TITLE 450: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
CHAPTER 18: STANDARDS AND CRITERIA FOR SUBSTANCE RELATED AND ADDICTIVE DISORDER TREATMENT SERVICES

SUBCHAPTER 1. GENERAL PROVISIONS

450:18-1-1. Purpose

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 and implements 43A O.S. §§ 3-403, 3-415, 3-416, 3-417, 3-417.1, 3-601, 3-602 and 3-603. The rules regarding the certification processes, including, but not limited to, the application process, fees, and administrative sanctions are found in OAC 450:1, Subchapters 5 and 9. Rules outlining general certification qualifications applicable to facilities and organizations certified under this Chapter are found in OAC 450:1-9-5 through OAC 450:1-9-5.3.

450:18-1-2. Definitions

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

"Acute intoxication" or **"withdrawal potential"** means one dimension to be considered in consumer placement, continued stay, and discharge and is an evaluation of the consumer's withdrawal patterns and current level of intoxication and potential for withdrawal complications as it impacts level of care decision making.

"Admission" means the acceptance of a consumer by a treatment program to receive services at that program.

"Admission criteria" means those criteria which shall be met for admission of a consumer for services.

"Adult" means any individual eighteen (18) years of age or older.

"ASAM" means the American Society of Addiction Medicine.

"ASAM levels of care" means the different options for treatment as described in the current edition of the ASAM criteria that vary according to the intensity of the services offered. Each treatment option is a level of care.

"ASAM criteria" or means the most current edition of the American Society of Addiction Medicine's published criteria for admission to treatment, continued services, and discharge.

"ASAM Level 1" means Outpatient Services for adolescents and adults. This level of care typically consists of less than nine (9) hours of services per week for adults or less than six (6) hours of services per week for adolescents. Services may be delivered in a wide variety of settings.

"ASAM Level 3" means residential and inpatient services and encompasses ASAM levels 3.1, 3.3, 3.5 and 3.7.

"ASAM Level 3.1" means Clinically Managed Low-Intensity Residential Services for adolescents and adults. This level of care typically provides at least five (5) hours of clinical services a week and provides a twenty-four (24) hour living support and structure

with trained personnel. The corresponding service description for this level of care is Halfway House Services.

"ASAM Level 3.3" means Clinically Managed Population-Specific High-Intensity Residential Services. This level of care is for adults only and typically offers twenty-four (24) hour care with trained personnel and is designed to accommodate individuals with cognitive or other impairments, including co-occurring disorders. The corresponding service description for this level of care is Residential Treatment for Adults with Co-Occurring Disorders.

"ASAM Level 3.5" means Clinically Managed Medium-Intensity Residential Services for adolescents and Clinically Managed High-Intensity Residential Services for adults. This level of care provides twenty-four (24) hour care and offers a wide range of therapeutic services. The corresponding service descriptions for this level of care are Residential Treatment and Intensive Residential Treatment.

"ASAM Level 3.7" means Medically Monitored High-Intensity Inpatient Services for adolescents and Medically Monitored Intensive Inpatient Withdrawal Management for adults. This level of care provides twenty-four (24) hour nursing care with physician supervision and medication availability. This level of care is appropriate for individuals withdrawing from alcohol or other drugs with subacute biomedical and emotional, behavioral, or cognitive problems severe enough to require inpatient treatment but for whom hospitalization is not necessary. The corresponding service description for this level of care is Medically Supervised Withdrawal Management.

"Assessment" means those procedures by which a program provides an on-going evaluation process with the consumer as outlined in applicable rules throughout OAC 450 to collect pertinent information needed as prescribed in applicable rules and statutes to determine courses of actions or services to be provided on behalf of the consumer. Assessment may be synonymous with the term evaluation.

"Behavioral health services" means a wide range of diagnostic, therapeutic, and rehabilitative services used in the treatment of mental illness, substance use disorders, and co-occurring disorders.

"Biomedical condition and complications" means one dimension to be considered in placement, continued stay, and discharge and is an evaluation of the consumer's current physical condition and history of medical and physical functioning as it impacts level of care decision making.

"Biopsychsocial assessment" means face-to-face interviews conducted by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate designed to elicit historical and current information regarding the behaviors, experiences, and support systems of a consumer, and identify the consumer's strengths, needs, abilities, and preferences for the purpose of guiding the consumer's recovery plan.

"Care management" means a type of case management in residential substance use disorder (ASAM Level 3) treatment settings that includes assessment, development of a care plan, and referral and linkage to community supports and community-based or lower level of care services to promote continued recovery after the individual discharges from the treatment facility.

"Case management ~~services~~" means planned referral, linkage, monitoring, support, and advocacy provided in partnership with a consumer to assist that consumer with self-sufficiency and community tenure and take place in the individual's home, in the

community, or in the facility, in accordance with a service plan developed with and approved by the consumer and qualified staff.

~~**"Certified Gambling Addiction Treatment"** or **"CGAT"** means programs certified by ODMHSAS to provide treatment to individuals diagnosed with a gambling disorder.~~

"Child" or **"Children"** means any individuals under eighteen (18) years of age.

"Client" See "Consumer.

"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 which leads to professional growth, clinical skills development, and increased self-awareness.

"Community-based Structured Crisis Center" or **"CBSCC"** means a program of non-hospital emergency services for mental health and substance use disorder crisis stabilization as authorized by 43A O.S. §3-317 including, but not limited to, observation, evaluation, emergency treatment, and referral, when necessary, for inpatient psychiatric or substance use disorder treatment services. This service is limited to CMHCs who are certified by the Department of Mental Health and Substance Abuse Services or facilities operated by the Department of Mental of Substance Abuse Services.

"Community education, consultation, and outreach" means services designed to reach the facility's target population, to promote available services, and to give information on substance-related and addictive disorders, domestic violence, sexual assault, and other related issues to the general public, the target population, or to other agencies serving the target population. These services include presentations to human services agencies, community organizations, and individuals, other than individuals in treatment, and staff. These services may take the form of lecture presentations, films or other visual displays, and discussions in which factual information is disseminated. These presentations may be made by staff or trained volunteers.

"Community mental health center" or **"CMHC"** means a facility offering a comprehensive array of community-based mental health services including, but not limited to, inpatient treatment, outpatient treatment, partial hospitalization, emergency care, consultation and education, and certain services at the option of the center including, but not limited to, prescreening, rehabilitation services, pre-care and aftercare, training programs, and research and evaluation.

"Consultation" means the act of providing information or technical assistance to a particular group or individual seeking resolution of specific problems. A documented process of interaction between staff members or between facility staff and unrelated individuals, groups, or agencies for the purpose of problem solving or enhancing their capacities to manage consumers or facilities.

"Consumer" 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) or patient(s) or resident(s) or a combination thereof.

"Consumer record" means the collection of written information about a consumer's evaluation or treatment that includes the admission data, evaluation, treatment or service plan, description of treatment or services provided, continuing care plan, and discharge information on an individual consumer.

"Continuing care" means providing a specific period of structured therapeutic involvement designed to enhance, facilitate, and promote transition from a current level of services to support ongoing recovery.

"Contract" means a document adopted by the governing authority of a treatment facility and any other organization, facility, or individual, which specifies services, personnel, or space to be provided by the program, as well as the monies to be expended in exchange.

"Co-occurring disorder" (COD) means any combination of mental health symptoms and substance use disorder symptoms or diagnoses that affect a consumer and are typically determined by the current Diagnostic and Statistical Manual of Mental Disorders.

"Co-occurring disorder capability" means the organized capacity within any type of program to routinely screen, identify, assess, and provide properly matched interventions to consumer's with co-occurring disorders.

"Co-occurring disorder enhanced" means that the program (or subunit of the program) provides a specialized service designed for individuals with co-occurring disorders, usually with a higher level of available service capacity or intensity for the co-occurring substance use disorder than would be the case in a comparable co-occurring disorder capable program.

"Correctional institution" means any penal or correctional facility, jail, reformatory, detention center, work farm, halfway house, or residential community program operated by, or under contract to, the United States, a state, a territory, a political subdivision of a state or territory, or an Indian tribe, for the confinement or rehabilitation of persons charged with or convicted of a criminal offense, or other persons held in lawful custody. Other persons held in lawful custody include juvenile offenders adjudicated delinquent, aliens detained awaiting deportation, persons committed to mental institutions through the criminal justice system, witnesses, or others awaiting charges or trial. Programs which are providing treatment services within a correctional facility may be exempt from certain services described in this chapter which cannot be provided due to circumstance.

"Crisis Diversion" means an unanticipated, unscheduled situation requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before they become overwhelming and severely impair the individual's ability to function or maintain in the community.

"Crisis intervention" means actions taken and services provided to address emergency psychological, physiological, and safety aspects of alcohol, drug-related, and mental health crises.

~~**"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; 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.~~

"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.

"Day school" means the provision of therapeutic and accredited academic services on a regularly scheduled basis.

"Department" or **"ODMHSAS"** means the Oklahoma Department of Mental Health and Substance Abuse Services.

"Detoxification" means the process of eliminating the toxic effects of drugs and alcohol from the body. Supervised detoxification methods include social detoxification and medical monitoring or medical management and are intended to avoid withdrawal complications.

"DHS" or **"OKDHS"** means the Oklahoma Department of Human Services.

"Diagnosis" means the determination of a disorder as defined by current DSM criteria and in accordance with commonly accepted professional practice standards.

"Dietitian" or **"Dietician"** means an individual trained and licensed in the development, monitoring, and maintenance of food and nutrition in accordance with the Oklahoma State Board of Medical Licensure and Supervision.

"Discharge criteria" means individualized measures by which a program and the consumer determine readiness for discharge or transition from services being provided by that facility. These may reference general guidelines as specified in facility policies or procedures and/or in published guidelines including, but not limited to, the current ASAM criteria for individuals with substance use disorders, but should be individualized for each consumer and articulated in terms of consumer behaviors, resolutions of specific problems, and attainment of goals developed in partnership with the participant and the provider.

"Discharge planning" or **"transition planning"** means the process, begun at admission, of determining a consumer's continued need for treatment services and of developing a plan to address ongoing consumer post-treatment and recovery needs. Discharge planning may or may not include a document identified as a discharge plan.

"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.

"DOC" or **"ODOC"** means the Oklahoma Department of Corrections.

"Documentation" means the provision of written, dated, and authenticated evidence to substantiate compliance with standards, e.g., minutes of meetings, memoranda, schedules, notices, logs, records, policies, procedures, and announcements.

"DSM" means the most current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

"Education" means the dissemination of relevant information specifically focused on increasing the awareness of the community and the receptivity and sensitivity of the community concerning mental health, substance-related and addictive disorders, or other related problems and services related to the specific focus of treatment.

~~**"Educational group"** means groups in which information is provided to consumers or consumers in a teaching or instructional format and typically related to the current focus of treatment, designated to positively impact a consumer's recovery. Topics should be gender and age specific and should include, but not be limited to, information regarding~~

~~their diagnosis or identified problems on their treatment plan. This service may involve teaching skills in communication, self-care, and social skills to promote recovery. Paraprofessionals and/or professionals in fields related to the education topic may facilitate education groups.~~

~~**"Efficiency"** means a program's measure of cost-benefit or cost effectiveness through a comparison to some alternative method.~~

"Emergency services" means a twenty-four (24) hour capability for assessment, intervention, and resolution of a consumer's crisis or emergency provided in response to unanticipated, unscheduled emergencies requiring prompt intervention to resolve immediate, overwhelming problems that severely impair the individual's ability to function or remain in the community and may include placement of the individual in a protective environment, withdrawal management, individual and group consultation, and medical assessment.

"Emotional, behavioral or cognitive conditions and complications" means one dimension to be considered in consumer placement, continued stay, and discharge and is an evaluation of the consumer's historical and current emotional, behavioral, or cognitive status including the presence and severity of any diagnosed mental illnesses, as well as, the level of anxiety, depression, impulsivity, guilt, and behavior that accompanies or follows these emotional states and historical information, as it impacts on level of care decision making.

"Evaluation" See "Assessment."

"Evidence based practice" means programs or practices that are supported by research methodology and have produced consistently positive patterns of results when replicated within the intent of the published guidance.

"Executive director" means the person hired by the governing authority to direct all the activities of the organization; may be used synonymously with administrative director, administrator, chief executive officer, and director.

"Face-To-Face" for the purposes of the delivery of behavioral health care, means a face-to-face physical contact and in-person encounter between the health care provider and the consumer, including the initial visit. The use of telemedicine shall be considered a face-to-face encounter.

"Facilities" or **"facility"** means entities as described in Title 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 disorder 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.

"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.

"Gambling disorder treatment services" means treatment activities for consumers by a gambling treatment professional that include, but are not limited to, the following:

(A) Assessment and diagnostic impression, ongoing;

(B) Treatment planning and revision, as necessary;

(C) Individual, group and family therapy;
(D) Case management;
(E) Psychosocial rehabilitation; and
(E) Discharge planning.

~~**"Gambling treatment professional"** means an individual holding a valid NCGC I or II certification or has documented completion of at least thirty hours of ODMHSAS recognized core problem gambling training requirements and documented completion of ten hours of problem gambling specific continuing education every twelve months; and is either a Licensed Behavioral Health Professional or Licensure Candidate.~~

~~**"Gambling related disorders/problems"** means persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as defined by the most recent edition of the DSM.~~

"Goals" means broad general statements of purpose or intent that indicates the general effect the facility or service is intended to have.

~~**"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.~~

"Guardian" means an individual who has been given the legal authority for managing the affairs of another individual.

"Halfway house" means low intensity substance use disorder treatment in a supportive living environment to facilitate the individual's reintegration into the community, most often following completion of primary treatment. Corresponding ASAM Treatment Level: Level III.1, Clinically managed Low Intensity Residential Services.

"Halfway house for persons with children" means a halfway house that includes services for the recovering person's children who will reside with him or her in the house. Corresponding ASAM Treatment Level: Level III.1, Clinically managed Low Intensity Residential Services.

"Infant" means any child from birth up to 3 years of age.

"Initial contact" means a person's first contact with the facility, e.g., a request for information or service by telephone or in person.

"Inpatient services" means the process of providing care to persons who require twenty-four (24) hour supervision in a hospital or other suitably equipped medical setting as a result of acute or chronic medical or psychiatric illnesses and professional staff providing medical care according to a treatment plan based on documentation of need.

"Intervention" means a process or technique intended to facilitate behavior change.

"Length of stay" means the number of days or number of sessions attended by consumers in the course of treatment.

"**Licensed Behavioral Health Professional"** or **"LBHP"** means:

(A) An Allopathic or Osteopathic ~~Physicians~~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;

~~(B)~~(E) A ~~Practitioners~~practitioner with a license to practice in the state in which services are provided by one of the following licensing boards:

~~(i) Psychology;~~

~~(ii)~~(i) Social Work (clinical specialty only);

~~(iii)~~(ii) Professional Counselor;

~~(iv)~~(iii) Marriage and Family Therapist;

~~(v)~~(iv) Behavioral Practitioner; or

~~(vi)~~(v) Alcohol and Drug Counselor.

~~(C) Advanced Practice Nurse (certified in a psychiatric mental health specialty), licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided.~~

~~(D) A Physician Assistant who is licensed in good standing in the state and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions.~~

"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" means the process by which an agency of government grants permission to persons or health facilities meeting qualifications to engage in a given occupation or business or use a particular title.

"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.

"Life skills" means abilities and techniques necessary to function independently in society.

"Medical care" means those diagnostic and treatment services which, under the laws of the jurisdiction in which the facility is located, can only be provided or supervised by a licensed physician.

"Medical withdrawal management" means diagnostic and treatment services performed by licensed facilities for acute alcohol or drug intoxication, delirium tremens, and physical and neurological complications resulting from acute intoxication. Medical withdrawal management includes the services of a physician and attendant medical personnel including nurses, interns, and emergency room personnel, the administration of a medical examination and a medical history, the use of an emergency room and

emergency medical equipment if warranted, a general diet of three meals each day, the administration of appropriate laboratory tests, and supervision by properly trained personnel until the person is no longer medically incapacitated by the effects of alcohol or drugs. [43 A O.S. § 3-403(5)] It is an organized service delivered by medical and nursing professionals that provides for twenty-four (24)-hour medically directed evaluation and withdrawal management in an acute care inpatient setting. Services are delivered under a defined set of physician-approved policies and physician-managed procedures or medical protocols. Corresponding ASAM Service Level: Level 4-WM, Medically Managed Intensive Inpatient Withdrawal Management.

"Medical services" means the administration of medical procedures by a physician, registered nurse, nurse practitioner, physician's assistant, or dentist and in accordance with a documented treatment plan and medical supervision available to provide the consumer with the service necessitated by the prevalent problem identified and includes physical examinations, withdrawal management from alcohol or drugs, methadone maintenance, dental services, or pharmacy services, etc.

"Medically supervised withdrawal management" means withdrawal management outside of a medical setting, directed by a physician who has attendant medical personnel including nurses for intoxicated consumers, and consumer's withdrawing from alcohol and other drugs, presenting with no apparent medical or neurological symptoms as a result of their use of substances that would require hospitalization as determined by an examining physician. Corresponding ASAM Service Level: Level 3.7-WM, Medically Monitored Inpatient Withdrawal Management. Withdrawal management is intended to stabilize and prepare consumers in accessing treatment.

"Medication" means any prescription or over-the-counter drug that is taken orally, injected, inserted, applied topically, or otherwise administered by staff or self-administered by the consumer for the appropriate treatment or prevention of medical or psychiatric issues.

"Medication assisted treatment" means the use of medications, in combination with counseling and behavioral therapies, to provide a whole patient approach to the treatment of substance use disorders.

"Medication error" means an error in prescribing, dispensing, or administration of medication, regardless if the error reached the consumer, e.g., omission of prescribed drugs, giving drugs not prescribed, prescribing inappropriate drugs, prescribing or administering incorrect dosages, incorrectly filling or labeling prescriptions, or incorrectly transcribing medication orders.

"Medication-self administration" means the consumers administer their own medication to themselves, or their children**,** with staff observation.

~~**"Minutes"** means a record of business introduced, transactions and reports made, conclusions reached, and recommendations made during a meeting.~~

~~**"NCGC"** means Nationally Certified Gambling Counselor, offered at levels I or II through the National Council on Problem Gambling.~~

"Neglect" means:

(A) the failure of staff to provide adequate food, clothing, shelter, medical care or supervision which includes, but is not limited to, lack of appropriate supervision that results in harm to a consumer;

(B) the failure of staff to provide special care made necessary by the physical or mental condition of the consumer;

(C) the knowing failure of staff to provide protection for a consumer who is unable to protect his or her own interest; or

(D) staff knowingly causing or permitting harm or threatened harm through action or inaction that has resulted or may result in physical or mental injury.

"Non-medical withdrawal management" means withdrawal management services for intoxicated consumers and consumers withdrawing from alcohol or other drugs presenting with no apparent medical or neurological symptoms as a result of their use of substances. Corresponding ASAM Service Level: Level 3.2-WM, Clinically managed Residential Withdrawal Management Withdrawal management is intended to stabilize and prepare consumers in accessing treatment.

"Objectives" means a specific statement of planned accomplishments or results that are specific, measurable, attainable, realistic, and time-limited.

"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.

"OSDH" means the Oklahoma State Department of Health.

"Outpatient services" means an organized, nonresidential treatment service in regularly scheduled sessions intended for individuals not requiring a more intensive level of care or those who require continuing services following more intensive treatment regimens. For substance use disorder treatment services, the corresponding ASAM Treatment Level is Level I, Outpatient Treatment.

"Outreach" means the process of reaching into a community systematically for the purposes of identifying persons in need of services, alerting persons and their families to the availability of services, locating needed services, and enabling persons to enter into and accept the service delivery system.

"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.

"Performance Improvement" or **"PI"** means an approach to the continuous study and improvement of the processes of providing health care services to meet the needs of consumers and others. Synonyms, and near synonyms, include continuous quality improvement, continuous improvement, organization-wide quality improvement, and total quality management.

"Personnel record" means a chart or file containing the employment history and actions relevant to individual employee or volunteer activities within an organization and may contain application, evaluation, salary data, job description, citations, credentials, etc.

"PICIS" is a comprehensive management information system based on national standards for mental health and substance abuse databases. It is a repository of diverse data elements that provide information about organizational concepts, staffing patterns, consumer profiles, program or treatment focus, and many other topics of interest to

clinicians, administrators, and consumers. It includes unique identifiers for agencies, staff, and consumers that provide the ability to monitor the course of consumer services throughout the statewide ODMHSAS network. PICIS collects data from hospitals, community mental health centers, substance abuse agencies, community residential mental health facilities, prevention programs, and centers for the homeless which are operated or funded in part by ODMHSAS.

"Play therapy" means a form of action therapy that uses, but is not limited to, sand play, fairy tales, art and puppetry to encourage communication in children who have inadequate or immature verbalization skills or who verbalize excessively due to defensiveness.

"Policy" means statements of facility intent, strategy, principle, or rules in the provision of services; a course of action leading to the effective and ethical provision of services.

"Prevention" means the assessment, development, and implementation of strategies designed to prevent the adverse effects of mental illness, substance use disorders, addiction, and trauma.

"Procedures" means the written methods by which policies are implemented.

"Process" means information about what a program is implementing and the extent to which the program is being implemented as planned.

"Program" means a structured set of activities designed and structured to achieve specific objectives relative to the needs of the consumers or patients.

"Program effectiveness outcome" means a written plan and operational methods of determining the effectiveness of services provided that objectively measures facility resources, activities, and consumer outcomes.

"Progress notes" means a chronological written description of services provided to a consumer, resident, client, or patient that documents, utilizing acceptable documentation practices, the consumer's response related to the intervention plan or services provided.

"Psychiatrist" means a licensed physician who specializes 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.

~~**"Psychological-Social evaluations"** are in-person interviews conducted by professionally trained personnel designed to elicit historical and current information regarding the behavior and experiences of an individual and are designed to provide sufficient information for problem formulation and intervention.~~

"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.

"Readiness to change" means one dimension to be considered in consumer placement, continued stay, and transition and is an evaluation of the consumer's current emotional and cognitive awareness of the need to change, coupled with a commitment to change.

"Recovery" means an ongoing process of discovery and/or rediscovery that must be self-defined, individualized, and may contain some, if not all, of the fundamental

components of recovery as outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA).

"Recovery/living environment" means one dimension to be considered in consumer placement, continued stay, and discharge and is an evaluation of the consumer's current recovery environment, current relationships, degree of support for recovery, current housing, employment situation, availability of alternatives, and historical information as it impacts on level of care decision making.

"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.

~~**"Rehabilitation 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.~~

"Relapse" means the process which may result in the return to the use of substances after a period of abstinence.

"Relapse potential, continued use, or continued problem potential" means one dimension to be considered in consumer placement, continued stay, and discharge and is an evaluation of the consumer's attitudes, knowledge, and coping skills, as well as the likelihood that the consumer will relapse from a previously achieved and maintained abstinence and/or stable and healthy mental health function. If an individual has not yet achieved abstinence and/or stable and healthy mental health function, this dimension assesses the likelihood that the individual will continue to use alcohol or other drugs and/or continue to have mental health problems.

"Residential treatment-substance abuse" means treatment for a consumer in a live-in setting which provides a regimen consisting of twenty-four (24) treatment hours per week. This level of care should correspond with the ASAM Service Level: Level 3.5, Clinically managed High-Intensity Residential Services.

"Residential treatment for persons with children-substance abuse" means a residential treatment facility that includes services for the recovering person's children who will reside with him or her in the residential facility. Corresponding ASAM Service Level (Parent Only): Level 3.5 Clinically Managed High-Intensity Residential Services.

~~**"Safety officer"** means the individual responsible for ensuring the safety policies and procedures are maintained and enforced within the facility.~~

"Screening" means the process to determine whether the person seeking assistance needs further comprehensive assessment.

~~**"Sentinel event"** is a type of critical incident that is an unexpected occurrence involving the death or serious physical or psychological injury to a consumer 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 to a consumer. These events signal the need for immediate investigation and response. Sentinel events include, but are not limited to suicide, homicide, criminal activity, assault and other forms of violence, including domestic violence or sexual assault, and adverse drug events resulting in serious injury or death.~~

"Service plan" or **"Treatment plan"** means the document used during the process by which a LBHP or a Licensure Candidate and the consumer together and jointly identify and rank problems, establish agreed-upon immediate short-term and long-term goals, and decide on the treatment process and resources to be utilized.

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

"Significant others" means those individuals who are, or have been, significantly involved in the life of the consumer.

"**Skill development services"** or **"rehabilitation 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.

"Socialization" means all activities, which encourage interaction and the development of communication, interpersonal, social, and recreational skills and can include consumer education.

"Staff privileging" means an organized method for treatment facilities to authorize an individual permission 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.

"Substance-related and addictive disorders" means a substance-related disorder involving problems related to the use of ten distinct classes of drugs: alcohol; caffeine; cannabis; hallucinogens; inhalants; opioids; sedatives, hypnotics and anxiolytics; stimulants; tobacco; and other (unknown) substances. Substance-related disorders fall into one of two categories, substance use disorders and substance induced disorders. A substance use disorder is a cluster of cognitive, behavioral and physiological symptoms indicating the consumer continues using the substance(s) despite significant substance-related problems. A substance-induced disorder is a reversible substance-specific syndrome due to the recent ingestion of a substance. Addictive disorders involve repetitive clusters of behaviors that activate reward systems similar to those activated by drugs and create behavioral symptoms comparable to those produced by substance use disorders such as compulsive gambling.

"Substance use disorder treatment services" means the coordination of treatment activities for consumers by service provider that includes, but is not limited to, the following:

(A) Screening, diagnostic impression, and assessment.

(B) Treatment planning and revision, as necessary.

(C) Continuing care review to assure continuing stay and discharge criteria are met.

(D) Case management services.

(E) Reports and record keeping of consumer related data.

(F) Consultation that facilitates necessary communication in regard to consumers.

(G) Discharge planning that assists consumers in developing continuing care plans and facilitates transition into post-treatment recovery.

(H) ~~Group and individual therapy.~~Individual, group, and family therapy.

~~(I) Education, as necessary.~~

(I) Skill development (rehabilitation) services.

(J) Community (peer) recovery services.

(K) Crisis intervention services.

"Substance-use disorders" means alcohol or drug dependence or psychoactive substance use disorder as defined by current DSM criteria or by other standardized and widely accepted criteria.

"**Substance withdrawal**" means a state of being in which a group of symptoms of variable clustering and degree of severity occur on cessation or reduction of use of a psychoactive substance that has been taken repeatedly, usually for a prolonged period and/or in high doses. The syndrome may be accompanied by signs of physiological disturbance. Onset and course of the withdrawal state are time-limited and are related to the type of substance and the dose being used immediately before abstinence.

"Supportive services" refers to assistance with the development of problem-solving and decision making skills to maintain or achieve optimal functioning within the community and can include consumer education.

"Therapeutic hour(s)" means the amount of time in which the consumer is engaged with a service provider identifying, addressing, and/or resolving issues that are related to the consumer's treatment plan.

"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.

"Trauma informed capability" means the capacity for a facility and all its programs to recognize and respond accordingly to the presence of the effects of past and current traumatic experiences in the lives of its consumers.

"Treatment" means the broad range of emergency, inpatient, intermediate and outpatient services and care including diagnostic evaluation, medical, psychiatric, psychological and social service care, vocational rehabilitation, and career counseling. [43A O.S. § 3-403(11)].

"Treatment hours – residential" means the structured hours in which a consumer is involved in receiving professional services to assist in achieving recovery.

"Treatment session-outpatient" means each face-to-face contact with a consumer in a therapeutic setting whether individually or in a group.

"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.

~~**"Walk through"** means an exercise in which staff members of a facility walk through the program's treatment processes as a consumer. The goal is to view the agency processes from the consumer's perspective for the purpose of removing barriers and enhancing treatment.~~

"Wellness" means the condition of good physical, mental, and emotional health, especially when maintained by an appropriate diet, exercise, and other lifestyle modifications.

"**Withdrawal Management**" means the process of eliminating the toxic effects of substances from the body. Withdrawal management methods include social detoxification and medical monitoring or medical management and are intended to avoid withdrawal complications.

450:18-1-9. Staff qualifications [REVOKED]

~~(a) All staff who provide clinical services shall have documented qualifications or training specific to the clinical services they provide.~~

~~(b) Staff qualifications for contracted entities shall be in compliance with 450:1-1-1.1~~

and 450:1-3-5.
(c) Compliance with 450:18-1-9 shall be determined by a review of staff personnel files and other supporting documentation provided.
(d) Failure to comply with 450:18-1-9 will result in the initiation of procedures to deny, suspend and/or revoke certification.

450:18-1-10. Volunteers [REVOKED]

(a) If volunteers are utilized, the program will have specific policies and procedures to define the purpose, scope, training, supervision related to the use of volunteers.
(b) A qualified staff member shall be assigned as the volunteer coordinator.
(c) Policies and procedures for volunteers and the services they perform shall be initially approved by the governing authority and upon revision.
(d) Compliance with this Section shall be determined by a review of volunteer policies and procedures; designation of a volunteer coordinator; written orientation plan; orientation program; volunteer personnel files; and volunteer records.

SUBCHAPTER 5. ORGANIZATIONAL AND FACILITY MANAGEMENT

450:18-5-2.1. Organizational and facility description [REVOKED]

(a) The facility shall have a written organizational description, which is reviewed annually and minimally includes:
(1) Target population to be served;
(2) The overall mission statement of the program which shall address the manner in which the facility welcomes all consumer with substance-related and addictive disorders, including those with co-occurring mental health conditions; and
(3) The annual facility goals and objectives, including the goal of continued progress for the agency in providing recovery oriented, culturally competent, trauma informed, and co-occurring capable services.
(b) The facility's governing authority shall review and approve the mission statement and annual goals and objectives and document its approval.
(c) The facility shall make the organizational description, mission statement, and annual goals available to staff.
(d) The facility shall make the organizational description, mission statement, and annual goals available to the general public upon request.
(e) Each facility shall have in writing, by program component or service, the following:
(1) Philosophy and description of services, including the philosophy of recovery oriented and welcoming service delivery;
(2) Identity of the professional staff that provides these services;
(3) Admission and exclusionary criteria that identifies the type of consumers for whom the services are primarily intended;
(4) Goals and objectives, including making progress toward co-occurring capable, trauma informed, and culturally competent service delivery; and
(5) Delineation of processes to assure welcoming accessible, integrated, and co-occurring capable services and a plan for how each program component will address the needs of individuals with co-occurring disorders.
(f) The facility shall have a written statement of the quality improvement processes,

~~procedures, and plans for attaining the organization's goals and objectives. These procedures and plans shall define specific tasks, including actions regarding the organization's co-occurring capability, set target dates, and designate staff responsible for carrying out the procedures and plans.~~

~~(g) Compliance with this Section shall be determined by a review of the facility's target population definition; facility policy and procedures; mission statement; written plan for professional services; other stated required documentation; and any other supporting documentation.~~

450:18-5-2.2. Information analysis and planning [REVOKED]

~~(a) The facility shall have a defined and written plan for conducting an organizational needs assessment which specifies the methods and data to be collected to include, but not limited to, information from:~~

~~(1) Consumers;~~

~~(2) Governing Authority;~~

~~(3) Staff;~~

~~(4) Stakeholders;~~

~~(5) Outcomes management processes;~~

~~(6) Quality record review; and~~

~~(7) Self-assessment tools to determine progress toward co-occurring, recovery oriented, trauma informed, and consumer driven capability.~~

~~(b) The facility shall have a defined ongoing system to collect data and information on a quarterly basis to manage the organization.~~

~~(c)Information collected shall be analyzed to improve consumer services and organizational performance.~~

~~(d) The facility shall prepare an end of year management report which shall include, but not be limited to:~~

~~(1) An analysis of the needs assessment process;~~

~~(2) Performance improvement program findings; and~~

~~(3) Claims and accomplishments by facilities, including but not limited to consumer count and success rates, which may be verified by the ODMHSAS Board.~~

~~(e) The management report shall be communicated and made available to, among others:~~

~~(1) Governing authority;~~

~~(2) Facility staff; and~~

~~(3) ODMHSAS, as requested.~~

~~(f) Compliance with OAC 450:18-5-2.2 shall be determined by a review of the written program evaluation plans; written annual program evaluations; special or interim program evaluations; program goals and objectives; and other supporting documentation provided.~~

450:18-5-2.3. Performance improvement program [REVOKED]

~~(a) The facility shall have an ongoing performance improvement program designed to objectively and systematically monitor, evaluate and improve the quality of consumer care.~~

~~(b) The performance improvement program shall also address the fiscal management~~

of the facility.
(c) The facility shall have an annual written plan for performance improvement activities. The plan shall include, but not be limited to:
(1) Outcomes management specific to each program;
(2) A quarterly quality consumer record review to evaluate the quality of service delivery;
(3) Staff privileging;
(4) Review of critical and unusual incidents and consumer grievances and complaints; and
(5) Improvement in the following:
(A) Co-occurring capability;
(B) Provision of trauma informed services;
(C) Provision of culturally competent services; and
(D) Provision of consumer driven services.
(6) Activities to improve access and retention within the treatment program, including an annual "walk through" of the intake and admission process.
(d) The facility shall identify a performance improvement officer.
(e) The facility shall monitor the implementation of the performance improvement plan on an annual basis and shall make adjustments as needed.
(f) Performance improvement findings shall be communicated and made available to, among others:
(1) Governing authority;
(2) Facility staff;
(3) Consumers;
(4) Stakeholders; and
(5) ODMHSAS, as requested.
(g) Compliance with 450:18-5-2.3 shall be determined by a review of the written program evaluation plan; written program evaluations (annual and/or special or interim; program goals and objectives; and other supporting documentation provided).

450:18-5-3. Physical facility environment and safety [REVOKED]

(a) All facilities providing any service to persons, groups, or the community shall have written policy and procedures intended to ensure the safety and protection of all persons within the facility's physical environment (property and buildings, leased or owned).
(b) These policies and procedures shall include, but are not limited to:
(1) Meeting all fire and safety regulations, code, or statutory requirements of federal, state, or local government.
(2) All facilities shall have an annual fire and safety inspection from the State Fire Marshal or local authorities, and shall maintain a copy of said inspection and attendant correspondence regarding any deficiency.
(3) An emergency preparedness plan to provide effective utilization of resources to best meet the physical needs of consumers, visitors, and staff during any disaster (including, but not limited to: fire, flood, tornado, explosion, prolonged loss of heat, light, water, and/or air conditioning). This plan shall be evaluated annually and revised as needed.
(4) Facilities shall have a designated Safety Officer.

(5) Staff training and orientation regarding the location and use of all fire extinguishers and first aid supplies and equipment.

(6) Emergency evacuation routes and shelter areas shall be prominently posted in all areas.

(7) Fire alarm systems shall have visual signals suitable for the deaf and hearing-impaired.

(8) There shall be emergency power to supply lighting to pre-selected areas of the facility.

(9) The maintenance of facility grounds to provide a safe environment for consumers (specific to age group[s] served), staff and visitors.

(10) Storage of dangerous substances (toxic or flammable substances) in locked, safe areas or cabinets.

(11) There shall be a written plan for the protection and preservation of consumer records in the event of a disaster.

(c) If the facility serves children or adolescents in any form of residential care, there shall be outside play and recreational space and equipment provided which:

(1) Is protected and free from hazards;

(2) Is safely accessible from indoors;

(3) Has supplies and equipment maintained safely; and

(4) Has some shade provided.

(d) Compliance with 450:18-5-3 may be determined by a review of facility policy and procedures, fire and safety inspection reports and correspondence, disaster plan, any other supporting facility documentation, and interviews with staff and consumers.

450:18-5-3.1 Hygiene and sanitation [REVOKED]

(a) Residential facilities shall provide the following services and applicable supporting documentation:

(1) Lavatories in a minimum ratio of one per each eight resident beds.

(2) Toilet facilities in a minimum ratio of one per eight resident beds. Each toilet room shall include a lavatory in the same room or immediately adjacent thereto.

(3) Bathing facilities in a minimum ratio of one tub or shower per each eight resident beds.

(4) Sewage discharge into a municipal sewerage system or collected, treated, and disposed of in an independent sewerage system.

(5) The facility shall have proof of regular inspections and treatment by a licensed pest control operator.

(6) Solid waste disposal through public systems or in a manner approved by the local agency having jurisdiction and the OSDH or Department of Environmental Quality (DEQ), as necessary.

(7) Water obtained from an approved public water supply or tested at least quarterly and treated as necessary, thereby maintaining a determination as an approved water supply by the authority having jurisdiction and the OSDH or DEQ, as necessary.

(8) Linen in quantities adequate to provide at least two changes of bedding each week.

(9) Housekeeping services so that a hygienic environment is maintained in the facility.

(b) Outpatient treatment facilities shall provide:

(1) Lavatories and toilet facilities in a minimum ratio of one (1) per twenty (20) persons.

~~(2) Water and sewerage in the same manner as prescribed for residential facilities.~~
~~(3) Housekeeping services so that a hygienic environment is maintained in the facility.~~

450:18-5-3.3. Tobacco-free campus [REVOKED]

~~(a) The facility shall provide a tobacco-free campus for its employees, consumers and visitors. Possession and use of any tobacco product is prohibited on the grounds of the facility by employees, consumers, volunteers and visitors.~~
~~(b) Facility will visibly post signs on the property notifying consumers, employees and visitors that the visible possession and use of tobacco products is prohibited.~~
~~(c) Facility employees shall not share tobacco or tobacco replacement products with consumers.~~
~~(d) The facility shall offer assistance to employees who are tobacco users while he or she is employed by the facility. The assistance shall include, but is not limited to, the provision of information on the health impact of continued tobacco use; the integrated assessment of consumer's tobacco use into standard practice; referrals to tobacco cessation programs such as the Oklahoma Tobacco Helpline; the provision of or access to FDA-approved prescription and/or non-prescription medications for the treatment of nicotine dependence when available; the delivery of evidence-based behavioral interventions for tobacco use cessation by counselors and other clinicians; and provision of appropriate follow-up to facilitate cessation intervention and prevent relapse.~~
~~(e) The facility shall always inquire of the consumers' tobacco use status and be prepared to offer treatment upon request of the consumer.~~
~~(f) Compliance with this Section shall be determined by visual observation; posted signs; consumer and staff interviews; and a review of the facility's policy, procedures and other supporting documentation provided.~~

450:18-5-5.1. Medication assisted treatment

Providers of residential treatment, medically supervised withdrawal management, or halfway house services shall provide access to medication assisted treatment (MAT) medications to all consumers for whom MAT is determined to be appropriate. Access to MAT medications shall be provided either directly from the residential treatment, medically supervised withdrawal management, or halfway house provider; or provided through a formal agreement with a separate MAT provider.

450:18-5-8. Critical incident reporting [REVOKED]

~~(a) The facility shall have written policies and procedures requiring documentation and reporting of critical incidents and analysis of the contributors to the incident with attention given to issues that may reflect opportunities for system level or program level improvement.~~
~~(b) The documentation of critical incidents shall include, but not be limited to the following:~~
~~(1) The facility name and signature of the persons reporting the incident;~~
~~(2) The names of the consumers, staff members or property involved;~~
~~(3) The time, date, and physical location of the incident;~~

(4) The time and date the incident was reported and the name of the staff person within the facility to whom it was reported;
(5) A description of the incident;
(6) Resolution or action taken, date resolution or action was taken, and signature of appropriate staff members; and
(7) Severity of each injury, if applicable. Severity shall be indicated as follows:
(A) No off-site medical care required or first aid care administered on-site;
(B) Medical care by a physician or nurse or follow-up attention required; or
(C) Hospitalization or immediate off-site medical attention was required.

(c) Critical incidents shall be reported to ODMHSAS with specific timeframes, as follows:
(1) Critical incidents requiring medical care by a physician or nurse or follow-up attention and incidents requiring hospitalization or immediate off-site medical attention shall be delivered via fax or mail to ODMHSAS Provider Certification within twenty-four (24) hours of the incident being documented;
(2) Critical incidents involving allegations constituting a sentinel event or consumer abuse shall be reported to ODMHSAS immediately via telephone or fax, but not more than twenty-four (24) hours after the incident. If reported by telephone, the report shall be followed with a written report within twenty-four (24) hours.

(d) Compliance with 450:18-5-8 shall be determined by a review of facility policies and procedures, critical incident reports at the facility, and those submitted to ODMHSAS, performance improvement program documents and reports, staff interviews, and any other relevant documentation of the facility or ODMHSAS.

450:18-5-11. Technology [REVOKED]

(a) The facility shall have a written plan regarding the use of technology and systems to support and advance effective and efficient service and business practices. The plan shall include, but not be limited to:
(1) Hardware and software.
(2) Security.
(3) Confidentiality.
(4) Backup policies.
(5) Assistive technology.
(6) Disaster recovery preparedness.
(7) Virus protection.

(b) Compliance with 450:18-5-11 shall be determined by a review of the facility policies, performance improvement plans and technology and system plan.

450:18-5-12. Americans with Disabilities Act of 1990 [REVOKED]

(a) Under Titles 11 and 111 of the ADA, the CCARC's shall comply with the "Accessibility Guidelines for Buildings and Facilities (ADAAG) for alterations and new construction." United States government facilities are exempt for the ADA as they shall comply with the "Uniform Federal Accessibility Standards (UFAS)", effective August 7, 1984. Also available for use in assuring quality design and accessibility is the American National Standards Institute (ANSI) A117.1 "American National Standard for Accessible and Usable Buildings and Facilities."

~~(b) State and local standards for accessibility and usability may be more stringent than ADA, UFAs, or ANSI A 117.1. The CCARC shall assume responsibility for verification of all applicable requirements and comply with the most stringent standards.~~
~~(c) The CCARC shall have written policy and procedures providing or arranging for services for persons who fall under the protection of the Americans With Disabilities Act of 1990 and provide documentation of compliance with applicable Federal, state, and local requirements. A recommended reference is the "Americans With Disabilities Handbook" published the in U.S. Equal Employment Opportunities Commission and the U.S. Department of Justice.~~
~~(d) Compliance with 450:24-25-1 shall be determined through a review of facility written policy and procedure; and any other supporting documentation.~~

450:18-5-13. Human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Syndrome (AIDS) [REVOKED]

~~(a) The facility shall have a policy of non-discrimination against persons with HIV infection or AIDS.~~
~~(b) All facilities shall observe the Universal Precautions For Transmission of Infectious Diseases as set forth in, "Occupational Exposure to Bloodborne Pathogens" published by the (U.S.) Occupations Safety Health Administration [OSHA]; and~~
~~(1) There shall be written documentation the aforestated Universal Precautions are the policy of the facility;~~
~~(2) In-service training regarding the Universal Precautions shall be a part of employee orientation and, at least once per year, is included in employee in-service training.~~
~~(c) Compliance with 450:24-25-2 is determined by reviews of facility policy and procedure and in-service training records, schedules, or other documentation.~~

450:18-5-14. Non-medical withdrawal management

(a) Providers of residential treatment services (ASAM Level 3.3 and ASAM Level 3.5) shall provide non-medical withdrawal management as part of their regular service delivery program and facility environment.
(b) Non-medical withdrawal management shall be provided for intoxicated consumers and consumers withdrawing from alcohol and other drugs who present with no apparent medical or neurological symptoms as a result of their substance use disorder.
(c) The facility shall maintain written programmatic descriptions and policy and procedures addressing the following:
(1) Environment: The facility shall monitor and document vital signs, and food and liquids intake.
(2) Staff:
(A) Staff providing non-medical withdrawal management shall be knowledgeable about the physical signs of withdrawal, the taking of vital signs, the implication of those vital signs, and emergency procedures. Service providers shall be trained and competent to implement physician-approved protocols for consumer observation and supervision, determination of appropriate level of care, and facilitation of the consumer’s transition to continuing care.
(B) The facility shall document in personnel records all education, training, and experience stated in (A) above prior to staff providing direct care services.

(3) Treatment services: Daily (twenty-four [24] hours a day, seven [7] days a week) substance use disorder withdrawal management treatment services shall be provided, to include oral intake of fluids, three (3) meals a day, and the taking of vital signs (temperature, pulse, respiration rate, blood pressure), and fluid and food intake a minimum of one (1) time every six (6) hours or more often as indicated by the consumer's condition.

SUBCHAPTER 7. FACILITY CLINICAL RECORDS

PART 1. RECORD SYSTEM

450:18-7-1.1. Consumer record system [REVOKED]

~~(a) Each facility shall maintain an organized system for the content, confidentiality, storage retention, and disposition of consumer case records.~~
~~(b) The facility shall have written policies and procedures concerning consumer records which define required documentation within the case record.~~
~~(c) Consumer records shall be contained within equipment which shall be maintained under locked and secured measures.~~
~~(d) The facility shall maintain identification and filing systems which enable prompt record location and accessibility by the service providers.~~
~~(e) Consumer records shall be maintained in the facility where the individual is being treated or served. In the case of temporary office space and in-home treatment services, records may be maintained in the main (permanent) office and transported in secured lock boxes or vehicle trunks to and from temporary offices and homes, when necessary. Consumer records may be permanently maintained at the facility's administrative offices; however, a working copy of the consumer record for the purposes of documentation and review of services provided must be maintained at the site in which the consumer is receiving treatment.~~
~~(f) The facility shall have policies which govern the storage, retention, and disposition of consumer case records, including electronic records. These policies shall be compatible with protection of consumer's rights against confidential information disclosure at a later date. ODMHSAS operated facilities shall comply with Records Disposition Schedule 82-17 as approved by the Oklahoma Archives and Records Commission.~~
~~(g) Compliance with 450:18-7-1.1 may be determined by a review of policies and procedures, treatment records, performance improvement guidelines, interviews with staff, and other facility documentation.~~

450:18-7-3.1. Confidentiality of substance-related and addictive disorder treatment information [REVOKED]

~~Confidentiality policies, procedures, and practices must comply with federal and state law, guidelines, and standards.~~

PART 3. SCREENING AND ASSESSMENT

450:18-7-21. Clinical record content, screening and assessment

(a) All facilities shall complete a face-to-face screening with each individual to determine appropriateness of further assessment.
(b) The facility shall maintain written screening policies and procedures that, at a minimum include: (1) how the screening is to be conducted; (2) that the screening conducted is an integrated screening to identify both immediate and ongoing needs, which includes screening for whether the consumer is a risk to self or others, including suicide risk factors; and (3) how the consumer is assisted with admission for services, and/or with accessing other appropriate services.
(c) All facilities shall assess each consumer for appropriateness of admission to the treatment program. Each presenting consumer for substance use disorder treatment shall be assessed, according to ASAM criteria, which includes a list of symptoms for all six dimensions and each level of care to determine a clinically appropriate placement in the least restrictive level of care. The ~~Oklahoma Determination of~~ODMHSAS designated ASAM Service Level ~~(~~ODASL~~)~~instrument must be completed ~~when determining~~to determine clinically appropriate residential level of care (ASAM Level 3) treatment placement prior to admission into the treatment facility. For facilities offering gambling disorder treatment services, each presenting consumer for gambling disorder treatment shall be assessed using the Southern Oaks Gambling Screen (SOGS). Facilities must ensure that a consumer's refusal of a particular service does not preclude the consumer from accessing other needed mental health or substance-related or addictive disorder treatment services. Should the service provider determine the consumer's needs cannot be met within the facility, clinical assessments and referrals for the consumer shall be documented.
(d) Any consumer seeking admission to inpatient or residential services, including medically-supervised withdrawal management, ~~and non-medical withdrawal management~~ while under the influence or undergoing withdrawal of alcohol or drugs, shall be assessed prior to admission for medical needs. The written criteria to be used for medical needs assessment of persons under the influence or undergoing withdrawal of alcohol or drugs, and the protocols for determining when physician review of the assessment is needed, shall be approved by the facility's consulting physician.
(e) Upon determination of appropriate admission, consumer assessment demographic information shall contain, but not be limited to, the following:
(1) Date of initial contact requesting services;
(2) Date of the screening and/or assessment;
(3) Consumer’s name;
(4) Gender;
(5) Birthdate;
(6) Home address;
(7) Telephone number;
(8) Referral source;
(9) Reason for referral;
(10) Significant other to be notified in case of emergency; and
(11) PICIS-data core content, if the facility reports on PICIS.
(f) Compliance with 450:18-7-21 may be determined by a review of the following:
(1) Policies and procedures;
(2) Intake protocols;

(3) assessment instruments;
(4) Treatment records;
(5) Interviews with staff and consumers; and
(6) Other facility documentation.

450:18-7-23. Biopsychsocial assessment

(a) All programs shall complete a biopsychsocial assessment using the Addiction Severity Index (ASI) for adults or the Teen Addiction Severity Index (T-ASI) for adolescents, which gathers sufficient information to assist the consumer in developing an individualized service plan. The assessment must also list the client's past and current psychiatric medications. The assessment must be completed by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate. Licensure candidate signatures must be co-signed by a fully-licensed LBHP in good standing.

(b) Compliance with 450:18-7-23 may be determined by a review of the following:
(1) Policy and procedures;
(2) Biopsychsocial assessment instruments;
(3) Consumer records;
(4) Case management assessments;
(5) Interviews with staff and consumers; and
(6) Other facility documentation.

450:18-7-24. Biopsychsocial assessment, time frame

(a) The assessment shall be completed during the admission process and within specific timelines established by the facility but no later than the following time frames:
(1) Residential services~~,~~: The assessment shall be completed during the admission process, not to exceed fourty-eight (48) hours after admission procedures are initiated~~seven (7) days [168 hours]~~;
(2) Halfway house services~~,~~: The assessment shall be completed during the admission process, not to exceed fourty-eight (48) hours after admission procedures are initiated~~seven seven (7) days [168 hours~~];
(3) Intensive outpatient services~~,~~: The assessment shall be completed by the fourth visit;
(4) Outpatient services~~,~~: The assessment shall be completed by the end of the fourth visit.

(b) In the event of a consumer re-admission after one (1) year of the last biopsychsocial assessment, a new biopsychsocial assessment shall be completed. If readmission occurs within one (1) year after the last biopsychsocial assessment, an update shall be completed.

(c) Compliance with 450:18-7-24 may be determined by a review of the following:
(1) Policies and procedures;
(2) Biopsychsocial assessment instruments;
(3) Treatment records;
(4) Case management assessments;
(5) Interviews with staff and consumers; and
(6) Other facility documentation.

450:18-7-25. Biopsychsocial assessments of children accompanying a parent into treatment

(a) All programs shall document biopsychsocial assessments for the parent and for children accompanying their parent into treatment who are receiving services from the facility:

(1) Assessments of children (including infants) accompanying their parent into treatment (residential or halfway house levels of care) who are receiving services from the facility shall include the following items in addition to the requirements in 450:18-7-23 :

(A) parent-child relationship;
(B) physical and psychological development;
(C) educational needs;
(D) parent related issues~~,~~; and
(E) family issues related to the child~~,~~.

(2) Assessments of the parent bringing their children into treatment (residential or halfway house levels of care) shall include the following items, in addition to the requirements of 450:18-7-23:

(A) parenting skills (especially in consideration of the child's issues);
(B) knowledge of age appropriate behaviors;
(C) parental coping skills;
(D) personal issues related to parenting; and
(E) family issues as related to the child.

(b) Compliance with 450:18-7-25 may be determined by a review of the following:

(1) Policy and procedure;
(2) Biopsychsocial assessment instruments;
(3) Treatment records;
(4) Case management assessments;
(5) Interviews with staff and consumers; and
(6) Other facility documentation.

450:18-7-26. Biopsychsocial assessments of children accompanying a parent into treatment, time frame

(a) The assessment shall be completed as soon as possible after admission and within specific timelines established by the facility but no later than:

(1) Residential~~,~~: The assessment shall be completed during the admission process, not to exceed fourty-eight (48) hours after admission procedures are initiated~~seven (7) days [168 hours]~~;

(2) Halfway house~~,~~: The assessment shall be completed during the admission process, not to exceed fourty-eight (48) hours after admission procedures are initiated ~~seven (7) days [168 hours]~~.

(b) In the event of a consumer readmission within one (1) year of the last biopsychsocial assessment, a photocopy of the latest biopsychsocial assessment and a biopsychsocial update will suffice.

(c) Compliance with 450:18-7-26 may be determined by a review of the following:

(1) Policies and procedures;

(2) Biopsychsocial assessment instruments;
(3) Treatment records;
(4) Case management assessments;
(5) Interviews with staff and consumers; and
(6) Other facility documentation.

PART 9. SERVICE PLANNING

450:18-7-81. Service Plan

(a) A service plan shall be completed for each adult and child consumer, including dependent children receiving services from a residential or halfway house facility. The service plan is performed with the active participation of the consumer and a support person or advocate, if requested by the consumer. In the case of children under the age of ~~eighteen (18)~~sixteen (16), it is performed with the participation of the parent or guardian, if allowed by law, and the child as age and developmentally appropriate. The service plan shall provide the formation of measurable service objectives and reflect ongoing changes in goals and objectives based upon consumer's progress or preference or the identification of new needs, challenges, and problems. The service plan shall be completed by a LBHP or Licensure Candidate.

(b) The service plan is developed after and based on information obtained in the assessment and includes the evaluation of the assessment information by the clinician and the consumer.

(c) The service plan must have an overall general focus on recovery which, for adults, may include goals like employment, independent living, volunteer work, or training, and for children, may include areas like school and educational concerns and assisting the family in caring for the child in the least restrictive level of care.

(d) Comprehensive service plan contents shall address the following:
(1) Consumer strengths, needs, abilities, and preferences;
(2) Identified presenting challenges, needs, and diagnosis;
(3) Goals for treatment with specific, measurable, attainable, realistic, and time-limited objectives;
(4) Type and frequency of services to be provided;
(5) Description of consumer's involvement in, and response to, the service plan;
(6) The service provider who will be rendering the services identified in the service plan; and
(7) Discharge criteria that are individualized for each consumer and beyond that which may be stated in the ASAM criteria.

(e) Service plan updates shall address the following:
(1) Progress on previous service plan goals and/or objectives;
(2) A statement documenting a review of the current service plan and an explanation if no changes are to be made to the service plan;
(3) Change in goals and/or objectives based upon consumer's progress or identification of new needs and challenges;
(4) Change in frequency and/or type of services provided;
(5) Change in staff who will be responsible for providing services on the plan; and
(6) Change in discharge criteria.

(f) Service plan updates should occur at a minimum of every six (6) months during which outpatient services are provided. Service plan updates shall occur at a minimum of once every thirty (30) days during which services are provided for levels of care with ASAM Level 3 (residential and inpatient services).
(g) Service plans, both comprehensive and update, must include dated signatures for the consumer (if over age 14), the parent/guardian (if under age ~~18~~sixteen (16) and allowed by law), and the ~~primary service practitioner~~LBHP or Licensure Candidate. Licensure candidate signatures must be co-signed by a fully-licensed LBHP in good standing. Signatures must be obtained after the service plan is completed.
(h) Compliance with 450:18-7-81 shall be determined by a review of the clinical records, interviews with staff and consumers, and other facility documentation.

450:18-7-82. Comprehensive Service plans, time frames
(a) Comprehensive service plans shall be completed according to the time frames outlined by the facility, but no later than:
(1) Residential services, ~~eight (8)~~four (4) days;
(2) Halfway house services, ~~eight (8)~~four (4) days;
(3) Intensive outpatient services, sixth (6th) visit;
(4) Outpatient services, sixth (6^{th}) visit.
(b) Compliance with 450:18-7-82 may be determined by a review of the following:
(1) Policies and procedures;
(2) Treatment protocols;
(3) Clinical services manuals;
(4) Service plan forms;
(5) Consumer records;
(6) Interviews with staff and consumers; and
(7) Other facility documentation.

PART 13. DISCHARGE PLANNING

450:18-7-122. ~~Continuing care~~Transition/discharge plan
(a) The facility shall assist the consumer to obtain services that are needed, but not available within the facility, and/or in transitioning from one level of care to another, and/or discharging from a facility. ~~A written plan of recommendations and specific referrals for implementation of continuing care services, including medications, shall be prepared for each consumer who meets the ASAM dimensional continued service criteria, in each level of care.~~ ~~Continuing care~~Transition/discharge plans shall be developed with the knowledge and cooperation of the consumer. ~~The continuing care plan may be included in the discharge summary. The consumer's response to the continuing care plan shall be noted in the plan or a note shall be made that the consumer was not available and why. In the event of the death of a consumer, a summary statement including this information shall be documented in the record.~~
(b) A written plan of recommendations and specific referrals for implementation of continuing care services, including medications, shall be prepared for each consumer who meets the ASAM dimensional continued service criteria, in each level of care. The discharge plan is to include, at a minimum, recommendations for continued treatment

services and other appropriate community resources. Appointments for outpatient therapy and other services, as applicable, should be scheduled prior to discharge from residential service settings. Development of the transition/discharge plan shall begin no later than two (2) weeks after admission into residential level of care (ASAM Level 3) service settings. The consumer's response to the transition/discharge plan shall be noted in the plan or a note shall be made that the consumer was not available and why. In the event of the death of a consumer, a summary statement including this information shall be documented in the record.

(c) The transition/discharge plan shall be included in the discharge summary and completed by an LBHP or Licensure Candidate. Licensure candidate signatures must be co-signed by a fully-licensed LBHP in good standing.

~~(b)~~(d) Compliance with 450:18-7-122 may be determined by a review of the following:

(1) Policies and procedures;
(2) Continuing care plans;
(3) Discharge assessments;
(4) Discharge summaries;
(5) Progress notes;
(6) Consumer records;
(7) Interviews with staff and consumers; and
(8) Other facility information.

450:18-7-123. Discharge summary [REVOKED]

~~(a) The discharge summary shall document the consumer's progress made in treatment and response to services rendered.~~

~~(b) A completed discharge summary shall be entered in each consumer's record within fifteen (15) days of the consumer completing, transferring, or discontinuing services. The summary must be signed and dated by the staff member completing the summary. Consumers who have received no services for one hundred eighty (180) days shall be discharged if it is determined that services are no longer needed or desired.~~

~~(c) In the event of death of a consumer: A summary statement including this information shall be documented in the record; and~~

~~(d) Compliance with 450:247-13 may be determined by a review of closed consumer records.~~

SUBCHAPTER 9. SERVICES SUPPORT AND ENHANCEMENT

PART 1. STAFF SUPPORT

450:18-9-2. Clinical supervision [REVOKED]

~~(a) Clinical supervision is a vital component of the provision of quality treatment. Clinical supervision shall be provided for those delivering direct services and shall be provided by persons knowledgeable of clinical services as determined by the program.~~

~~(b) All facilities shall have written policies and procedures, operational methods, and documentation of the provision of clinical supervision for all direct treatment and service staff. For facilities that employ only one service provider, supervision will be in the form of clinical consultation from a qualified service provider in the same field. These policies~~

shall include, but are not limited to:

(1) Credentials required for the clinical supervisor;

(2) Specific frequency for case reviews with treatment and service providers;

(3) Methods and time frames for supervision of individual, group, and educational treatment services; and

(4) Written policies and procedures defining the program's plan for appropriate counselor-to-consumer ratio, and a plan for how exceptions may be handled.

(c) Ongoing clinical supervision should address:

(1) The appropriateness of treatment selected for the consumer;

(2) Treatment effectiveness as reflected by the consumers meeting their individual goals; and

(3) The provision of feedback that enhances the clinical skills of service providers.

(d) Compliance with 450:18-9-2 may be determined by a review of the following:

(1) Policies and procedures;

(2) Clinical services manuals;

(3) Clinical supervision manuals;

(4) Documentation of clinical supervision;

(5) Personnel records;

(6) Interviews with staff; and

(7) Other facility documentation.

(e) Failure to comply with 450:18-9-2 will result in the initiation of procedures to deny, suspend and/or revoke certification.

450:18-9-3. Staff privileging [REVOKED]

(a) Each facility shall have policies and procedures for documenting and verifying the training, experience, education, and other credentials of service providers prior to their providing treatment services for which they were hired.

(b) Each facility shall have written policies and procedures and operational methods for evaluating the professional qualifications of service providers providing treatment services, including those who perform these evaluations and the verification process and the granting of privileges.

(c) All service providers shall be documented as privileged prior to performing treatment services.

(d) The evaluation and verification of professional qualifications includes, but is not limited to, the review and verification of:

(1) Professional licensures;

(2) Professional certifications; and

(3) Other qualifications as set forth in the position's job description.

(e) Each facility shall minimally perform an annual review of current licensure, certifications, and current qualifications for privileges to provide specific treatment services.

(f) Initial in-service training and annual in-service training updates for all personnel employed by the treatment facility, as well as volunteers, shall cover, at a minimum:

(1) Most current version of the ODMHSAS Bill of Rights;

(2) Person and family centered services;

(3) The prevention of violence in the workplace;

~~(4) Confidentiality requirements;~~
~~(5) Cultural competency; and~~
~~(6) Expectations regarding professional conduct;~~
~~(7) Fire and safety;~~
~~(8) AIDS and HIV precautions and infection control;~~
~~(9) Oklahoma Child Abuse Reporting and Prevention Act, 10 O.S. §§ 7101-7115;~~
~~(10) Trauma informed; and~~
~~(11) Age and developmentally appropriate trainings, where applicable.~~
~~(g) Compliance with 450:18-9-3 may be determined by a review of the following:~~
~~(1) Policies and procedures;~~
~~(2) Clinical supervision manuals;~~
~~(3) Minutes of privileging meetings;~~
~~(4) Personnel records;~~
~~(5) Interviews with staff; and~~
~~(6) Other facility documentation.~~

SUBCHAPTER 13. SUBSTANCE USE DISORDER TREATMENT SERVICES

PART 1. LEVELS OF CARE

450:18-13-1. Levels of Care and optional programs

Facilities shall document the provision of one or more of the following levels of care and/or optional programs in policies and procedures. All facilities shall include the requirements found in Subchapter 7, Facility Clinical Records.

~~(1) Outpatient services;~~
~~(2) Medically supervised withdrawal management;~~
~~(3) Non-medical withdrawal management;~~
~~(4) Residential treatment for adults;~~
~~(5) Residential treatment for persons with dependent children;~~
~~(6) Residential treatment for adults with co-occurring disorders;~~
~~(7) Residential treatment for adolescents;~~
~~(8) Halfway house services;~~
~~(9) Halfway house services for persons with dependent children;~~
~~(10) Halfway house services for adolescents; and~~

(1) Outpatient services, ASAM Level 1
(2) Residential services, ASAM Level 3
(A) Halfway house services, ASAM Level 3.1, which includes:
(i) Adult halfway house services;
(ii) Halfway house services for persons with dependent children and pregnant women; and
(iii) Adolescent halfway house services.
(B) Residential treatment services for adults with co-occurring disorders, ASAM Level 3.3
(C) Residential treatment services, ASAM Level 3.5, which includes:
(i) Residential treatment for adults;
(ii) Intensive residential treatment for adults;

(iii) Residential treatment for persons with dependent children and pregnant women;
(iv) Intensive residential treatment for persons with dependent children and pregnant women;
(v) Residential treatment for adolescents; and
(vi) Intensive residential treatment for adolescents.
(D) Medically supervised withdrawal management, ASAM Level 3.7

PART 3. OUTPATIENT SERVICES, ASAM LEVEL 1

PART 7. MEDICALLY SUPERVISED WITHDRAWAL MANAGEMENT, ASAM LEVEL 3.7

450:18-13-61. Medically-supervised withdrawal management

(a) Medically supervised withdrawal management shall be provided outside a medical facility, but under the direction of a licensed physician and a licensed registered nurse supervisor, for consumers who are withdrawing or are intoxicated from alcohol or other drugs. Presenting consumers shall be assessed as currently experiencing no apparent medical or neurological symptoms as a result of their substance use that would require hospitalization.

(b) The facility shall maintain written programmatic descriptions and operational methods addressing the following:

(1) Environment: The facility shall provide for beds, food service, monitoring/documenting vital signs, food, and liquids. The facility shall provide a safe, welcoming, and culturally/age appropriate environment. If the facility provides services to consumers under the age of eighteen (18), it shall be licensed by the Oklahoma State Department of Human Services (OKDHS) as a "Residential Child Care Facility".

(2) Support system:

(A) A licensed physician providing supervision of withdrawal management shall be on site or on call twenty-four (24) hours per day, seven (7) days per week;

(B) The facility shall maintain a written plan for emergency procedures which shall be approved by a licensed physician; and

(C) The facility shall have supplies, as designated in the written emergency procedures, which shall be accessible to the staff.

(3) Staff:

(A) Staff members shall be knowledgeable about the physical signs of withdrawal, the taking of vital signs, the implication of those vital signs, and emergency procedures.

(B) Oklahoma licensed nurses shall provide twenty-four (24) hour monitoring, and statutorily approved personnel shall administer medications in accordance with physician's orders;

(C) Staff shall be knowledgeable regarding facility-required education, evidenced based practices, training, and policies; and

(D) The facility shall document in personnel records all education, training, and

experience stated in (A), (B), and (C) above prior to staff providing direct care services.

(E) The facility shall have a minimum of two (2) staff members on site twenty-four (24) hours per day, seven (7) days per week. If consumers under eighteen (18) are on site, staffing ratios shall not exceed those specified in OAC 340:110-3-153.2.

(4) Treatment services:

(A) Daily (twenty-four [24] hours a day, seven [7] days a week) substance use disorder withdrawal management treatment services shall be provided which shall include, but are not limited to, oral intake of fluids, three (3) meals a day, taking of vital signs (temperature, pulse, respiration rate, blood pressure), documentation of fluid and food intake a minimum of one (1) time every six (6) hours or more often as indicated by the consumer's condition.

(B) Medications are to be prescribed if needed during withdrawal management. The medications are to include those needed for physical health issues and mental impairment if acquired during the withdrawal process.

(5) Assessment:

(A) An individualized case management plan shall be developed for each consumer prior to discharge;

(B) A medical assessment for appropriateness of placement shall be completed and documented by a licensed physician during the admission process to the program.

(c) Compliance with 450:18-13-61 may be determined by ~~a~~ review and/or observation of facility documentation and operations, including but not limited to the following:

(1) Licenses;

(2) Policies and procedures;

(3) Treatment protocols;

(4) Personnel records, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, and ongoing in-service trainings;

(5) Treatment records;

(6) Interviews with staff; and

(7) Other supporting facility documentation

PART 9. NON-MEDICAL WITHDRAWAL MANAGEMENT [REVOKED]

450:18-13-81.Non-medical withdrawal management [AMENDED AND RENUMBERED TO 450:18-5-14]

~~(a) Non-medical withdrawal management shall be provided in a non-medical setting, with trained paraprofessionals, for intoxicated consumers and consumers withdrawing from alcohol and other drugs, who present with no apparent medical or neurological symptoms as a result of their substance use disorder.~~

~~(b) The facility shall maintain written programmatic descriptions and policy and procedures addressing the following:~~

(1) Environment: The facility shall provide beds, food service, and monitor/document vital signs, and food and liquids intake. The facility shall provide a safe, welcoming, and culturally/age appropriate environment.

(2) Support system:

(A) A licensed physician shall be on call twenty-four (24) hours per day, seven (7) days per week;

(B) The facility shall have a written plan for emergency procedures approved by a licensed physician; and

(C) Supplies, as designated by the written emergency procedures, shall be available and accessible to the staff;

(3) Staff:

(A) The service provider assigned shall be knowledgeable about the physical signs of withdrawal, the taking of vital signs, the implication of those vital signs, and emergency procedures. Service providers shall be trained and competent to implement physician-approved protocols for consumer observation and supervision, determination of appropriate level of care, and facilitation of the consumer's transition to continuing care;

(B) The staff shall be knowledgeable regarding facility-required education, evidenced based practices, training, and policies; and

(C) The facility shall document in personnel records all education, training, and experience stated in (A) and (B) above prior to staff providing direct care services.

(D) The facility shall have staff members on site twenty-four (24) hours per day, seven (7) days per week.

(4) Treatment services: Daily (twenty-four [24] hours a day, seven [7] days a week) substance use disorder withdrawal management treatment services shall be provided, to include oral intake of fluids, three (3) meals a day, and the taking of vital signs (temperature, pulse, respiration rate, blood pressure), and fluid and food intake a minimum of one (1) time every six (6) hours or more often as indicated by the consumer's condition.

(5) Assessment:

(A) The consumer shall have an addiction-focused history, obtained as part of the initial assessment and reviewed with a physician during the admission process if physician-developed protocols indicate concern; and

(B) An individualized case management plan shall be developed prior to discharge to the appropriate level of care.

(c) Compliance with 450:18-13-81 may be determined by a review of the following:

(1) Licenses;

(2) Policies and procedures;

(3) Treatment protocols;

(4) Physician-approved withdrawal management procedures;

(5) Personnel records, documentation of professional licensure or certification, documentation of professional work experience, and ongoing in-service trainings;

(6) Treatment records; and

(7) Interviews with staff.

450:18-13-82. Non-medical withdrawal management, admission criteria [REVOKED]

~~(a) Admission to non-medical withdrawal management shall be determined according to 450:18-7-21. These criteria shall be a part of the program's written policy and procedures.~~

~~(b) Compliance with 450:18-13-82 may be determined by a review of the following:~~

~~(1) Policies and procedures;~~

~~(2) Admission assessment instruments;~~

~~(3) Medical evaluations;~~

~~(4) Admission protocols;~~

~~(5) Treatment records;~~

~~(6) Interviews with staff and consumers; and~~

~~(7) Publicly posted information and other facility documentation.~~

450:18-13-83. Non-medical withdrawal management, discharge criteria [REVOKED]

~~(a) Programmatic discharge from non-medical withdrawal management shall be determined according to 450:18-7-121. These criteria shall be a part of the program's written policy and procedures.~~

~~(b) Compliance with 450:18-13-83 may be determined by a review of the following:~~

~~(1) Policies and procedures;~~

~~(2) Discharge evaluation assessment instruments;~~

~~(3) Medical evaluations;~~

~~(4) Consumer records and discharge summaries;~~

~~(5) Continuing care plans;~~

~~(6) Interviews with staff and consumers; and~~

~~(7) Other facility documentation.~~

PART 11. RESIDENTIAL TREATMENT, ASAM LEVEL 3.5

450:18-13-101. Residential treatment for adults

(a) Substance use disorder treatment in a residential setting shall provide a planned regimen of twenty-four (24) hours a day, seven (7) days a week of professionally directed evaluation, care, and treatment in a permanent program location. Consumers shall participate in at least twenty-four (24) treatment hours of substance use disorder treatment services per week. The facility shall provide beds, food service, and a safe, welcoming, and culturally/age appropriate environment.

(b) The facility shall maintain written programmatic descriptions and operational methods addressing the following:

(1) Support system:

(A) A licensed physician shall be available, at least by telephone, twenty-four (24) hours per day, seven (7) days per week;

(B) The facility shall maintain written policy and procedures for handling medical emergencies which are approved by the licensed physician; and an emergency medical number shall be conspicuously posted for staff use; and

(C) The facility shall maintain written policies and procedures for the handling of

clinical issues during times in which clinical staff are not at the facility.

(2) Staff:

(A) The facility shall maintain documentation that service providers are knowledgeable regarding the biopsychosocial dimensions of substance use disorders, evidenced-based practices, cultural, age, and gender specific issues, and co-occurring disorder issues.

(B) Staff shall be at least eighteen (18) years of age.

(C) The facility shall document in personnel records all education, training, and experience stated above prior to the provision of direct care services.

(D) The facility shall have staff members on site twenty-four (24) hours per day, seven (7) days per week.

(3) Treatment services. Daily (twenty-four [24] hours a day, seven [7] days a week) substance use disorder treatment services shall be provided to assess and address individual needs of each consumer. Services shall include, but are not limited to:

(A) **Therapy**. Therapy, including individual, family, and group therapy, must be provided by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate who must use and document a generally accepted clinical approach to treatment such as cognitive behavioral treatment, narrative therapy, solution focused brief therapy or another widely accepted theoretical framework for treatment. The therapy must be goal directed utilizing techniques appropriate to the individual consumer's service plan and the consumer's developmental and cognitive abilities. This service does not include social skill development or daily living skill activities. For adults, group therapy is limited to a total of eight adult individuals. For all children under the age of eighteen, the total group size is limited to six. Therapy must be provided at least one (1) hour per week.

(B) **~~Rehabilitation~~Skill development (rehabilitation) services**. ~~Rehabilitation~~Skill development (rehabilitation) services must be provided by a LBHP, Licensure Candidate, ~~or~~ Certified Alcohol and Drug Counselor (CADC) or Certified Behavioral Health Case Manager II (CM II). These services includes educational and supportive services regarding independent living, self-care, social skills regarding development, lifestyle changes and recovery principles and practices (including relapse prevention). Services provided typically take the form of curriculum based education and skills practice, and should be goal specific in accordance with an individualized service plan. ~~Rehabilitation~~Skill development (rehabilitation) services must be provided at least seven (7) hours per week. The maximum staffing ratio for group ~~rehabilitation~~skill development (rehabilitation) services is fourteen members for each qualified provider for adults and eight to one for children under the age of eighteen.

~~(D) **Educational groups**. Education groups must be conducted by a LBHP, Licensure Candidate, CADC, CM II or Peer Recovery Support Specialist (PRSS). Only seven (7) hours per week of education group may be counted toward the required treatment hours. Education groups may include but are not limited to learning experiences regarding living skills, budgeting, educational/vocational skills, etc.~~

(C) **Community (Peer) Recovery Support Services.** Community (peer) recovery support services must be provided by Peer Recovery Support Specialists.

Community (peer) recovery support services may be offered to consumers age sixteen (16) and older with substance use disorders, including co-occurring disorders. Services shall be provided in accordance with OAC 450:18-13-221.

~~(E)~~(D) ~~**Case**~~**Care Management**. ~~Case~~Care management must be provided by a LBHP, Licensure Candidate, CADC, CM II or CM I as clinically indicated. Care management is a type of case management that includes assessment, development of a care plan, and referral and linkage to community supports and community-based or lower level of care services to promote continued recovery after the individual discharges from the treatment facility.

~~(F)~~(E) **Crisis Intervention**. Crisis intervention services must be provided by a LBHP or Licensure Candidate. Crisis intervention services are provided as needed for the purpose of responding to acute behavioral or emotional dysfunction as evidenced by psychotic, suicidal, homicidal severe psychiatric distress, and/or imminent danger of substance relapse. The crisis situation including the symptoms exhibited and the resulting intervention or recommendations must be clearly documented in the consumer's record.

(4) Treatment documentation:

(A) All documentation for therapy, crisis intervention and case management must be documented in an individual note and reflect the content of each session provided. Documentation must include, at a minimum, the following:

(i) Date;

(ii) start and stop time for each session;

(iii) Specific problems, goals, and objectives addressed;

(iv) type of service and method(s) used to address problems;

(v) Summary of progress made toward goals and objectives, or lack of;

(vi) Consumer response to overall treatment services;

(vii) Any new problems, goals, or objectives identified during the session;

(viii) dated signature and credentials of the service provider completing the documentation; and

(ix) Consumer's name.

(B) Documentation for ~~rehabilitation~~skill development (rehabilitation) and community (peer) recovery support services ~~and education groups~~ must include daily member sign-in/sign-out record of member attendance (including date, time, type of service and service focus), and a daily progress note or a summary progress note weekly.

(C) Documentation shall reflect each consumer has received a minimum of twenty four (24) hours of treatment services each week, including the treatment services required in 18-13-101(b)(3), in addition to life skills, recreational, and self-help supportive meetings.

(5) The program provides documentation of the following community living components:

(A) A written daily schedule of activities.

(B) Quarterly meetings between consumers and the program personnel.

(C) Recreational activities to be utilized on personal time.

(D) Personal space for privacy.

(E) Security of consumer’s property.

(F) A clean, inviting, and comfortable setting.
(G) Evidence of individual possessions and decorations.
(H) Daily access to nutritious meals and snacks.
(I) Policy addressing separate sleeping areas for the consumers based on:
(i) Gender;
(ii) Age; and
(iii) Needs.

(c) Compliance with 450:18-13-101 may be determined by ~~a~~ review and/or observation of facility documentation and operations, including but not limited to the following:
(1) Licenses;
(2) Policies and procedures;
(3) Treatment protocols;
(4) Personnel record, documentation of professional licensure or certification, documentation of professional work experience, and ongoing in-service trainings;
(5) Treatment records; and
(6) Interviews with staff and consumers.

450:18-13-101.1 Intensive residential treatment for adults

(a) Intensive substance use disorder treatment in a residential setting shall provide a planned regimen of twenty four (24) hours a day, seven (7) days a week of professionally directed evaluation, care, and treatment in a permanent program location. Consumers shall participate in at least thirty-seven (37) treatment hours of substance use disorder treatment services per week. The facility shall provide beds, food service, and a safe, welcoming, and culturally/age appropriate environment.

(b) The facility shall maintain written programmatic descriptions and operational methods addressing the following:
(1) Support system:
(A) A licensed ~~physician~~psychiatrist shall be available, at least by telephone, twenty-four (24) hours per day, seven (7) days per week;
(B) The facility shall maintain written policy and procedures for handling medical emergencies which are approved by the licensed psychiatrist; and an emergency medical number shall be conspicuously posted for staff use; and
(C) The facility shall maintain written policies and procedures for the handling of clinical issues during times in which clinical staff are not at the facility.
(2) Staff:
(A) The facility shall maintain documentation that service providers are knowledgeable regarding the biopsychosocial dimensions of substance use disorders, evidenced-based practices, cultural, age, and gender specific issues, and co-occurring disorder issues.
(B) Staff shall be at least eighteen (18) years of age.
(C) The facility shall document in personnel records all education, training, and experience stated above prior to the provision of direct care services.
(D) The facility shall have staff members on site twenty-four (24) hours per day, seven (7) days per week.
(3) Treatment services. Daily (twenty-four [24] hours a day, seven [7] days a week) substance use disorder treatment services shall be provided to assess and address

individual needs of each consumer. Services shall include, but are not limited to:

(A) **Therapy**. Therapy, including individual, family, and group therapy, must be provided by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate who must use and document a generally accepted clinical approach to treatment such as cognitive behavioral treatment, narrative therapy, solution focused brief therapy or another widely accepted theoretical framework for treatment. The therapy must be goal directed utilizing techniques appropriate to the individual consumer's service plan and the consumer's developmental and cognitive abilities. This service does not include social skill development or daily living skill activities. For adults, group therapy is limited to a total of eight adult individuals. For all children under the age of eighteen, the total group size is limited to six. Therapy must be provided at least four (4) ~~hour~~hours per week.

(B) **~~Rehabilitation~~Skill development (rehabilitation) services**. ~~Rehabilitation~~Skill development (rehabilitation) services must be provided by a LBHP, Licensure Candidate, Certified Alcohol and Drug Counselor (CADC) or Certified Behavioral Health Case Manager II (CM II). These services includes educational and supportive services regarding independent living, self-care, social skills regarding development, lifestyle changes and recovery principles and practices (including relapse prevention). Services provided typically take the form of curriculum based education and skills practice, and should be goal specific in accordance with an individualized service plan. ~~Rehabilitation~~Skill development (rehabilitation) services must be provided at least seven (7) hours per week. The maximum staffing ratio for group ~~rehabilitation~~skill development (rehabilitation) services is fourteen members for each qualified provider for adults and eight to one for children under the age of eighteen.

~~(C) **Educational groups**. Only eleven (11) hours per week of education group may be counted toward the required treatment hours. Education groups may include but are not limited to learning experiences regarding living skills, budgeting, educational/vocational skills, etc.~~

(C) **Community (Peer) Recovery Support Services.** Community (peer) recovery support services must be provided by Peer Recovery Support Specialists. Community (peer) recovery support services may be offered to consumers age sixteen (16) and older with substance use disorders, including co-occurring disorders. Services shall be provided in accordance with OAC 450:18-13-221.

(D) **~~Case~~Care Management**. ~~Case~~Care management must be provided by a LBHP, Licensure Candidate, CADC, CM II or CM I as clinically indicated. Care management is a type of case management that includes assessment, development of a care plan, and referral and linkage to community supports and community-based or lower level of care services to promote continued recovery after the individual discharges from the treatment facility.

(E) **Crisis Intervention**. Crisis intervention services must be provided by a LBHP or Licensure Candidate. Crisis intervention services are provided as needed for the purpose of responding to acute behavioral or emotional dysfunction as evidenced by psychotic, suicidal, homicidal severe psychiatric distress, and/or imminent danger of substance relapse. The crisis situation including the symptoms exhibited and the resulting intervention or recommendations must be clearly

documented in the consumer's record.

(4) Treatment documentation:

(A) All documentation for therapy, case management and crisis intervention must be documented in an individual note and reflect the content of each session provided. Documentation must include, at a minimum, the following:

(i) Date;

(ii) start and stop time for each session;

(iii) Specific problems, goals, and objectives addressed;

(iv) type of service and method(s) used to address problems;

(v) Summary of progress made toward goals and objectives, or lack of;

(vi) Consumer response to overall treatment services;

(vii) Any new problems, goals, or objectives identified during the week;

(viii) Dated signature and credentials of the service provider completing the documentation; and

(ix) Consumer's name.

(B) Documentation for ~~rehabilitation~~skill development (rehabilitation) and community (peer) recovery support services ~~and education groups~~ must include daily member sign-in/sign-out record of member attendance (including date, time, type of service and service focus), and a daily progress note or a summary progress note weekly.

(C) Documentation shall reflect each consumer has received a minimum of thirty-seven (37) hours of treatment services each week, including the treatment services required in 18-13-101.1(b)(3), in addition to life skills, recreational, and self-help supportive meetings.

(5) The program provides documentation of the following community living components:

(A) A written daily schedule of activities.

(B) Quarterly meetings between consumers and the program personnel.

(C) Recreational activities to be utilized on personal time.

(D) Personal space for privacy.

(E) Security of consumer’s property.

(F) A clean, inviting, and comfortable setting.

(G) Evidence of individual possessions and decorations.

(H) Daily access to nutritious meals and snacks.

(I) Policy addressing separate sleeping areas for the consumers based on:

(i) Gender;

(ii) Age; and

(iii) Needs.

(c) Compliance with 450:18-13-101.1 may be determined by ~~a~~ review and/or observation of facility documentation and operations, including but not limited to the following:

(1) Licenses;

(2) Policies and procedures;

(3) Treatment protocols;

(4) Personnel record, documentation of professional licensure or certification, documentation of professional work experience, and ongoing in-service trainings;

(5) Treatment records; and

(6) Interviews with staff and consumers.

PART 13. RESIDENTIAL TREATMENT FOR PERSONS WITH DEPENDENT CHILDREN AND PREGNANT WOMEN, ASAM LEVEL 3.5

450:18-13-121. Residential treatment for persons with dependent children and pregnant women

(a) Substance use disorder treatment shall be provided in a residential setting offering a planned regimen of twenty-four (24) hours a day, seven (7) days a week of professionally directed evaluation, care, and treatment in a permanent setting and under a defined set of policies and procedures. Consumers with dependent children and consumers who are pregnant shall participate in at least twenty-four (24) treatment hours of substance use disorder~~, parenting, and child development~~treatment services per week~~ for adults [Exception: (1) TANF recipients with Oklahoma Department of Human Services (OKDHS) approved documentation shall participate in least twenty-one (21) hours of treatment; documentation should be reflected in consumer record], and twelve (12) structured hours for children [Exception: (2) unless clinically indicated, structured services may be reduced to six (6) hours per week for children attending school.]~~.

(b) Each facility shall maintain written programmatic descriptions and operational methods addressing the following:

(1) Environment: The facility shall provide family-style living arrangements, indoor recreational space for children and families, and safe, protected outdoor recreational and leisure space. The facility shall provide for materials and space appropriate for ages and development of children receiving services. (43A O.S. §3-417). The facility shall provide beds, food service, and a safe, welcoming, and culturally/age appropriate environment.

(2) Support system:

(A) A licensed physician shall be available, at least by telephone, twenty-four (24) hours per day, seven (7) days per week.

(B) The facility shall promote and facilitate children's access to the fullest possible range of medical services available such as health screening, well-child health care, screening in speech, language, hearing, and vision, and verify immunization records.

(C) Access to emergency health care shall be provided as necessary.

(D) The facility shall maintain written policy and procedures for handling medical emergencies which are approved by the licensed physician, and an emergency medical number shall be conspicuously posted for staff use.

(3) Staff:

(A) The facility shall maintain documentation that service providers are knowledgeable regarding biopsychsocial dimensions of substance use disorder, evidenced based practices, cultural, age and gender-specific issues, co-occurring disorder issues and treatment of infants, toddlers, preschool children, and school-age children.

(B) The facility shall document that service providers have training in the following:

(i) trauma issues, identification of domestic violence, spousal or partner abuse, and child abuse and neglect, with special emphasis on failure to thrive, and

sexual abuse of children;

(ii) child development and age appropriate behaviors;

(iii) parenting skills appropriate to infants, toddlers, preschool, and school age children; and

(iv) the impact of substances and substance use disorders on parenting and family units.

(C) The facility shall document that staff working with children shall have ongoing training in the following and demonstrate job appropriate functional comprehension of:

(i) the impact of prenatal drug and alcohol exposure on child development;

(ii) the effect of substance use disorders on parenting children and families;

(iii) parenting skills appropriate to infants, toddlers, preschool, and school age children;

(iv) common children's behavioral and developmental problems;

(v) appropriate play activities according to developmental stage;

(vi) recognition of sexual acting-out behavior; and

(vii) the substance use disorder recovery process, especially as related to family units.

(D) The facility shall document that staff are knowledgeable regarding facility-required education, and training requirements and policies;

(E) The facility shall have staff on site twenty-four (24) hours a day;

(F) Staff shall be at least eighteen (18) years of age; and

(G) The facility shall document in personnel records, all education, training, and experience stated above prior to the provision of services.

(4) Treatment services:

(A) The facility shall provide (twenty-four [24] hours a day, seven [7] days a week) substance use disorder treatment services to assess and address individual needs of each consumer. Treatment services, shall include, but are not limited to:~~,~~ ~~therapy, rehabilitation services, educational groups, case management services, and crisis intervention, parenting, and child development; and~~

(i) **Therapy.** Therapy, including individual, family, and group therapy, must be provided by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate who must use and document a generally accepted clinical approach to treatment such as cognitive behavioral treatment, narrative therapy, solution focused brief therapy or another widely accepted theoretical framework for treatment. The therapy must be goal directed utilizing techniques appropriate to the individual consumer's service plan and the consumer's developmental and cognitive abilities. This service does not include social skill development or daily living skill activities. For adults, group therapy is limited to a total of eight adult individuals. For all children under the age of eighteen, the total group size is limited to six. Therapy must be provided at least one (1) hour per week.

(ii) **Skill development (rehabilitation) services**. Skill development (rehabilitation) services must be provided by a LBHP, Licensure Candidate, Certified Alcohol and Drug Counselor (CADC) or Certified Behavioral Health Case Manager II (CM II). These services includes educational and supportive

services regarding independent living, self-care, social skills regarding development, lifestyle changes and recovery principles and practices (including relapse prevention). Services provided typically take the form of curriculum based education and skills practice, and should be goal specific in accordance with an individualized service plan. Skill development (rehabilitation) services must be provided at least seven (7) hours per week. The maximum staffing ratio for group skill development (rehabilitation) services is fourteen members for each qualified provider for adults and eight to one for children under the age of eighteen.

(iii) **Community (Peer) Recovery Support Services.** Community (peer) recovery support services must be provided by Peer Recovery Support Specialists. Community (peer) recovery support services may be offered to consumers age sixteen (16) and older with substance use disorders, including co-occurring disorders. Services shall be provided in accordance with OAC 450:18-13-221.

(iv) **Care Management.** Care management must be provided by a LBHP, Licensure Candidate, CADC, CM II or CM I as clinically indicated. Care management is a type of case management that includes assessment, development of a care plan, and referral and linkage to community supports and community-based or lower level of care services to promote continued recovery after the individual discharges from the treatment facility.

(v) **Crisis Intervention.** Crisis intervention services must be provided by a LBHP or Licensure Candidate. Crisis intervention services are provided as needed for the purpose of responding to acute behavioral or emotional dysfunction as evidenced by psychotic, suicidal, homicidal severe psychiatric distress, and/or imminent danger of substance relapse. The crisis situation including the symptoms exhibited and the resulting intervention or recommendations must be clearly documented in the consumer's record.

(B) Services may be provided to dependent children by providers certified under this Chapter when provided to address the impacts related to the parent's addiction. Compliance with separate provider qualifications is required for other treatment services provided to dependent children, in accordance with OAC 450 and Title 43A of the Oklahoma Statutes. The facility shall provide treatment services for children ages four (4) to twelve (12) years in accordance with the child's service plan, ~~including a minimum of twelve (12) structured hours per week for each child (see 450:18-13-121 (a), Exception #2),~~ including, but not limited to, assessment and age appropriate individual, family and group therapy (topics can include, but are not limited to, poor impulse control, anger management, peer interaction, understanding feelings, problem/conflict resolution), ~~education groups (topics can include, but are not limited to, effects of alcohol on the body, roles of the family, safety planning, grief and loss), recreational activities, prevention techniques, and support groups,~~ according to the development of the child. ~~Structured activities do not include time spent watching television and watching videos.~~ Special attention shall be given to the high risk of sexual abuse, sexual acting-out by children, suicide risk, and the treatment of toddlers and preschool children; and

(C) Children's services, excluding infants, shall address the significant issues and needs documented in the child's and/or parent's assessment utilizing both structured and unstructured therapeutic activity. Services shall create and enhance positive self-image and feelings of self-worth, promote family unity, teach personal body safety, and positive school interactions, and to prevent alcohol, tobacco, and other drug use; and

(D) Services for infants (ages birth to three [3] years of age) shall include, at a minimum, developmentally appropriate parent-child interactive bonding activities and developmentally appropriate structured activities that promote and nurture the growth and well being of the infant; and

(E) Case management services for each adult and each child that include assessment of and planning and arranging for recovery needs.

(5) Treatment documentation:

(A) All documentation for therapy, case management and crisis intervention must be documented in an individual note and reflect the content of each session provided. Documentation must include, at a minimum, the following:

(i) Date;

(ii) start and stop time for each session;

(iii) Specific problems, goals, and objectives addressed;

(iv) type of service and method(s) used to address problems;

(v) Summary of progress made toward goals and objectives, or lack of;

(vi) Consumer response to overall treatment services;

(vii) Any new problems, goals, or objectives identified during the week;

(viii) Dated signature and credentials of the service provider completing the documentation; and

(ix) Consumer's name.

(B) Documentation for ~~rehabilitation~~skill development (rehabilitation) and community (peer) recovery support services and ~~education groups~~ must include daily member sign-in/sign-out record of member attendance (including date, time, type of service and service focus), and a daily progress note or a summary progress note weekly.

(C) Documentation shall reflect that each ~~adult~~ consumer with dependent children and/or consumer who is pregnant has received a minimum of twenty-four (24) hours of treatment services each week~~, unless the woman is pregnant and the consumer record contains physician-approved permission for less than twenty-four (24) hours of service, or as permitted in 450:18-13-121 (a), Exception #1. Should the consumer be unable to participate in twenty-four (24) treatment hours for two (2) or more weeks, a review of appropriate placement shall be conducted weekly and documented by the executive director of the facility and shall include observations of parent and child interactions, especially those indicative of therapeutic need or progress~~.

(D) Documentation shall reflect each child has received services in accordance with the child's service plan if services are provided by the facility~~a minimum of twelve(12) structured hours of service each week addressing needs and issues documented in either, or both, the child's or parent's assessments; the child's response to those services; and an assessment and planning of recovery needs.~~

~~Exception: As few as six (6) hours each week as permitted by 450:18-13-121(a)~~.

(6) The program provides documentation of the following community living components:

(A) A written daily schedule of activities.

(B) Quarterly meetings between consumer and the program personnel.

(C) Recreational activities to be utilized on personal time.

(D) Personal space for privacy.

(E) Security of consumer's property.

(F) A clean, inviting, and comfortable setting.

(G) Evidence of individual possessions and decorations.

(H) Daily access to nutritious meals and snacks.

(I) Policy addressing separate sleeping areas for the consumers based on:

(i) Gender;

(ii) Age; and

(iii) Needs.

(c) Compliance with 450:18-13-121 may be determined by ~~a~~ review and/or observation of facility documentation and operations, including but not limited to the following:

(1) Licenses;

(2) Policies and procedures;

(3) Treatment protocols;

(4) Personnel record, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, ongoing in-service trainings;

(5) Records;

(6) Interviews with staff; and

(7) Other facility documentation.

450:18-13-122. Residential treatment for persons with dependent children and pregnant women, admission criteria

(a) Admission to residential treatment for persons with dependent children and pregnant women shall be determined according to 450:18-7-21. These criteria shall be a part of the program's written policies and procedures. Admission of the parent's children shall depend upon the program's ability to provide and/or coordinate the needed services.

(b) Compliance with 450:18-13-122 may be determined by a review of the following:

(1) Policies and procedures;

(2) Admission assessment instruments and protocols;

(3) Medical assessments;

(4) Consumer records;

(5) Brochures;

(6) Posted public information; and

(7) Interviews with staff and consumers.

450:18-13-123. Residential treatment for persons with dependent children and pregnant women, discharge criteria

(a) Programmatic discharge from residential treatment for persons with dependent children and pregnant women shall be determined according to 450:18-7-121; and the

children shall have been linked with needed educational, therapy, and medical services in the planned community of residence. These criteria and the requirements for children shall be included in the program's written policies and procedures.

(b) Compliance with 450:18-13-123 may be determined by a review of the following:

(1) Policies and procedures;
(2) Discharge evaluation assessment instruments;
(3) Medical evaluations;
(4) Discharge protocols;
(5) Continuing care plans;
(6) Discharge summaries;
(7) Treatment records;
(8) Interviews with staff and consumers; and
(9) Other facility documentation.

450:18-13-124. Intensive residential treatment for persons with dependent children and pregnant women, ASAM Level 3.5

(a) Substance use disorder treatment shall be provided in a residential setting offering a planned regimen of twenty-four (24) hours a day, seven (7) days a week of professionally directed evaluation, care, and treatment in a permanent setting and under a defined set of policies and procedures. Adult consumers shall participate in at least thirty-five (35) treatment hours of substance use disorder treatment services per week.

(1) **Therapy.** Therapy, including individual, family, and group therapy, must be provided by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate who must use and document a generally accepted clinical approach to treatment such as cognitive behavioral treatment, narrative therapy, solution focused brief therapy or another widely accepted theoretical framework for treatment. The therapy must be goal directed utilizing techniques appropriate to the individual consumer's service plan and the consumer's developmental and cognitive abilities. This service does not include social skill development or daily living skill activities. For adults, group therapy is limited to a total of eight adult individuals. For all children under the age of eighteen, the total group size is limited to six. Therapy must be provided at least four (4) hours per week.

(2) **Skill development (rehabilitation) services.** Skill development (rehabilitation) services must be provided by a LBHP, Licensure Candidate, Certified Alcohol and Drug Counselor (CADC) or Certified Behavioral Health Case Manager II (CM II). These services includes educational and supportive services regarding independent living, self-care, social skills regarding development, lifestyle changes and recovery principles and practices (including relapse prevention). Services provided typically take the form of curriculum based education and skills practice, and should be goal specific in accordance with an individualized service plan. Skill development (rehabilitation) services must be provided at least seven (7) hours per week. The maximum staffing ratio for group skill development (rehabilitation) services is fourteen members for each qualified provider for adults and eight to one for children under the age of eighteen.

(3) **Community (Peer) Recovery Support Services.** Community (peer) recovery support services must be provided by Peer Recovery Support Specialists. Community (peer) recovery support services may be offered to consumers age sixteen (16) and older with substance use disorders, including co-occurring disorders. Services shall be

provided in accordance with OAC 450:18-13-221.

(4) **Care Management.** Care management must be provided by a LBHP, Licensure Candidate, CADC, CM II or CM I as clinically indicated. Care management is a type of case management that includes assessment, development of a care plan, and referral and linkage to community supports and community-based or lower level of care services to promote continued recovery after the individual discharges from the treatment facility.

(5) **Crisis Intervention.** Crisis intervention services must be provided by a LBHP or Licensure Candidate. Crisis intervention services are provided as needed for the purpose of responding to acute behavioral or emotional dysfunction as evidenced by psychotic, suicidal, homicidal severe psychiatric distress, and/or imminent danger of substance relapse. The crisis situation including the symptoms exhibited and the resulting intervention or recommendations must be clearly documented in the consumer's record.

(b) Documentation shall reflect that each consumer with dependent children and/or consumer who is pregnant has received a minimum of thirty-five (35) hours of treatment services each week.

(c) If services to dependent children are provided by the facility, documentation shall reflect each child has received services in accordance with the child's service plan that address the needs and issues documented in either, or both, the child's or parent's assessments; the child's response to those services; and an assessment and planning of recovery needs.

(d) A licensed psychiatrist must be available by telephone twenty-four (24) hours a day, seven (7) days a week.

(e) Facilities shall otherwise comply with all requirements within 450:18-13-121, 450:18-13-122, and 450:18-13-123.

PART 15. RESIDENTIAL TREATMENT FOR ADULTS WITH CO-OCCURRING DISORDERS, ASAM LEVEL 3.3

450:18-13-141. Adult residential treatment for consumers with co-occurring disorders

(a) Substance use disorder and mental health treatment shall be provided in a residential setting offering a planned regimen of twenty-four (24) hour structured evaluation, care, and treatment, under a defined set of policy and procedures, and shall have a permanent setting. Consumers shall participate in at least twenty-four (24) treatment hours of mental health or substance use disorder treatment services per week~~, including medication therapy, case management services that address medical and/or dental needs, or any other service identified on the consumer's service plan, excluding community support groups~~. The facility shall provide beds, food service, and a safe, welcoming, and culturally/age appropriate environment.

(b) The facility shall maintain written programmatic descriptions and operational methods addressing the following:

(1) Support system:

(A) The facility shall maintain availability of a licensed physicians, who is

knowledgeable in substance use disorders and mental health issues to provide evaluation, treatment and follow-up; and a licensed psychiatrist will be available by telephone twenty-four (24) hours per day, seven (7) days per week;

(B) The facility shall make available medication evaluation, administration, or monitoring, and staff shall be available to monitor medications as needed; and

(C) The facility shall provide case management services.

(D) The facility shall maintain written policy and procedures for handling medical emergencies which are approved by the licensed psychiatrist, and an emergency medical number shall be conspicuously posted for staff use.

(2) Staff:

(A) Service providers shall be knowledgeable regarding substance use disorders, mental health, evidenced based practices, co-occurring issues, cultural, age, and gender specific issues.

(B) All staff shall be knowledgeable regarding facility-required education, training, and policies;

(C) Staff shall be at least eighteen (18) years of age; and

(D) The facility shall document in personnel records, prior to the provision of treatment services, all education, training, and experience stated above.

(3) Treatment services:

(A) Daily treatment service shall be provided to assess and address individual needs of each consumer. These services shall include~~, but not limited to~~:

~~(i) Medication monitoring.~~

~~(ii)~~(i) Therapy. See 18-13-101(b)(3)(A) for requirements.

~~(iii)~~(ii) ~~Rehabilitation~~Skill development (rehabilitation) services. See 18-13-101(b)(3)(B) for requirements.

~~(iv)~~(iii) ~~Educational groups~~Community (peer) recovery support services. See 18-13-101(b)(3)~~(D)~~(C) for requirements.

~~(v)~~(iv) Case management services. See 18-3-101(b)(3)~~(E)~~(D) for requirements.

~~(vi)~~(v) Crisis intervention. See 18-13-101(b)(3)~~(F)~~(E) for requirements

(B) Psychiatric and/or psychological and/or mental health evaluations shall be completed on all consumers;

(C) Medication monitoring shall be provided.

(4) Treatment documentation:

(A) All documentation for therapy, case management and crisis intervention must be documented in an individual note and reflect the content of each session provided. Documentation must include, at a minimum, the following:

(i) Date;

(ii) start and stop time for each session;

(iii) Specific problems, goals, and objectives addressed;

(iv) type of service and method(s) used to address problems;

(v) Summary of progress made toward goals and objectives, or lack of;

(vi) Consumer response to overall treatment services;

(vii) Any new problems, goals, or objectives identified during the week;

(viii) Dated signature and credentials of the service provider completing the documentation; and

(ix) Consumer's name; and

(x) Consumer's medication and response to medication therapy, if used, shall be documented.

(B) Documentation for ~~rehabilitation~~skill development (rehabilitation) and community (peer) recovery support services ~~and education groups~~ must include daily member sign-in/sign-out record of member attendance (including date, time, type of service and service focus), and a daily progress note or a summary progress note weekly.

(C) The service plan shall address the consumer's mental health needs and related medications. The consumer's medications shall be re-assessed a minimum of once every thirty (30) days.

(5) The program provides documentation of the following community living components:

(A) A written daily schedule of activities.

(B) Quarterly meetings between consumers and the program personnel.

(C) Recreational activities to be utilized on personal time.

(D) Personal space for privacy.

(E) Security of consumer's property.

(F) A clean, inviting, and comfortable setting.

(G) Evidence of individual possessions and decorations.

(H) Daily access to nutritious meals and snacks.

(I) Policy addressing separate sleeping areas for the consumers based on:

(i) Gender;

(ii) Age; and

(iii) Needs.

(c) Compliance with 450:18-13-141 may be determined by ~~a~~ review and/or observation of facility documentation and operations, including but not limited to the following:

(1) Licenses;

(2) Policies and procedures;

(3) Treatment protocols;

(4) Personnel record, documentation of professional licensure or certification, documentation of professional work experience and ongoing in-service trainings;

(5) Treatment records;

(6) Interviews with staff; and

(7) Other facility documentation.

PART 17. RESIDENTIAL TREATMENT FOR ADOLESCENTS, ASAM LEVEL 3.5

450:18-13-161. Residential treatment for adolescents

(a) Residential treatment for adolescents ages thirteen (13) to seventeen (17) shall provide a planned regimen of twenty-four (24) hour, seven (7) days a week, professionally directed evaluation, care, and treatment for chemically dependent adolescents, under written policies and procedures in a permanent facility. Adolescents not attending academic training shall participate in at least ~~twenty-one (21)~~twenty-four (24) substance use disorder treatment ~~related~~ hours per week. Adolescents attending academic training shall participate in at least fifteen (15) hours of substance use disorder treatment related hours per week. ~~At a minimum, ten (10) hours shall be devoted to therapeutic treatment~~

~~services including, but not limited to, group, individual, and family therapy provided by a qualified service provider. The remaining hours shall be devoted to life skills, prosocial skills, and recreational activities.~~ Other activities such as self help support groups, meetings, and religious participation shall be in addition to required hours.

(b) The residential treatment program shall maintain written programmatic descriptions and operational methods addressing the following:

(1) Environment:

(A) The facility shall maintain an environment which is supportive of physical and emotional growth and development which is appropriate to the needs of adolescents;

(B) The facility shall provide space, both indoor and outdoor, for the recreational and social needs of adolescents;

(C) The facility shall group consumers appropriately by age, developmental level, gender, and treatment needs;

(D) The program may provide transportation to activities in the community as appropriate. Vehicles used for transportation should not be labeled in any way that calls attention to the facility or the vehicle's occupants;

(E) The program shall provide study areas within the facility and shall provide ancillary study materials such as encyclopedias, dictionaries, and educational resource texts and materials; ~~and~~

(F) The facility shall provide a safe, welcoming, and culturally/age appropriate environment~~.~~; and

(G) The facility shall be licensed by the Oklahoma State Department of Human Services (OKDHS) as a "Residential Child Care Facility".

(2) Support systems:

(A) The facility shall make available a licensed physician by telephone twenty-four (24) hours per day, seven (7) days per week;

(B) The facility shall have specialized professional consultation or supervision available;

(C) The facility shall provide clinically appropriate public educational services in compliance with applicable Oklahoma laws; and

(D) The facility shall provide emergency services and crisis interventions.

(E) The facility shall maintain written policy and procedures for handling medical emergencies which are approved by the licensed physician, and an emergency medical number shall be conspicuously posted for staff use.

(3) Staff:

(A) The facility shall document that service providers are knowledgeable regarding the biopsychsocial aspects of substance use disorder, cultural, gender, and age specific issues, co-occurring disorder issues, child and adolescent development and, evidenced based practices.

(B) Maintain documentation that service providers are knowledgeable regarding the identification of violence and domestic violence, spousal or partner abuse, child abuse and neglect, parent and sibling abuse, normal and abnormal adolescent development, and family dynamics;

(C) Ensure at least two (2) staff members are awake and on duty twenty-four (24) hours a day, seven (7) days a week~~;~~. Staffing ratios shall not exceed those

specified in OAC 340:110-3-153.2.

(D) If educational services are provided, the facility shall maintain documentation to verify that providing staff meets all state requirements for education or special education;

(E) Staff shall be knowledgeable regarding the facility required education, and training requirements and policies;

(F) Staff shall be least eighteen (18) years of age; and

(G) The facility shall document in personnel records all education training and experience stated in above prior to the provision of direct care service.

(4) Treatment services:

(A) A multidisciplinary team approach shall be utilized in providing daily substance use disorder treatment services to assess and address the individual needs of each adolescent;

(B) Services shall include, but not be limited to:

(i) **Therapy**. Therapy, including individual, family, and group therapy, must be provided by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate who must use and document a clinical approach generally accepted as reliable in the relevant clinical community, such as cognitive behavioral treatment, narrative therapy, solution focused brief therapy or another widely accepted theoretical framework for treatment. The therapy must be goal directed utilizing techniques appropriate to the individual consumer's service plan and the consumer's developmental and cognitive abilities. This service does not include social skill development or daily living skill activities. For all children under the age of eighteen, the total group size is limited to six. Therapy must be provided at least one (1) hour per week.

(ii) ~~**Rehabilitation**~~**Skill development (rehabilitation) Services**. ~~Rehabilitation~~Skill development (rehabilitation) services must be provided by a LBHP, Licensure Candidate, Certified Alcohol and Drug Counselor (CADC) or Certified Behavioral Health Case Manager II (CM II). This service includes educational and supportive services regarding independent living, self-care, social skills regarding development, lifestyle changes and recovery principles and practices (including relapse prevention). Services provided typically take the form of curriculum based education and skills practice, and should be goal specific in accordance with an individualized service plan. The maximum staffing ratio for group rehabilitation services is eight to one for children under the age of eighteen. Skill development (rehabilitation) services must be provided at least seven (7) hours per week.

~~(iii) **Educational groups**. Education groups must be conducted by a LBHP, Licensure Candidate, CADC, CM II or Peer Recovery Support Specialist (PRSS).~~

(iii) **Community (Peer) Recovery Support Services.** Community (peer) recovery support services must be provided by Peer Recovery Support Specialists. Community (peer) recovery support services may be offered to consumers age sixteen (16) and older with substance use disorders, including co-occurring disorders. Services shall be provided in accordance with OAC 450:18-13-221.

(iv) **~~Case~~Care Management**. ~~Case~~Care management must be provided by a LBHP, Licensure Candidate, CADC, CM II or CM I as clinically indicated. Care management is a type of case management that includes assessment, development of a care plan, and referral and linkage to community supports and community-based or lower level of care services to promote continued recovery after the individual discharges from the treatment facility.

(v) **Crisis intervention**. Crisis intervention services must be provided by a LBHP or Licensure Candidate. Crisis intervention services are provided as needed for the purpose of responding to acute behavioral or emotional dysfunction as evidenced by psychotic, suicidal, homicidal severe psychiatric distress, and/or danger of substance relapse. The crisis situation including the symptoms exhibited and the resulting intervention or recommendations must be clearly documented in the consumer's record.

(C) Services shall be provided in appropriate groups according to age, gender, developmental level, treatment status, and individual needs;

(D) The facility shall provide clinically appropriate public educational services in compliance with applicable Oklahoma law;

(E) Consumers shall participate in educational programs within the community, when clinically indicated, including extracurricular activities; and

(F) Service providers shall confer on a regular basis with school personnel, including the provision of necessary information, when appropriate, on the educational progress of the consumer, and shall assess and respond to the needs for changes in the educational plans.

(5) Assessments:

(A) A physical examination shall be conducted by a licensed physician, to include physical assessment, health history, immunization status, and evaluation of motor development and function, speech, hearing, visual, and language functioning; and

(B) The facility shall facilitate and document the involvement and participation of family members or significant others in the assessment, treatment, rehabilitation, and continuing treatment needs of each consumer;

(6) Treatment documentation:

(A) All documentation for therapy, case management and crisis intervention must be documented in an individual note and reflect the content of each session provided. Documentation must include, at a minimum, the following:

(i) Date;

(ii) start and stop time for each session;

(iii) Specific problems, goals, and objectives addressed;

(iv) type of service and method(s) used to address problems;

(v) Summary of progress made toward goals and objectives, or lack of;

(vi) Consumer response to overall treatment services;

(vii) Any new problems, goals, or objectives identified during the week;

(viii) Dated signature and credentials of the service provider completing the documentation; and

(ix) Consumer's name.

(B) Documentation for ~~rehabilitation~~skill development (rehabilitation) and community (peer) recovery support services ~~and education groups~~ must include

daily member sign-in/sign-out record of member attendance (including date, time, type of service and service focus), and a daily progress note or a summary progress note weekly.

(C) Documentation shall reflect that each consumer receives a minimum of ~~twenty-one (21)~~twenty-four (24) hours of treatment-related hours each week or fifteen (15) or more treatment-related hours if participating in academic training.

(7) Documentation of the following community living components:

(A) A written daily schedule of activities.

(B) Quarterly meetings between consumers and the program personnel.

(C) Recreational activities to be utilized on personal time.

(D) Personal space for privacy.

(E) Security of consumer's property.

(F) A clean, inviting, and comfortable setting.

(G) Evidence of individual possessions and decorations.

(H) Daily access to nutritious meals and snacks.

(I) Policy addressing separate sleeping areas for the consumers based on:

(i) Gender;

(ii) Age; and

(iii) Needs.

(c) Compliance with 450:18-13-161 may be determined by ~~a~~ review and/or observation of facility documentation and operations, including but not limited to the following:

(1) Licenses;

(2) Policies and procedures;

(3) Treatment and service protocols;

(4) Personnel records, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, ongoing in-service training(s);

(5) Treatment records;

(6) Interviews with staff and consumers; and

(7) Other facility documentation.

450:18-13-161.1 Intensive residential treatment for adolescents

(a) Intensive substance use disorder treatment in a residential setting for adolescents ages thirteen (13) to seventeen (17) shall provide a planned regimen of twenty four (24) hours a day, seven (7) days a week of professionally directed evaluation, care, and treatment in a permanent program location. Consumers shall participate in at least thirty-seven (37) treatment hours of substance use disorder treatment services per week. The facility shall provide beds, food service, and a safe, welcoming, and culturally/age appropriate environment.

(b) The facility shall maintain written programmatic descriptions and operational methods addressing the following:

(1) Environment: The facility shall comply with requirements within OAC 450:18-13-161(b)(1).

(2) Support system:

(A) A licensed psychiatrist shall be available, at least by telephone, twenty-four (24) hours per day, seven (7) days per week;

(B) The facility shall maintain written policy and procedures for handling medical emergencies which are approved by the licensed psychiatrist, and an emergency medical number shall be conspicuously posted for staff use;

(C) The facility shall maintain written policies and procedures for the handling of clinical issues during times in which clinical staff are not at the facility;

(D) The facility shall have specialized professional consultation or supervision available;

(E) The facility shall provide clinically appropriate public educational services in compliance with applicable Oklahoma laws; and

(F) The facility shall provide emergency services and crisis interventions.

(3) Staff:

(A) The facility shall maintain documentation that service providers are knowledgeable regarding the biopsychosocial dimensions of substance use disorders, evidenced-based practices, cultural, age, and gender specific issues, and co-occurring disorder issues.

(B) Staff shall be at least eighteen (18) years of age.

(C) The facility shall document in personnel records all education, training, and experience stated above prior to the provision of direct care services.

(D) The facility shall ensure at least two (2) staff members are awake and on duty twenty-four (24) hours a day, seven (7) days a week. Staffing ratios shall not exceed those specified in OAC 340:110-3-153.2.

(3) Treatment services. Daily (twenty-four [24] hours a day, seven [7] days a week) substance use disorder treatment services shall be provided to assess and address individual needs of each consumer. Services shall include, but are not limited to:

(A) **Therapy**. Therapy, including individual, family, and group therapy, must be provided by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate who must use and document a generally accepted clinical approach to treatment such as cognitive behavioral treatment, narrative therapy, solution focused brief therapy or another widely accepted theoretical framework for treatment. The therapy must be goal directed utilizing techniques appropriate to the individual consumer's service plan and the consumer's developmental and cognitive abilities. This service does not include social skill development or daily living skill activities. For adults, group therapy is limited to a total of eight adult individuals. For all children under the age of eighteen, the total group size is limited to six. Therapy must be provided at least four (4) hours per week.

(B) **Skill development (rehabilitation) services**. Skill development (rehabilitation) services must be provided by a LBHP, Licensure Candidate, Certified Alcohol and Drug Counselor (CADC) or Certified Behavioral Health Case Manager II (CM II). These services includes educational and supportive services regarding independent living, self-care, social skills regarding development, lifestyle changes and recovery principles and practices (including relapse prevention). Services provided typically take the form of curriculum based education and skills practice, and should be goal specific in accordance with an individualized service plan. Skill development (rehabilitation) services must be provided at least seven (7) hours per week. The maximum staffing ratio for group skill development (rehabilitation) services is fourteen members for each qualified

provider for adults and eight to one for children under the age of eighteen.

(C) **Community (Peer) Recovery Support Services.** Community (peer) recovery support services must be provided by Peer Recovery Support Specialists. Community (peer) recovery support services may be offered to consumers age sixteen (16) and older with substance use disorders, including co-occurring disorders. Services shall be provided in accordance with OAC 450:18-13-221.

(D) **Care Management**. Care management must be provided by a LBHP, Licensure Candidate, CADC, CM II or CM I as clinically indicated. Care management is a type of case management that includes assessment, development of a care plan, and referral and linkage to community supports and community-based or lower level of care services to promote continued recovery after the individual discharges from the treatment facility.

(E) **Crisis Intervention**. Crisis intervention services must be provided by a LBHP or Licensure Candidate. Crisis intervention services are provided as needed for the purpose of responding to acute behavioral or emotional dysfunction as evidenced by psychotic, suicidal, homicidal severe psychiatric distress, and/or imminent danger of substance relapse. The crisis situation including the symptoms exhibited and the resulting intervention or recommendations must be clearly documented in the consumer's record.

(4) Treatment documentation:

(A) All documentation for therapy, case management and crisis intervention must be documented in an individual note and reflect the content of each session provided. Documentation must include, at a minimum, the following:

(i) Date;

(ii) start and stop time for each session;

(iii) Specific problems, goals, and objectives addressed;

(iv) type of service and method(s) used to address problems;

(v) Summary of progress made toward goals and objectives, or lack of;

(vi) Consumer response to overall treatment services;

(vii) Any new problems, goals, or objectives identified during the week;

(viii) Dated signature and credentials of the service provider completing the documentation; and

(ix) Consumer's name.

(B) Documentation for skill development (rehabilitation) and community (peer) recovery support services must include daily member sign-in/sign-out record of member attendance (including date, time, type of service and service focus), and a daily progress note or a summary progress note weekly.

(C) Documentation shall reflect each consumer has received a minimum of thirty-seven (37) hours of treatment services each week, in addition to life skills, recreational, and self-help supportive meetings.

(5) The program provides documentation of the following community living components:

(A) A written daily schedule of activities.

(B) Quarterly meetings between consumers and the program personnel.

(C) Recreational activities to be utilized on personal time.

(D) Personal space for privacy.

(E) Security of consumer's property.
(F) A clean, inviting, and comfortable setting.
(G) Evidence of individual possessions and decorations.
(H) Daily access to nutritious meals and snacks.
(I) Policy addressing separate sleeping areas for the consumers based on:
(i) Gender;
(ii) Age; and
(iii) Needs.

(c) Compliance with 450:18-13-161.1 may be determined by review and/or observation of facility documentation and operations, including but not limited to the following:
(1) Licenses;
(2) Policies and procedures;
(3) Treatment protocols;
(4) Personnel record, documentation of professional licensure or certification, documentation of professional work experience, and ongoing in-service trainings;
(5) Treatment records; and
(6) Interviews with staff and consumers.

PART 19. HALFWAY HOUSE SERVICES, ASAM LEVEL 3.1

450:18-13-181. Adult ~~Halfway~~halfway house services

(a) Halfway house services shall provide low intensity treatment in a supportive living environment to facilitate reintegration into the community. Major emphasis shall be on continuing substance use disorder care and follow-up, and community ancillary services in an environment supporting continued abstinence. Consumers shall participate in a minimum of six (6) hours of structured substance use disorder treatment per week.

(b) Each facility shall maintain written programmatic descriptions and operational methods addressing the following:

(1) Environment: The facility shall be a freestanding facility or portion of a related healthcare facility having at least one (1) each of toilet, lavatory, and bathing facilities for each eight (8) residents. The facility shall provide a safe, welcoming, and culturally/age appropriate environment.

(2) Support system:

(A) A licensed physician shall be available, by telephone twenty-four (24) hours a day, seven (7) days a week;

(B) The facility shall have a written plan for emergency procedures, approved by a licensed physician;

(C) The facility shall have supplies, as designated by the written emergency procedures plan, which shall be accessible to staff at all times; and

(D) Specialized professional consultation or professional supervision shall be available.

(3) Staff:

(A) Service providers shall be knowledgeable regarding biopsychsocial dimensions of substance use disorders, evidenced based practices, co-occurring disorder issues gender, cultural, and age-specific issues;

(B) Staff shall be knowledgeable regarding facility-required education, training, and

policies;

(C) Staff shall be knowledgeable about emergency procedures as specified in the emergency procedures plan;

(D) The facility shall have staff members on site twenty-four (24) hours per day, seven (7) days per week;

(E) Staff shall be at least eighteen (18) years of age; and

(F) The facility shall document in personnel records all education, training, and experience stated above prior to the provision of direct care services.

(4) Treatment services. The facility shall have scheduled rehabilitation services to assess and address the individual needs of each consumer. Such services shall include, but not limited to:

(A) **Therapy**. Therapy, including individual, family, and group therapy, must be provided by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate who must use and document a clinical approach generally accepted as reliable in the relevant community, such as cognitive behavioral treatment, narrative therapy, solution focused brief therapy or another widely accepted theoretical framework for treatment. The therapy must be goal directed utilizing techniques appropriate to the individual consumer's service plan and the consumer's developmental and cognitive abilities. This service does not include social skill development or daily living skill activities. For adults, group therapy is limited to a total of eight adult individuals. ~~For all children under the age of eighteen, the total group size is limited to six.~~

(B) ~~**Rehabilitation**~~**Skill development (rehabilitation) Services**. ~~Rehabilitation~~Skill development (rehabilitation) services must be provided by a LBHP, Licensure Candidate, Certified Alcohol and Drug Counselor (CADC) or Certified Behavioral Health Case Manager II (CM II). This service includes educational and supportive services regarding independent living, self-care, social skills regarding development, lifestyle changes and recovery principles and practices (including relapse prevention). Services provided typically take the form of curriculum based education and skills practice, and should be goal specific in accordance with an individualized service plan. The maximum staffing ratio for group ~~rehabilitation~~skill development (rehabilitation) services is fourteen members for each qualified provider for adults ~~and eight to one for children under the age of eighteen~~.

~~(C) **Educational Groups**. Education groups must be conducted by a LBHP, Licensure Candidate, CADC, CM II or Peer Recovery Support Specialist (PRSS).~~

(C) **Community (Peer) Recovery Support Services.** Community (peer) recovery support services must be provided by Peer Recovery Support Specialists. Community (peer) recovery support services may be offered to consumers age sixteen (16) and older with substance use disorders, including co-occurring disorders. Services shall be provided in accordance with OAC 450:18-13-221.

(D) ~~**Case**~~**Care Management**. ~~Case~~Care management must be provided by a LBHP, Licensure Candidate, CADC, CM II or CM I as clinically indicated. Care management is a type of case management that includes assessment, development of a care plan, and referral and linkage to community supports and community-based or lower level of care services to promote continued recovery

after the individual discharges from the treatment facility..

(E) **Crisis Intervention**. Crisis intervention services must be provided by a LBHP or Licensure Candidate. Crisis intervention services are provided as needed for the purpose of responding to acute behavioral or emotional dysfunction as evidenced by psychotic, suicidal, homicidal severe psychiatric distress, and/or imminent danger of substance relapse. The crisis situation including the symptoms exhibited and the resulting intervention or recommendations must be clearly documented in the consumer's record.

~~(F) **Vocational services**. Any level of provider can provide vocational services (Employment consultants, or other staff who have completed some form of job coach training, are preferred). Vocational services include the process of developing or creating appropriate employment situations for individuals who desire employment to include, but not be limited to: the identification of employment positions, conducting job analysis, matching individuals to specific jobs, facilitating job expansion or advancement and communicating with employers about training needs.~~

(5) Treatment documentation:

(A) All documentation for therapy, case management and crisis intervention must be documented in an individual note and reflect the content of each session provided. Documentation must include, at a minimum, the following:

(i) Date;

(ii) start and stop time for each session;

(iii) Specific problems, goals, and objectives addressed;

(iv) type of service and method(s) used to address problems;

(v) Summary of progress made toward goals and objectives, or lack of;

(vi) Consumer response to overall treatment services;

(vii) Any new problems, goals, or objectives identified during the week;

(viii) Dated signature and credentials of the service provider completing the documentation; and

(ix) Consumer's name.

(B) Documentation for ~~rehabilitation~~skill development (rehabilitation) and community (peer) recovery support services and ~~education groups~~ must include daily member sign-in/sign-out record of member attendance (including date, time, type of service and service focus), and a daily progress note or a summary progress note weekly.

(C) Documentation shall reflect that the consumer works or attempts to find work while receiving halfway house services.

(c) Compliance with 450:18-13-181 may be determined by ~~a~~ review and/or observation of facility documentation and operations, including but not limited to the following:

(1) Licenses;

(2) Policies and procedures;

(3) Treatment protocols;

(4) Personnel records, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, ongoing in-service trainings;

(5) Treatment records;

(6) Interviews with staff and consumers; and
(7) Other facility records.

450:18-13-182. Adult ~~Halfway~~halfway house services, admission criteria

(a) Admission to halfway house services shall be determined according to 450:18-7-21. These criteria shall be a part of the program's written policies and procedures.

(b) Compliance with 450:18-13-182 may be determined by a review of the following:
(1) Policies and procedures;
(2) Admission protocols;
(3) Consumer records;
(4) Posted public information;
(5) Interviews with staff and consumers; and
(6) Other facility information.

450:18-13-183. Adult ~~Halfway~~halfway house services, discharge criteria

(a) Programmatic discharge from halfway house services shall be determined according to 450:18-7-121. These criteria shall be a part of the program's written policy and procedures.

(b) Compliance with 450:18-13-183 may be determined by a review of the following:
(1) Policies and procedures;
(2) Discharge assessment instruments;
(3) Discharge summaries;
(4) Continuing care plans;
(5) Consumer records;
(6) Progress notes;
(7) Interviews with staff and consumers; and
(8) Other facility documentation.

PART 20. ADOLESCENT HALFWAY HOUSE SERVICES, ASAM LEVEL 3.1

450:18-13-190. Adolescent halfway house services

(a) ~~Adolescent halfway~~Halfway house treatment for adolescents ages thirteen (13) to seventeen (17) shall provide low intensity substance use disorder treatment in a supportive living environment to facilitate reintegration into the home or community. Emphasis shall be on applying recovery skills, relapse prevention, independent living skills, and educational and vocational skills. Consumers shall participate in at least six (6) hours of structured substance use disorder treatment ~~and rehabilitation~~ services weekly. Self-help meetings are not included in the required hours.

(b) Each facility shall maintain written programmatic descriptions and operational methods addressing the following:
(1) Environment:
(A) The facility shall be a freestanding facility or portion of a related healthcare facility having at least one (1) each of toilet, lavatory, and bathing facilities for each eight (8) residents;
(B) The facility shall maintain an environment supportive of physical and emotional growth and development, and appropriate to the needs of adolescents;

(C) The facility shall provide space, both indoor and outdoor. In co-ed treatment, the facility shall maintain separate sleeping quarters for males and females;
(D) The program may provide transportation to activities in the community as appropriate. Vehicles used for transportation should not be labeled in any way that calls attention to the facility or the vehicle's occupants;
(E) The program shall provide study areas within the facility~~,~~ and shall provide ancillary study materials, such as encyclopedias, dictionaries, and educational resource texts and materials;
(F) The facility shall be licensed by the Oklahoma State Department of Human Services (OKDHS) as a "Residential Child Care Facility"; and
(G) The facility shall provide a safe, welcoming, and culturally/age appropriate environment.

(2) Support systems:
(A) A licensed physician shall be available by telephone twenty-four (24) hours per day, seven (7) days a week;
(B) Specialized professional consultation or supervision, emergency services, and crisis intervention shall be available;
(C) The facility shall provide clinically appropriate public educational services in compliance with applicable Oklahoma laws; and
(D) The facility shall have a written plan for emergency procedures approved by the licensed physician, and staff shall have access to supplies as designated in this plan.

(3) Staff:
(A) Service providers shall be knowledgeable regarding the biopsychsocial aspects of substance use disorders, evidenced based practices, co-occurring disorder issues, child and adolescent development issues, and gender, cultural, and age-specific issues.
(B) Service providers shall be knowledgeable regarding the identification of violence and domestic violence, spousal or partner abuse, child abuse and neglect, parent and sibling abuse, normal and abnormal adolescent development, and family dynamics;
(C) The facility shall have a minimum of two (2) staff members on duty twenty-four (24) hours per day, seven (7) days a week~~;~~. Staffing ratios shall not exceed those specified in OAC 340:110-3-153.2.
(D) Staff shall be knowledgeable about emergency procedures as specified in the emergency procedures plan;
(E) If educational services are provided, documentation shall be maintained to verify providing staff meet all state requirements for education or special education;
(F) Staff shall be knowledgeable regarding the facility-required education, training requirements, and policies;
(G) Staff shall be at least eighteen (18) years of age; and
(H) The facility shall document in personnel records all education, training, and experience stated above prior to the provision of direct care services.

(4) Treatment services:
(A) The facility shall provide substance use disorder treatment services to assess and address the individual needs of each adolescent, to include, but not be limited

to:

(i) **Therapy**. Therapy, including individual, family, and group therapy, must be provided by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate who must use and document a clinical approach generally accepted as reliable in the relevant clinical community, such as cognitive behavioral treatment, narrative therapy, solution focused brief therapy or another widely accepted theoretical framework for treatment. The therapy must be goal directed utilizing techniques appropriate to the individual consumer's service plan and the consumer's developmental and cognitive abilities. This service does not include social skill development or daily living skill activities. For all children under the age of eighteen, the total group size is limited to six.

(ii) **~~Rehabilitation~~Skill development (rehabilitation) services**. ~~Rehabilitation~~Skill development (rehabilitation) services must be provided by a LBHP, Licensure Candidate, Certified Alcohol and Drug Counselor (CADC) or Certified Behavioral Health Case Manager II (CM II). This service includes educational and supportive services regarding independent living, self-care, social skills regarding development, lifestyle changes and recovery principles and practices (including relapse prevention). Services provided typically take the form of curriculum based education and skills practice, and should be goal specific in accordance with an individualized service plan. The maximum staffing ratio for group ~~rehabilitation~~skill development (rehabilitation) services is eight to one for children under the age of eighteen.

~~(iii) **Educational groups**. Education groups must be conducted by a LBHP, Licensure Candidate, CADC, CM II or Peer Recovery Support Specialist (PRSS).~~

(iii) **Community (Peer) Recovery Support Services.** Community (peer) recovery support services must be provided by Peer Recovery Support Specialists. Community (peer) recovery support services may be offered to consumers age sixteen (16) and older with substance use disorders, including co-occurring disorders. Services shall be provided in accordance with OAC 450:18-13-221.

(iv) **~~Case~~Care Management**. ~~Case~~Care management must be provided by a LBHP, Licensure Candidate, CADC, CM II or CM I as clinically indicated. Care management is a type of case management that includes assessment, development of a care plan, and referral and linkage to community supports and community-based or lower level of care services to promote continued recovery after the individual discharges from the treatment facility.

(v) **Crisis intervention**. Crisis intervention services must be provided by a LBHP or Licensure Candidate. Crisis intervention services are provided as needed for the purpose of responding to acute behavioral or emotional dysfunction as evidenced by psychotic, suicidal, homicidal severe psychiatric distress, and/or imminent danger of substance relapse. The crisis situation including the symptoms exhibited and the resulting intervention or recommendations must be clearly documented in the consumer's record.

(B) The facility shall provide services in appropriate groups according to age, gender, developmental level, and individual needs;

(C) The facility shall provide for clinically appropriate public educational services in compliance with applicable Oklahoma law;

(D) Consumers may participate in educational programs in the community, when clinically indicated, including extracurricular activities; and

(E) Service providers shall confer on a regular basis with school personnel, including the provision of necessary information when appropriate, on the educational progress of the consumer and shall assess and respond to the needs for changes in the educational plans.

(5) Assessment;

(A) A physical examination shall be conducted by a licensed physician to include physical assessment, health history, immunization status, and evaluation of motor development and functioning, speech, hearing, visual and language functioning, if no records are available on admission reflecting such examination within the previous year; and

(B) The facility shall facilitate involvement and participation of family members or significant others in the assessment, treatment, rehabilitation, and continuing treatment needs of each consumer.

(6) Treatment documentation:

(A) All documentation for therapy, case management and crisis intervention must be documented in an individual note and reflect the content of each session provided. Documentation must include, at a minimum, the following:

(i) Date;

(ii) start and stop time for each session;

(iii) Specific problems, goals, and objectives addressed;

(iv) type of service and method(s) used to address problems;

(v) Summary of progress made toward goals and objectives, or lack of;

(vi) Consumer response to overall treatment services;

(vii) Any new problems, goals, or objectives identified during the week;

(viii) Dated signature and credentials of the service provider completing the documentation; and

(ix) Consumer's name.

(B) Documentation for ~~rehabilitation~~skill development (rehabilitation) and community (peer) recovery support services ~~and education groups~~ must include daily member sign-in/sign-out record of member attendance (including date, time, type of service and service focus), and a daily progress note or a summary progress note weekly.

(c) Compliance with the above may be determined by ~~a~~ review and/or observation of facility documentation and operations, including but not limited to the following:

(1) Licenses;

(2) Policies and procedures;

(3) Treatment protocols;

(4) Personnel records, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, ongoing in-service trainings;

(5) Treatment records;

(6) Interviews with staff and consumers; and

(7) Other facility records.

PART 21. HALFWAY HOUSE SERVICES FOR PERSONS WITH DEPENDENT CHILDREN AND PREGNANT WOMEN, ASAM LEVEL 3.1

450:18-13-201. Halfway house services for persons with dependent children and pregnant women

(a) Halfway house services for persons with dependent children and pregnant women shall provide substance use disorder treatment services in a residential setting and shall include a planned regimen of twenty-four (24) hour, seven (7) days a week, supervised living arrangements, to include professionally directed evaluation, care, and treatment, under a defined set of policy and procedures, in a permanent setting. Consumers with dependent children and consumers who are pregnant shall participate in at least six (6) hours of treatment~~, supportive services, parenting, and child development~~ services per week~~. for adults, and (6) therapeutic hours of services for children, excluding infants.~~

(b) Each facility shall maintain written programmatic descriptions and operational methods addressing the following:

(1) Environment: The facility shall be a freestanding facility providing family-style living arrangements, indoor recreational space for children and families, and safe, protected outdoor recreational space. The facility shall provide materials and space appropriate for ages of children receiving services. The facility shall provide a safe, welcoming, and culturally/age appropriate environment.

(2) Support system:

(A) A licensed physician shall be available by telephone twenty-four (24) hours per day, seven (7) days a week;

(B) The facility shall ensure children's access to the fullest possible range of medical services available, such as health screening, well-child health care, screening in speech, language, hearing, and vision, and verification of immunization records;

(C) The facility shall have access to emergency health care provided as necessary. The facility shall maintain written policy and procedures for handling medical emergencies which are approved by the licensed physician, and an emergency medical number shall be conspicuously posted for staff use;

(D) The facility shall have access to public schools for school age children, and facilitation of the child's receiving the benefits of Public Laws 99-142; and

(E) The facility staff shall document a liaison with the local Oklahoma Department of Human Service (OKDHS) offices to:

(i) Promote preservation of families;

(ii) In cases of investigation of abuse, provide instruction in positive parenting behavior, if requested by the Oklahoma Department of Human Services (OKDHS) and with parental consent, provide daily observations of parent-child interaction;

(iii) Expedite investigations in a timely manner; and

(iv) Ensure prompt facility response to situations which require immediate intervention.

(3) Staff:

(A) Service providers shall be knowledgeable regarding Biopsychsocial dimensions of substance use disorder, evidenced-based practices, cultural, age, and gender specific issues, co-occurring disorder issues, and services for infants, toddlers, preschool, and school-age children.

(B) Service providers are minimally trained in:

(i) The identification of domestic violence, spousal or partner abuse, and child abuse and neglect, with special emphasis on failure to thrive and sexual abuse of children.

(ii) Child development and age appropriate behaviors.

(iii) Parenting skills appropriate to infants, toddlers, pre-school, and school age children.

(iv) The impact of substances and substance use disorders on parenting and family units.

(C) Service providers working with children shall be knowledgeable and demonstrate job appropriate functional comprehension of:

(i) The impact of prenatal drug and alcohol exposure on child development.

(ii) The effect of substance use disorders on parenting, children, and families.

(iii) Parenting skills appropriate to infants, toddlers, pre-school, and school age children.

(iv) Common child behavioral and developmental problems.

(v) Appropriate play activities according to developmental stage.

(vi) Recognition of sexual acting out behavior.

(vii) The substance use disorder recovery process, especially as related to family units.

(D) The facility shall have staff members on site and awake twenty-four (24)-hours per day, seven (7) days per week;

(E) Staff shall be knowledgeable regarding facility-required education and training requirements and policies.

(F) Staff shall be at least eighteen (18) years of age; and

(G) The facility shall document in personnel records all education, training, and experience stated above prior to the provision of direct care services.

(4) Treatment services:

(A) Daily (twenty-four [24] hours a day, seven [7] days a week) substance use disorder services shall be provided to assess and address individual needs of each consumer. Services shall include, but are not limited to:

(i) **Therapy**. Therapy, including individual, family, and group therapy, must be provided by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate who must use and document a clinical approach generally accepted as reliable in the relevant clinical community, such as cognitive behavioral treatment, narrative therapy, solution focused brief therapy or another widely accepted theoretical framework for treatment. The therapy must be goal directed utilizing techniques appropriate to the individual consumer's service plan and the consumer's developmental and cognitive abilities. This service does not include social skill development or daily living skill activities. For adults, group therapy is limited to a total of eight adult individuals. For all children under the age of eighteen, the total group size is limited to six.

(ii) **~~Rehabilitation~~Skill development (rehabilitation) services**. ~~Rehabilitation~~Skill development (rehabilitation) services must be provided by a LBHP, Licensure Candidate, Certified Alcohol and Drug Counselor (CADC) or Certified Behavioral Health Case Manager II (CM II). This service includes educational and supportive services regarding independent living, self-care, social skills regarding development, lifestyle changes and recovery principles and practices (including relapse prevention). Services provided typically take the form of curriculum based education and skills practice, and should be goal specific in accordance with an individualized service plan. The maximum staffing ratio for group ~~rehabilitation~~skill development (rehabilitation) services is fourteen members for each qualified provider for adults and eight to one for children under the age of eighteen.

~~(iii) **Educational groups**. Education groups must be conducted by a LBHP, Licensure Candidate, CADC, CM II or Peer Recovery Support Specialist (PRSS).~~

(iii) **Community (Peer) Recovery Support Services.** Community (peer) recovery support services must be provided by Peer Recovery Support Specialists. Community (peer) recovery support services may be offered to consumers age sixteen (16) and older with substance use disorders, including co-occurring disorders. Services shall be provided in accordance with OAC 450:18-13-221.

(iv) **Crisis intervention**. Crisis intervention services must be provided by a LBHP or Licensure Candidate. Crisis intervention services are provided as needed for the purpose of responding to acute behavioral or emotional dysfunction as evidenced by psychotic, suicidal, homicidal severe psychiatric distress, and/or imminent danger of substance relapse. The crisis situation including the symptoms exhibited and the resulting intervention or recommendations must be clearly documented in the consumer's record.

(v) **~~Case~~Care Management**. ~~Case~~Care management must be provided by a LBHP, Licensure Candidate, CADC, CM II or CM I as clinically indicated. Care management is a type of case management that includes assessment, development of a care plan, and referral and linkage to community supports and community-based or lower level of care services to promote continued recovery after the individual discharges from the treatment facility.

~~(vi) **Vocational services**. Any level of provider can provide vocational services (Employment consultants, or other staff who have completed some form of job coach training, are preferred. Vocational services include the process of developing or creating appropriate employment situations for individuals who desire employment to include, but not be limited to: the identification of employment positions, conducting job analysis, matching individuals to specific jobs, facilitating job expansion or advancement and communicating with employers about training needs.~~

~~(vii) **Parenting and child development**.~~

(B) Services are may be provided to dependent children by providers certified under this Chapter when provided to address the impacts related to the parent's addiction. Compliance with separate provider qualifications is required for other

treatment services provided to dependent children, in accordance with OAC 450 and Title 43A of the Oklahoma Statutes. Services for children shall be provided in accordance with the child's service plan~~and include a minimum of six (6) hours per week of therapeutic units for each child~~ consisting of, but not limited to, assessment~~,~~ and therapy~~,~~ ~~via art and recreational activities, etc.~~ according to the development of the child. Documentation of all needs identified for each child shall be identified on that child's case management service plan and/or service plan.

(C) Children's services, excluding infants, shall be provided which address the significant issues and needs documented in either or both the child's and the parent's assessment and shall utilize both structured and unstructured therapeutic activity. Services shall address the significant issues and needs documented in the parent's or child's assessment and create and enhance positive self image and feelings of self-worth, promote family unity, teach personal body safety and positive school interactions, and to prevent alcohol, tobacco, and other drug use;

(D) Infant services, ages birth to three (3) years of age, shall be provided and shall consist, at a minimum, of developmentally appropriate parent-child bonding (interactive) activities and play therapy as determined by mother's service plan; and

(E) Case management services for each adult and each child shall be provided, which include the assessment of and planning and arranging for recovery needs.

(5) Treatment documentation:

(A) All documentation for therapy, case management and crisis intervention must be documented in an individual note and reflect the content of each session provided. Documentation must include, at a minimum, the following:

(i) Date;

(ii) start and stop time for each session;

(iii) Specific problems, goals, and objectives addressed;

(iv) type of service and method(s) used to address problems;

(v) Summary of progress made toward goals and objectives, or lack of;

(vi) Consumer response to overall treatment services;

(vii) Any new problems, goals, or objectives identified during the week;

(viii) Dated signature and credentials of the service provider completing the documentation; and

(ix) Consumer's name.

(B) Documentation for ~~rehabilitation~~skill development (rehabilitation) and community (peer) recovery support services ~~and education groups~~ must include daily member sign-in/sign-out record of member attendance (including date, time, type of service and service focus), and a daily progress note or a summary progress note weekly.

(C) Documentation shall reflect each consumer~~, adult, and child,~~ with dependent children and/or consumer who is pregnant has received a minimum of six (6) hours of service each week. Documentation shall reflect each child has received services in accordance with the child's service plan that ~~addressing~~address issues and needs indicated in the assessments (parent or child), if services are provided by the facility.

(c) Compliance with 450:18-13-201 may be determined by ~~a~~ review and/or observation

of facility documentation and operations, including but not limited to the following:

(1) Licenses;

(2) Treatment protocols;

(3) Personnel records, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, and ongoing in-service trainings;

(4) Treatment records;

(5) Interviews with staff and consumers; and

(6) Other facility documentation.

SUBCHAPTER 17. CERTIFICATE OF NEED

450:18-17-1. Purpose

The purpose of this Subchapter is to set forth rules regulating Certificate of Need requirements for applicable facilities.

450:18-17-2. Applicability

The rules set forth in this Subchapter are applicable only to facilities that seek to obtain initial certification under this Chapter for residential substance use disorder services, medically supervised withdrawal management services, or halfway house services and that intend to enroll with the Oklahoma Health Care Authority as a Medicaid provider.

450:18-17-3. Certificate of Need requirements

(a) Facilities seeking initial certification for residential substance use disorder services, medically supervised withdrawal management services, or halfway house services that intend to enroll with the Oklahoma Health Care Authority shall be subject to a Certificate of Need evaluation completed by the Department. Such facilities will be required to provide a Certificate of Need from the Department to the Oklahoma Health Care Authority upon enrollment as a Medicaid provider, in accordance with OAC 317:30-5-95.44(a)(3). In addition to the standard certification application, entities shall provide information requested by the Department on the Department-prescribed form. Such information shall include, but not be limited to, the following:

(1) Number of beds that are/will be in the facility;

(2) Number of beds that will be added, if any;

(3) Timeframe for the addition of new beds;

(4) Population(s) that will be served; and

(5) Type(s) of services that will be provided.

(b) The following factors shall be considered in determining whether a Certificate of Need shall be granted:

(1) Residential substance use disorder, medically supervised withdrawal management, and/or halfway house bed occupancy rates for the applicable population and geographic area;

(2) Residential substance use disorder, medically supervised withdrawal management, and/or halfway house bed occupancy rates for Medicaid beneficiaries within the geographic area;

(3) The estimated need that the population to be served has for the services proposed

by the entity based on the following:

(A) Current population estimates and demographics;

(B) Population trends or projections; and

(C) Substance use disorder service utilization trends

(4) The type and number of residential substance use disorder, medically supervised withdrawal management, and/or halfway house providers in the same geographic area; and

(5) Any extenuating circumstances or factors the Department considers substantial, such as anticipated increases in the need or demand for residential substance use disorder, medically supervised withdrawal management, or halfway house services.

(c) If the Department determines that, based upon these factors, a need for an additional residential substance use disorder, medically supervised withdrawal management, or halfway house facility and associated number of beds cannot be demonstrated, a Certificate of Need shall not be issued to the facility.

(d) Failure of a facility to obtain a Certificate of Need shall not prohibit the facility from obtaining certification from the Department.