances would MEET:

- One staff member's record show that three of the required training elements were not completed; the remaining four records show 100% compliance.
- Three staff members' records show that one of the required training elements was not completed; the remaining two staff members' records show 100% compliance.

In this example, the following circumstances would NOT MEET:

- One staff member's record show that four of the required training elements were not completed; the remaining four records show 100% compliance.
- Four staff members' records show that one of the required training elements was not completed; the remaining two staff members' records show 100% compliance.



COMPLIANCE PERCENTAGES/THRESHOLDS

Example: Percentage, Single Element

Discharge Assessment	18-7-121	Necessary	75% (single element)	Consumer Record Review
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For this standard, the total number of records is multiplied by one, since there is only one element included. For example, if 5 consumer records are supplied, a total of 5 instances of compliance are required. As a necessary standard, 75% of elements must be met, which would mean a minimum of 4/5 records must show compliance in order for the standard to be considered met.

In this example, the following circumstance would MEET:

- One consumer record shows that the required assessment was not completed; the remaining four records show 100% compliance.

In this example, the following circumstance would NOT MEET:

- Two consumer records show that the required assessment was not completed; the remaining three records show 100% compliance.



COMPLIANCE PERCENTAGES/THRESHOLDS

Example: Yes/No, Consumer Records

Most standards assigned a Yes/No (Y/N) threshold are policy- or facility-related standards for which a percentage could not be reasonably assigned. However, **it is especially important to note any critical standards with a "Y/N" threshold.** While most of these standards are also policy- or facility-related, some are determined by a review of consumer or personnel records. This means that 100% compliance is required. Examples include:

Clinical Record Keeping: Consent for Treatment	1-9-5.6 (d)(3)(F)	Critical	Y/N	Consumer Record Review
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- In order to be determined compliant, all consumer records reviewed must meet all requirements.



COMPLIANCE PERCENTAGES/THRESHOLDS

Example: Yes/No, Personnel Records

Staff qualifications: Minimum Age	1-9-5.6(a)(3)	Critical	Y/N	Policy Review/ Personnel Record Review
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- In order to be determined compliant, all personnel records reviewed must meet all requirements.



COMPLIANCE PERCENTAGES/THRESHOLDS

Example: Yes/No, Policy/Documents

Organizational Description	1-9-5.4(b)	Necessary	Y/N	Policy/Document Review
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- In order to be determined compliant, the required policies/documents must be provided and include the required elements.



Questions?



GENERAL OVERVIEW OF CHANGES TO THE REVIEW PROCESS



OVERVIEW OF CHAPTER CHANGES

- Many of you have found that chapter 1 now contains key requirements once spread through various chapter types.
- This consolidation has helped us standardize items across chapters and made the process easier for providers who may be certified in numerous chapter types as well as reduced the time reviewers must spend on switching from one type of program to another.
- In the next few slides, I would like to elaborate on changes that took effect 9/15/2021.
- After we review some of those alterations, we will switch gears and discuss what will go into effect 9/15/2022 and what our review team will begin to look for starting 11/1/2022.
- Our division's goal is demonstrating to our agencies what changes have been made and what they can expect from upcoming reviews.



OVERVIEW OF CHAPTERS

- Each chapter will have core components that are required of an agency for Provider Certification to review.
- Those components range from general services such as screening, assessment, and therapy to more detailed requirements in chapters that require higher levels of care.
- The chapter outlines what services need to be present for a provider to be certified in a particular level of care.
- Looking at the items contained in chapter 1 as of 11/1/2021 is a good basis from which to understand how these adjustment can impact any given provider.
 - As a reminder these are broken into Organizational, Operational and Clinical subtypes but from here on Provider Certification is more concerned with the designation or Critical vs. Necessary for arriving at an overall score for the agency.



OVERVIEW OF CHAPTERS

- As stated previously the items below were removed from their individual chapters and are now listed in chapter 1. Providers are still responsible for these items, but the consolidation of the standards make complying across multiple chapters much easier.
 - 450:1-9-5.4 Core organizational standards for facilities and programs
 - 450:1-9-5.5 Core operational standards for facilities and programs
 - 450:1-9-5.6 Quality Clinical standards for facilities and programs



CHAPTER 1 ORGANIZATIONAL ELEMENTS

- 450:1-9-5.4 Core organizational standards for facilities and programs
 - a) Governing Authority
 - b) Organizational Description
 - c) Personnel Policies and Procedures
 - d) Utilization of Volunteers
 - e) Information Analysis and Performance Improvement
 - f) Special Populations



CHAPTER 1 OPERATIONAL ELEMENTS

- 450:1-9-5.5 Core operational standards for facilities and programs
 - a) Physical facility environment and safety
 - b) Hygiene and sanitation
 - c) Tobacco-free campus
 - d) Technology
 - e) Confidentiality and information security



CHAPTER 1 CLINICAL ELEMENTS

- 450:1-9-5.6 Quality Clinical standards for facilities and programs
 - a) Staff qualifications
 - b) Staff development and training
 - c) Clinical supervision
 - d) Clinical record keeping, basic requirements
 - e) Discharge summary
 - f) Critical incidents



Questions?



GENERAL OVERVIEW OF CHAPTER 27 & 70



OVERVIEW OF CHAPTER 27 & 70

- Chapter 27 outlines the rules and requirements for providers who wish to render mental health services to consumers.
- Chapter 70 outlines the rules and requirements for providers who wish to render Opioid replacement treatment services to consumers.
- Many of you have found that chapter 1 now contains key requirements once spread through various chapter types such as chapter 27 and 70.
- In the next few slides, I would like to go over the changes that took effect 9/15/2021 and began to be reviewed starting 11/1/2021.
- After we review some of those alterations to this chapter, we will switch gears and discuss what will go into effect 9/15/2022 and what our review team will begin to look for starting 11/1/2022.
- Our division's goal is demonstrating to our agencies what changes have been made and what they can expect from upcoming reviews.



OVERVIEW OF CHAPTER 27 & 70

- Chapter 27 outlines the following services as core services per 450:27-3-1. Required Core Services. The agency certified must be capable of rendering these services to consumers who are deemed appropriate for admission to the program.
 - Screening, assessment, and referral services
 - Emergency services
 - Outpatient therapy services
- Chapter 70 outlines the following services per 450:70-1-1 Purpose. The agency certified must be capable of rendering these (*opioid replacement*) services to consumers who are deemed appropriate for admission to the program.
 - This chapter sets forth rules regulating program requirements and standards used in the certification of facilities and organizations providing medication assisted opioid treatment programs.



OVERVIEW OF CHAPTER 27 & 70

- As stated previously the items below are now listed in chapter 1. These items were removed from chapter 27 and 70 as of 9/15/2021. However, providers are still responsible for these items, but the streamlining of the standards make complying across multiple chapters much easier.
 - 450:1-9-5.4 Core organizational standards for facilities and programs
 - 450:1-9-5.5 Core operational standards for facilities and programs
 - 450:1-9-5.6 Quality Clinical standards for facilities and programs



OVERVIEW OF CHAPTER 27 & 70

- 450:1-9-5.4 Core organizational standards for facilities and programs
 - a) Governing Authority
 - b) Organizational Description
 - c) Personnel Policies and Procedures
 - d) Utilization of Volunteers
 - e) Information Analysis and Performance Improvement
 - f) Special Populations



OVERVIEW OF CHAPTER 27 & 70

- 450:1-9-5.5 Core operational standards for facilities and programs
 - a) Physical facility environment and safety
 - b) Hygiene and sanitation
 - c) Tobacco-free campus
 - d) Technology
 - e) Confidentiality and information security



OVERVIEW OF CHAPTER 27 & 70

- 450:1-9-5.6 Quality Clinical standards for facilities and programs
 - a) Staff qualifications
 - b) Staff development and training
 - c) Clinical supervision
 - d) Clinical record keeping, basic requirements
 - e) Discharge summary
 - f) Critical incidents



OVERVIEW OF CHAPTER 27

- With the alterations to items location within chapter that were put in place last year ODMHSAS has made changes to the chapter that will take effect this year as and will begin to be reviewed as of 11/1/2022.
 - Some of those items include alteration made to the following areas;
 - 27-7-3. Assessment services: The number of required assessment items has been revised from 34 to 7 items.
 - For example: (b1) has been left in but requirements such as “previous treatment history” has been removed while other such as “behavioral” information are still part of the requirements.
 - 27-7-22. Case management services: The number of required assessment items has been revised here as well.
 - For example: (b1) has been left in but requirements such as “Consumer’s level of functioning” has been removed while other requirements such as “strength based assessment” information is still part of the requirements.



OVERVIEW OF CHAPTER 27 CONTINUED

- 27-7-41. Clinical record content, screening, intake and assessment, documentation:
 - An example: (c) The requirement to demonstrate competency in ASAM has been removed from the PC requirements.
- 27-7-42. Behavioral health service plan; documentation: Some items required for a completed service plan have been altered.
 - For example: (d1-7) has been removed from the standard but requirements for items such as (f) requiring consumers dated signatures are still in place for treatment planning.
- 27-7-44. Progress notes: The number of applicable items have been reworked so that progress note is less prescriptive.
 - For example: Progress note requirements that are more proscriptive have been altered but there are still requirements for service provider's signature per (b)



OVERVIEW OF CHAPTER 70

- With the alterations to items location within chapter that were put in place last year ODMHSAS has made changes to the chapter that will take effect this year as and will begin to be reviewed as of 11/1/2022.
 - Some of those items include alteration made to the following areas;
 - 70-3-8. Individualized service planning:
 - For example: (a) has fewer requirements such as “S.N.A.P., type and frequency of service, and measurable long and short term objectives” but other requirements such as signatures are still required per (g).
 - 70-3-9. Progress notes:
 - For example: Progress note requirements are more prescriptive have been altered but there are still requirements for service provider's signature per (b)
 - 70-6-17.3 through 70-6-17.7 Service phases:
 - For example: the service requirements have been changed here in the individual levels.



Questions?



GENERAL OVERVIEW OF CHAPTER 17, 18, 23 & 24



OVERVIEW OF CHAPTER 17, 18, 23 & 24

- Chapter 17 outlines the rules and requirements for providers who wish to render community mental health center services to consumers.
- Chapter 18 outlines the rules and requirements for providers who wish to render alcohol and drug treatment services to consumers.
- Chapter 23 outlines the rules and requirements for providers who wish to render community-based structured crisis center services to consumers.
- Chapter 24 outlines the rules and requirements for providers who wish to render comprehensive community addiction recovery center services to consumers.
- As discussed previously Many of you have found that chapter 1 now contains key requirements once spread through various chapter types such as chapter 17, 18, 23, and 24.
- In the next few slides, I would like to go over the changes that took effect 9/15/2021 and began to be reviewed starting 11/1/2021.
- After we review some of those alterations to this chapter, we will switch gears and discuss what will go into effect 9/15/2022 and what our review team will begin to look for starting 11/1/2022.
- Our division's goal is demonstrating to our agencies what changes have been made and what they can expect from upcoming reviews.



OVERVIEW OF CHAPTER 17

- Chapter 17 outlines the following services as core services per 450:17-3-2 Required core community mental health services. The agency certified must be capable of rendering these services to consumers who are deemed appropriate for admission to the program.
 - Screening, assessment, and referral services
 - Emergency services
 - Outpatient therapy
 - Case management services
 - Psychiatric rehabilitation services
 - Medication clinic services
 - Service to homeless individuals
 - Peer Support Services
 - Wellness Activities and Support



OVERVIEW OF CHAPTER 18

- Chapter 18 outlines the following services a services per 450:18-1-1 Purpose. The agency certified must be capable of rendering these (*alcohol and drug treatment*) services to consumers who are deemed appropriate for admission to the program.
 - This chapter sets forth the standards and criteria used in the certification of facilities and organizations providing treatment services for consumers with substance-related and addictive disorders...



OVERVIEW OF CHAPTER 23

- Chapter 23 outlines the following services per 450:23-1-1 Purpose. The agency certified must be capable of rendering these (*community-based structured crisis center*) services to consumers who are deemed appropriate for admission to the program.
 - This chapter sets forth the Standards and Criteria used in the certification of CBSCC's. In this instance the chapter outlines extensively what chapter 23 requires for both full crisis units and URCs. The crisis unit can be certified independently as well as the URC. The two can also be combined as one certification in this chapter.



OVERVIEW OF CHAPTER 24

- Chapter 24 outlines the following services as core services per 450:24-3-2. The agency certified must be capable of rendering these services to consumers who are deemed appropriate for admission to the program.
 - Screening and referral services
 - Emergency services
 - Outpatient services based on ASAM criteria
 - Intensive Outpatient services based on ASAM criteria
 - Case management services
 - Rehabilitation services
 - Medication clinic services
 - Facilitation to medical withdrawal management services based on the ASAM criteria
 - Facilitation to residential substance use disorder treatment based on the ASAM criteria
 - Service to homeless individuals
 - Peer Recovery Support Services
 - Wellness Activities and Support
 - Ambulatory withdrawal management (Adults only) based on ASAM criteria



OVERVIEW OF CHAPTER 17, 18, 23 & 24

- The items below are now listed in chapter 1. These items were removed from chapter 17 as of 9/15/2021. However, providers are still responsible for these items, but the streamlining of the standards make complying across multiple chapters much easier.
 - 450:1-9-5.4 Core organizational standards for facilities and programs
 - 450:1-9-5.5 Core operational standards for facilities and programs
 - 450:1-9-5.6 Quality Clinical standards for facilities and programs



OVERVIEW OF CHAPTER 17, 18, 23 & 24

- 450:1-9-5.4 Core organizational standards for facilities and programs
 - a) Governing Authority
 - b) Organizational Description
 - c) Personnel Policies and Procedures
 - d) Utilization of Volunteers
 - e) Information Analysis and Performance Improvement
 - f) Special Populations



OVERVIEW OF CHAPTER 17, 18, 23 & 24

- 450:1-9-5.5 Core operational standards for facilities and programs
 - a) Physical facility environment and safety
 - b) Hygiene and sanitation
 - c) Tobacco-free campus
 - d) Technology
 - e) Confidentiality and information security



OVERVIEW OF CHAPTER 17, 18, 23 & 24

- 450:1-9-5.6 Quality Clinical standards for facilities and programs
 - a) Staff qualifications
 - b) Staff development and training
 - c) Clinical supervision
 - d) Clinical record keeping, basic requirements
 - e) Discharge summary
 - f) Critical incidents



OVERVIEW OF CHAPTER 17

- With the alterations to items location within chapter that were put in place last year ODMHSAS has made changes to the chapter that will take effect this year as and will begin to be reviewed as of 11/1/2022.
 - Some of those items include alteration made to the following areas;
 - 17-3-101. Case management services:
 - For example: (d1) has been left in but requirements such as “Consumer’s level of functioning” has been removed while other requirements such as “strength based assessment” information is still part of the requirements.
 - 17-5-59.1 through 17-5-67.3 housing programs:
 - These standards have been removed entirely from the standard.
 - 17-5-179. Primary care screening and monitoring:
 - Has been restructured to better reflect some standards are only assessed “as applicable” to the individual consumer.
 - 17-7-10. Progress Notes:
 - Have been modified to remove more prescriptive requirements but left key items such as date and time of service in.



OVERVIEW OF CHAPTER 18

- With the alterations to items location within chapter that were put in place last year ODMHSAS has made changes to the chapter that will take effect this year as and will begin to be reviewed as of 11/1/2022.
 - Those items include alteration made to the following areas;
 - 18-7-21. Clinical record content, screening and assessment:
 - For example: part (c) has had ASAM requirements removed from the standard requirements as well as much of the demographic information altered.
 - 18-7-61. Case management services:
 - For example: (d1) has been left in but requirements such as “Consumer’s level of functioning” has been removed while other requirements such as “strength based assessment” information is still part of the requirements.
 - 18-7-81. Service plan:
 - For example: (d) has fewer requirements such as “S.N.A.P., type and frequency of service, and measurable long and short term objectives” but other requirements such as signatures are still required per (e).
 - 18-7-101. Progress notes:
 - For example: Progress note requirements have been altered but there are still requirements for service provider's signature per (b)



OVERVIEW OF CHAPTER 18

- 18-7-121. Discharge assessment:
 - Has had the ASAM requirement removed.
- 18-7-122. Transition/discharge plan:
 - Has been streamlined to remove duplication
- 18-7-81. Service plan:
 - For example
- In the remainder of the chapter various levels have been removed or altered to make the standards less prescriptive and better reflect what should be required of the various types of services provided by the field.



OVERVIEW OF CHAPTER 23

- With the alterations to items location within chapter that were put in place last year ODMHSAS has made changes to the chapter that will take effect this year as and will begin to be reviewed as of 11/1/2022.
 - Those items include alteration made to the following areas;
 - 23-5-4. Intake and assessment:
 - Requirements for a PICIS intake data core has been removed.
 - 23-5-6. Progress notes:
 - For example: Progress note requirements have been altered but there are still requirements for service provider's signature per (b)



OVERVIEW OF CHAPTER 24

- With the alterations to items location within chapter that were put in place last year ODMHSAS has made changes to the chapter that will take effect this year and will begin to be reviewed as of 11/1/2022.
 - Those items include alteration made to the following areas;
 - 24-3-141. Case management services:
 - Has been altered to remove many of the more proscriptive elements of the assessment portion.
 - 24-7-5. Clinical record content, screening and assessment:
 - Has removed the ASAM criteria elements
 - 24-7-9. Progress Notes:
 - Have been altered to reflect the reduction in content requirements for progress notes.
 - 24-7-11. Discharge assessment:
 - Has removed the ASAM criteria elements
 - 24-7-12. Transition/discharge plan:
 - Has been cleaned up to eliminate duplication elements also require in chapter 1.



Questions?