OKLAHOMA
Mental Health &
Substance Abuse

2000 N Classen Ste. 2-600
Oklahoma City, OK 73106
(405) 248-9200

TITLE 450

CHAPTER 27. STANDARDS AND CRITERIA FOR MENTAL ILLNESS SERVICE PROGRAMS

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SUBCHAPTER 1. GENERAL PROVISIONS

450:27-1-1. Purpose

(a) This chapter sets forth the Standards and Criteria used in the certification of certain facilities or organizations providing mental health treatment services and implements 43A O.S. § 3-323A which authorizes the Board of Mental Health and Substance Abuse Services, or the Commissioner upon delegation by the Board, to certify facilities as a Mental Illness Service Program.

(b) The rules regarding the certification process including but not necessarily limited to application, fees and administrative sanctions are found in the Oklahoma Administrative Code, Title 450 Chapter 1, Subchapters 5 and 9.

(c) Rules outlining general certification qualifications applicable to facilities and organizations certified under this Chapter are found in OAC 450:1-9-5 through OAC 450:1-9-5.6.

450:27-1-2. Definitions

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

"Abuse" means the causing or permitting of harm or threatened harm to the health, safety, or welfare of a consumer by a staff responsible for the consumer's health, safety, or welfare, including but not limited to: non-accidental physical injury or mental anguish; sexual abuse; sexual exploitation; use of mechanical restraints without proper authority; the intentional use of excessive or unauthorized force aimed at hurting or injuring the resident; or deprivation of food, clothing, shelter, or healthcare by a staff responsible for providing these services to a consumer.

"Advanced Practice Registered Nurse or (APRN)" means a registered nurse in good standing with the Oklahoma Board of Nursing, and has acquired knowledge and clinical skills through the completion of a formal program of study approved by the Oklahoma Board of Nursing Registration and has obtained professional certification through the appropriate National Board recognized by the Oklahoma Board of Nursing. Advanced Practice Registered Nurse services are limited to the scope of their practice as defined in 59 Okla. Stat. § 567.3a and corresponding rules and regulations at OAC 485:10-5-1 through 10-16-9.

"Case management services" means planned referral, linkage, monitoring and 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.

"Community-based Structured Crisis Center" or "CBSCC" means a program of non-hospital emergency services for mental health and substance abuse 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 abuse services. This service is limited to CMHC's and Comprehensive Community Addiction Recovery Centers (CCARCs) who are certified by the Department of Mental Health and Substance

Abuse Services or facilities operated by the Department of Mental Health and Substance Abuse Services.

"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.

"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 advocacy" includes all activities on behalf of the consumer to assist with or facilitate resolution of problems in the acquisition of resources or services needed by the consumer.

"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 abuse 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 consumers with co-occurring disorders.

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

"Crisis stabilization" means emergency, psychiatric, and substance abuse services for the resolution of crisis situations and may include placement of an individual in a protective environment, basic supportive care, and medical assessment, and, if needed, referral to an ODMHSAS certified facility having nursing and medical support available.

"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.

"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.

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

"Emergency detention" means the detention of a person who appears to be a person requiring treatment in a facility approved by the Commissioner of Mental Health and Substance Abuse Services as appropriate for such detention after the completion of an emergency examination, either in person or via telemedicine, and a determination that emergency detention is warranted as defined in Title 43A O.S. Section 5-206.

"Emergency examination" means the examination of a person who appears to be a mentally ill person, an alcohol-dependent person, or drug-dependent person and a person requiring treatment, and whose condition is such that it appears that emergency detention may be warranted by a licensed mental health professional to determine if emergency detention of the person is warranted.

"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.

"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.

"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 addiction 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.

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

(A) An Allopathic or Osteopathic Physician with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or a current resident in psychiatry;

(B) An Advanced Practice Registered Nurse licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided and certified in a psychiatric mental health specialty;

(C) A Clinical Psychologist who is duly licensed to practice by the State Board of Examiners of Psychologists;
(D) A Physician Assistant who is licensed in good standing in Oklahoma and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions;
(E) A practitioner with a license to practice in the state in which services are provided by one of the following licensing boards:
(i) Social Work (clinical specialty only);
(ii) Professional Counselor;
(iii) Marriage and Family Therapist;
(iv) Behavioral Practitioner; or
(v) Alcohol and Drug Counselor.

"Licensed mental health professional" or **"LMHP"** as defined in Title 43A §1-103(11).

"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.

"Linkage" refers to the communication and coordination with other service providers to assure timely appropriate referrals between the CMHC and other providers.

"Medically necessary" means health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

"Nurse Care manager" means a Licensed Practical Nurse (LPN) or a Registered Nurse (RN).

"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.

"**Peer Recovery Support Specialist**" or "**PRSS**" means an individual who meets the qualifications and is certified as a PRSS pursuant to OAC 450:53.

"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.

"**Primary Care Practitioner (PCP)"** means a licensed physician, Advanced Practice Registered Nurse (APRN), or Physician Assistant (PA) licensed in the State of Oklahoma.

"Program of Assertive Community Treatment" or **"PACT"** is a clinical program that provides continuous treatment, rehabilitation, and support services to persons with mental illness in settings that are natural to the consumer.

"Progress notes" mean 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.

"Psychiatric Residential Treatment Facility" or **"PRTF"** means a non-hospital facility that provides inpatient psychiatric services to individuals under the age of twenty-one (21).

"Psychosocial assessments" 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 qualified service provider with consumers in individual, group or family settings to promote positive emotional or behavioral change.

"Recovery Support Specialist" or **"RSS"** means an individual who has completed the ODMHSAS RSS training and has passed the ODMHSAS RSS exam.

"Rehabilitation Services" means face-to-face individual or group services provided by qualified staff to develop skill necessary to perform activities of daily living and successful integration into community life.

"Resident" means a person residing in a community living program certified by ODMHSAS.

"Restraint" refers to manual, mechanical, and chemical methods that are intended to restrict the movement or normal functioning of a portion of an individual's body.

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

"**Service Intensity"** means the frequency and quantity of services needed, the extent to which multiple providers or agencies are involved, and the level of care coordination required.

"Service plan" or "Treatment plan" means the document used during the process by which a qualified service provider 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.

"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.

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

"Wellness Coach" means an individual who is actively working on personal wellness and who is designated to collaborate with others to identify their personal strengths and goals within the eight dimensions of wellness (spiritual, occupational, intellectual, social, physical, environmental, financial, and emotional).

(A) In order to qualify to be a Wellness Coach, individuals shall:

(i) Have a behavioral health related associates degree or two years of experience in the field and/or have an active certification and/or license within the behavioral health field (e.g. PRSS, Case Management, LBHP, LPN, etc.); and

(ii) Complete the ODMHSAS Wellness Coach Training Program and pass the examination with a score of 80% or better.

(B) Wellness Coach roles and responsibilities include:

(i) Role model wellness behaviors and actively work on personal wellness goals;

(ii) Apply principles and processes of coaching when collaborating with others;

(iii) Facilitate wellness groups;

(iv) Conduct motivational interventions;

(v) Practice motivational interviewing techniques;

(vi) Provide referrals to community resources for nutrition education, weight management, Oklahoma Tobacco Helpline, and other wellness-related services and resources;

(vii) Create partnerships within local community to enhance consumer access to resources that support wellness goals;

(viii) Raise awareness of wellness initiatives through educational in-service and community training;

(ix) Elevate the importance of wellness initiatives within the organization;

(x) Promote a culture of wellness within the organization for both consumers and staff;

(xi) Respect the scope of practice and do not practice outside of it, referring people to appropriate professionals and paraprofessionals as needed.

450:27-1-3. Meaning of verbs in rules

The attention of the facility is drawn to the distinction between the use of the words "shall," "should," and "may" in this chapter:

(1) "Shall" is the term used to indicate a mandatory statement, the only acceptable method under the present standards.

(2) "Should" is the term used to reflect the most preferable procedure, yet allowing for the use of effective alternatives.

(3) "May" is the term used to reflect an acceptable method that is recognized but not necessarily preferred.

450:27-1-4. Meaning of other terms
(a) Program(s) and facility(ies) are interchangeable terms and refer to the Mental Illness Service Program as stipulated in 43A O.S. § 3-323A.
(b) Program components refer to the specific services offered as portions of the overall facility program.

450:27-1-5. Services
All facilities providing services pursuant to standards and criteria established in OAC 450:27 shall have a group of services herein designated as core mental illness treatment services in accordance with 450:27-3-1.

450:27-1-6. Applicability
The standards and criteria for services as subsequently set forth in this chapter are applicable to Mental Illness Service Programs stated in each subchapter.

SUBCHAPTER 3. ORGANIZATION STRUCTURE AND ADMINISTRATIVE OPERATIONS

PART 1. SERVICES AND FACILITY ORGANIZATION

450:27-3-1. Required Core Services
(a) Facilities providing mental illness treatment services shall document how the program is organized to provide a group of services herein designated as core services. Required services include:
(1) Screening assessment and referral services;
(2) Emergency services; and,
(3) Outpatient therapy services.
(b) Other services may be offered and, if offered, will be in compliance with OAC 450, as applicable, including but not limited to those services referenced in 450:27-721 Additional Mental Health Treatment Services.
(c) Compliance with 450:27-3-1 (a) and (b) shall be determined by a review of written service descriptions; facility policies; and, other materials as applicable.

450:27-3-2. Availability of services
(a) Program descriptions must be available that describe how required core services are available to individuals on a daily basis or as publicly posted. Posted information must also identify how individuals can access emergency care at times other than the scheduled operating hours for non-emergency services.
(b) Compliance with 450:27-3-2 shall be determined by a review of written materials; facility policies; and, other documents as applicable.

450:27-3-3. Organizational and facility description [REVOKED]

450:27-3-3.1 Organizational and facility description; program components [REVOKED]

450:27-3-4. Technology [REVOKED]

450:27-3-5. Tobacco-Free campus [REVOKED]

PART 3. HUMAN RESOURCES ORGANIZATION [REVOKED]

450:27-3-21. Personnel policies and procedures [REVOKED]

450:27-3-22. Job descriptions [REVOKED]

450:27-3-23. Volunteers [REVOKED]

450:27-3-24. Staff qualifications [REVOKED]

450:27-3-25. Staff development [REVOKED]

450:27-3-26. Annually required in-service training for all employees and volunteers [REVOKED]

450:27-3-27. Clinical supervision [REVOKED]

PART 5. SAFETY AND RISK MANAGEMENT

450:27-3-41. Health and Safety; facility environment [REVOKED]

450:27-3-42. Health and Safety; emergency procedures [REVOKED]

450:27-3-43. Incident Reporting; procedures

(a) The facility shall have written policies and procedures requiring documentation and reporting of unusual incidents and analysis of the contributors to the incident, with attention to issues that may reflect opportunities for system level or program level improvement.

(b) Policies shall be in accordance with documentation and submission requirements as stipulated in 450:27-7-47 Incident Reporting; documentation and notification.

(c) Compliance for 450:27-3-43 will be determined by review of policies and procedures, review of incidents reported, as applicable, to ODMSHAS, and staff interviews.

450:27-3-44. Hygiene and sanitation

Facilities shall provide:

(1) Lavatories and toilet facilities on site in a minimum ration of (1) per twenty (20) persons;

(2) 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;
(3) Housekeeping services so that a hygienic environment is maintained in the facility.

PART 7. SPECIAL POPULATIONS [REVOKED]

450:27-3-61. Americans with Disabilities Act of 1990 [REVOKED]

450:27-3-62. Human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Syndrome (AIDS) [REVOKED]

SUBCHAPTER 5. QUALITY MANAGEMENT OF OPERATIONS

PART 1. OPERATIONS TO SUPPORT CONTINUOUS PROGRAM MANAGEMENT [REVOKED]

450:27-5-1. Information analysis and planning [REVOKED]

450:27-5-2. Performance improvement program [REVOKED]

PART 3. OPERATIONS FOR SERVICE DOCUMENTATION

450:27-5-21. Clinical record keeping system
(a) Each facility must establish and maintain an organized clinical record system for the collection and documentation of information appropriate to the treatment processes; and which insures organized, easily retrievable, usable clinical records stored under confidential conditions and with planned retention and disposition.
(b) Compliance with 450:27-5-21 may be determined by on-site observation, a review of policies and procedures, treatment records, performance improvement guidelines, interviews with staff, and other facility documentation.

450:27-5-22. Clinical record system; basic requirements
(a) The facility's policies and procedures shall:
(1) Define the content of the consumer record.
(2) Define storage, retention and destruction requirements for consumer records.
(3) Require consumer records be maintained in locked equipment which is kept within a locked room, vehicle, or premise.
(4) Require legible entries in consumer records, signed with first name or initial, last name, and dated by the person making the entry.

(5) Require the consumer's name be typed or written on each page in the consumer record; or appear on each screen of an electronic record.
(6) Require a signed consent for treatment before a consumer is admitted on a voluntary basis.

(b) If electronic clinical (medical) records are maintained, the facility will have proof of compliance with federal and state statutes related to electronic medical records, encryption, and other required features.

(c) Compliance with 450:27-5-22 shall be determined by a review of the following: facility policy, procedures or operational methods; clinical records; other facility provided documentation; and PI information and reports.

450:27-5-23. Record access for clinical staff

(a) The facility shall assure consumer records are readily accessible to all staff providing services to consumers. Such access shall be limited to the minimum necessary to carry out the staff member's job functions or the purpose for the use of the records**.**

(b) Compliance with 450:27-5-23 shall be determined by on-site observation and staff
interviews.

PART 5. OPERATIONS FOR PROTECTION OF CONSUMER RIGHTS

450:27-5-41. Confidentiality of mental health and drug or alcohol abuse treatment information [REVOKED]

450:27-5-42. Consent for release of information

(a) Facility consent for releases of information must comply with federal and state law, guidelines, and standards, and with OAC 450:15-3-20.2. Validity of written consent and releases of information.

(b) Compliance with 450:27-5-42 shall be determined by a review of facility policies, clinical record forms, on-site observation, and by review of clinical documentation.

450 27-5-43. Consumer Rights

(a) Facility policies, procedures, and practices related to consumer rights must comply with federal and state law, guidelines, 450:15-3-3. Notification of the Bill of Rights, and 450:15-3-27. Synopsis of the bill of rights, and other related provisions within OAC 450:15**.**

(b) Compliance with 450:27-5-43 shall be determined by a review of facility policies, clinical record forms, on-site observation, and review of clinical documentation.

450:-27-5-44. Right to name a treatment advocate

(a) As applicable and provided for within state and federal law, policies, procedures, and practices the facility shall establish provisions by which consumers shall be informed of and be provided the right to name a treatment advocate as stipulated in 450:15-3-28. Right to name a Treatment Advocate.

(b) Compliance with 450:27-5-44 shall be determined by a review of facility policies, clinical record forms, on-site observation, and review of clinical documentation.

450:27-5-45. Consumer's grievance policy

(a) The facility shall have a written grievance policy and provisions to inform consumers of their rights to file a grievance in accordance with 450:15-3-45.
(b) Compliance with 450:27-5-45 shall be determined by a review of facility policies, clinical record forms, on-site observation, and review of clinical documentation.

SUBCHAPTER 7. CLINICAL SERVICES

PART 1. REQUIRED SERVICES

450:27-7-1. Core behavioral health services

(a) Each facility shall minimally provide the following services:
    (1) Screening, assessment and referral services;
    (2) Emergency services; and
    (3) Outpatient therapy services.
(b) Compliance with 450:27-7-1 shall be determined observation and review of clinical records that document the provision of services the above listed services.

450:27-7-2. Screening services

(a) Facility policy and procedure shall require that a screening of each potential consumer's service needs be completed in a timely manner and specify timeframes within which screenings will be initiated and completed.
(b) Policy should ensure the availability of a basic screening for those who present regardless of funding source.
(c) Policy should describe practices to be followed to ensure screenings are culturally appropriate, include screening of whether the consumer is a risk to self or others, including suicide risk factors, as well as maximize recognition of the prevalence of co-occurring mental health and substance use disorders.
(d) Policies should also indicate how referrals and linkages are facilitated on behalf of those determined ineligible for facility services as identified in the screening process in accordance with OAC 450:27-7-4.
(e) Procedures should reference how crises are managed as those emerge in the screening process.
(f) Facility policy should specify the minimal information to be collected and methods by which that is obtained for clinically appropriate and responsive screenings.
(g) The consumer, family as appropriate, and others as appropriate and approved by the consumer shall be an active participant(s) in the screening process.

(h) Compliance with 450:27-7-2 shall be determined by a review of clinical records, and policy and procedures.

450:27-7-3. Assessment services

(a) Facility policies shall describe, upon determination of appropriate admission to the facility service(s), the procedures by which assessment and admission occur.

(b) The consumer assessment shall be completed by an LBHP or licensure candidate and shall include, but not be limited to, the following information:

(1) Behavioral, including mental health and addictive disorders as well as the following;

(A) presenting problem and current symptomology;

(B) previous treatment history;

(C) current and past psychotropic and addiction medications, including name, dosage and frequency; and

(D) Family history of mental health and other addictive disorders.

(2) Emotional, including issues related to past or current trauma and domestic violence;

(3) Physical/medical including ~~medications~~;

(A) health history and current biomedical conditions and complications;

(B) current and past physical health medications, including name, dosage and frequency.

(4) Social and recreational~~; and~~, including;

(A) family and other relationships;

(B) recovery and community supports;

(C) leisure and wellness activities; and

(D) culture, including traditions and values.

(5) Vocational, including;

(A) educational attainment, difficulties, and history;

(B) current or previous military service including discharge status; and

(C) current and desired employment status.

(c) The facility shall have policy and procedures specific to each program service which dictate timeframes by when assessments must be completed and documented.

(d) The policy shall specify how screening and assessment information is maintained and stored in the event the consumer is not admitted for program services,

(e) The consumer, family as appropriate, and others as appropriate and approved by the consumer shall be an active participant(s) admission and assessment process.

(f) Compliance with 450:27-7-3 shall be determined by a review of clinical records, and policy and procedures.

450:27-7-4. Screening and assessment services, access or referral to needed services

(a) Facility policies and procedures governing the screening and assessment services shall specify the following:

(1) The information to be obtained on all applicants for referrals, in lieu of admissions;

(2) The procedure to be followed when an applicant or referral is found to be ineligible for admission;

(3) The procedures for accepting referrals from outside agencies or organizations;

(4) Methods of collection of information from family members, significant others or other social service agencies;

(5) Methods for obtaining a physical examination or continued medical care where indicated; and,

(6) Referral to other resources when the consumer has treatment or other service needs the facility cannot meet.

(b) Compliance with 450:27-7-4 shall be determined by a review of clinical records, and policy and procedures.

450:27-7-5. Ongoing assessment

(a) The facility's policies and procedures shall delineate the process, protocols, and timeframes by which on-going clinical assessments occur.

(b) Compliance with 450:27-7-5 shall be determined by a review of the clinical records and agency policies and procedures.

450:27-7-6. Outpatient therapy services

(a) Outpatient services shall be provided and shall include a range of services to consumers based on their needs regarding emotional, social and behavioral problems.

(b) Outpatient therapy services shall include one or more of the following:

(1) Individual therapy;

(2) Group therapy;

(3) Family therapy;

(c) Compliance with 450:27-7-6 shall be determined by a review of written policy and procedures; program descriptions, and clinical records.

450:27-7-7. Emergency services

The facility shall provide accessible co-occurring disorder capable response services for psychiatric and/or substance abuse emergencies. Facility policies and procedures shall include no arbitrary barriers to access emergency services based on active substance use or designated substance levels.

(1) Assessment and response to psychiatric and/or substance abuse emergencies shall be available and provided directly by qualified facility staff between the hours of 8:00am to 5:00pm, Monday through Friday or during the facility's hours of operations, whichever is greater.

(2) Methods by which consumers and others can access emergency services outside of the facility's scheduled hours/days of operation shall be posted and visible to the public. This does not include messages solely instructing clients to dial 9-1-1.
(3) Best practice diversion and crisis intervention procedures should be utilized and stipulated in facility treatment protocols.
(4) The facility shall also provide arrangements for emergency services beyond the facility's scheduled hours/days of operation for consumers admitted to their program. This does not include messages solely instructing clients to dial 9-1-1.
(5) This service shall also include availability of 24-hour referral to higher levels of care than those offered by the facility, including but not limited to inpatient treatment. This does not include messages solely instructing clients to dial 9-1-1.
(6) Referral services for additional emergency services shall include actively working with local sheriffs and courts regarding the appropriate referral process and appropriate court orders (43A O.S. §§ 5-201 through 5-407).
(7) Compliance with 450:27-7-7 shall be determined by a review of policy and procedures, referral agreements, emergency contract records, staff schedules, and clinical records.

PART 3. ADDITIONAL OR OPTIONAL SERVICES

450:27-7-21. Additional treatment services;
(a) If the facility provides the following additional services those shall be provided in accordance with related standards described within OAC 450:27 and other portions of OAC:450, as applicable.
(1) Case Management Services;
(2) Medication Services;
(3) Pharmacy Services; Peer Recovery Support Services;
(4) Wellness Activities and Supports;
(5) Behavioral Health Rehabilitation Services;
(6) Day treatment services for children and adolescents; and,
(7) Behavioral Health Home.
(b) If the facility provides the following services, in addition to those stipulated in 450:27-7-1. and 450:27-7-21, separate ODMHSAS certification will be required in accordance with OAC 450. including but not limited to the following:
(1) Community Residential Mental Health Facilities, per OAC 450:16;
(2) Alcohol and Drug Treatment Programs, per OAC 450:18;
(3) Community Based Structured Crisis Services, per OAC 450:23;
(4) Comprehensive Community Addiction Recovery Centers, per OAC 450:24;
(5) Programs of Assertive Community Treatment, per OAC 450:55;
(6) Eating Disorder Treatment Programs, per OAC 450:60;
(7) Gambling Treatment Programs, per OAC 450:65; and/or,
(8) Opioid Substitution Treatment Programs, per OAC 450:70

(c) Compliance with 450:27-7-21 is determined by review of program descriptions, clinical documentation, and review of ODMHSAS Certification findings additional applicable portions of OAC 450.

450:27-7-22. Case management services

(a) If provided, case management services shall empower consumers to access and use needed services and meet self-determined goals. These services include resource skills development and consumer advocacy provided in various settings based on consumer need. These services include referral, linkage, monitoring and support, and advocacy assistance provided in partnership with a client to support that client in self sufficiency and community tenure. Needs should be determined, at least in part, by completion of a strengths based assessment in partnership with the consumer and family members, as applicable, and utilized in the development of a a case management plan. The case management plan can be incorporated in the overall services plan.

(b) If case management services are provided, policies and procedures should articulate that an assessment includes evidence that the following are evaluated:

(1) Consumer's level of functioning within the community;

(2) Consumer's job skills and potential; and/or educational needs;

(3) Consumer strengths and resources;

(4) Consumer's present living situation and support system;

(5) Consumer's use of substances and orientation to changes related to substance use;

(6) Consumer's medical and health status;

(7) Consumer's needs or problems which interfere with the ability to successfully function in the community; and

(8) Consumer's goals.

(c) Compliance with 450:27-7-22 shall be determined by a review of policy and procedures and clinical documentation.

450:27-7-23. Case management services, staff credentials

(a) If provided, case management services will be delivered by qualified staff that are certified as a behavioral health case manager pursuant to Oklahoma Administrative Code, Title 450, Chapter 50, as permitted by OAC and state statute.

(b) Compliance with 450:27-7-23 shall be determined by a review of the facility personnel records and credentialing files.

450:27-7-24. Medication clinic services

(a) If provided, medication clinic services shall include an assessment of each individual's condition and needs; and an assessment of the effectiveness of those services.

(b) Medication clinic services shall be co-occurring capable and shall utilize accepted practice guidelines for psychopharmacologic management of co-occurring disorders.

(c) The facility may offer comprehensive medication clinic services to consumers in need of this service, including, but not limited to:

(1) Prescribing or administering medication, including evaluation and assessment of the medication services provided.

(2) Medication orders and administration:

(A) Licensed physicians, medical residents or consultant physicians shall write medication orders and prescriptions. Physician's assistants and nurse practitioners may write medication orders, or prescriptions consistent with state and federal law.

(B) A list of those physicians authorized to prescribe medications shall be maintained and regularly updated.

(C) Only authorized licensed staff shall administer medications.

(D) A list of licensed staff members authorized to administer medications shall be maintained and regularly updated.

(E) If physician's assistants and/or nurse practitioners write medication orders, or prescriptions those functions are performed consistent with state and federal law.

(d) The facility shall assure proper storage and control of medications, immediate response if incorrect or overdoses occur, and have appropriate emergency supplies available if needed.

(1) Written procedures for medication administration shall be available and accessible in all medication storage areas, and available to all staff authorized to administer medications.

(2) All medications shall be kept in locked, non-consumer accessible areas. Conditions which shall be considered in medication storage are light, moisture, sanitation, temperature, ventilation, and the segregation and safe storage of poisons, external medications, and internal medications.

(3) Telephone numbers of the state poison centers shall be immediately available in all locations where medications are prescribed, administered, and stored.

(4) A qualified physician shall supervise the preparation and stock of an emergency kit which is readily available, but accessible only to physician, nursing and pharmacy staff. Documentation by the qualified physician shall clearly indicate that the supervision has been performed.

(e) The facility shall make available access to pharmacy services to meet consumers' psychiatric needs. Provision of services may be made through agreement with another program, through a pharmacy in the community, or through their own Oklahoma licensed pharmacy.

(f) Compliance with 450:27-7-24 shall be determined by on-site observation and a review of the following: clinical records, written policy and procedures, written agreements for pharmacy services, on-site observation of in-house pharmacy, State of Oklahoma pharmacy license, and roster of licensed, credentialed staff.

(g) Failure to comply with 450:27-7-24(e) will result in the initiation of procedures to deny, suspend and/or revoke certification.

450:27-7-25. Medication clinic, medication monitoring [REVOKED]

450:27-7-26. Pharmacy services [REVOKED]

450:27-7-27. Peer recovery support services

(a) If provided, the facility shall have written policies specific to peer recovery support services.

(b) Peer recovery support services shall be provided in accordance with OAC 450: 53 and other provisions stipulated in OAC 450 and state statute.

(c) These services shall

(1) Be based on an individualized, recovery-focused service philosophy that allows individuals the opportunity to learn to manage their own recovery and advocacy process;

(2) Recognize the unique value of services being provided by persons with lived experience who are able to demonstrate their own hopefulness and recovery;

(3) Enhance the development of natural supports, coping skills, and other skills necessary to function as independently as possible in the community, including, but not limited to assisting re-entry into the community after a hospitalization or other institutional settings;

(d) Behavioral health providers offering these services shall have provisions in place for direct supervision and other supports for staff providing this service.

(e) Compliance with 450:27-7-27 shall be determined by a review of the following: documentation of linkage activities and agreements; clinical records; policy and procedures.

450:27-7-28. Peer Recovery Support Specialists, staff credentials

(a) Peer Recovery Support Services shall be provided only by staff certified as a Peer Recovery Support Specialist (PRSS) in accordance with OAC 450:53.

(b) The facility shall retain records to verify compliance with training and certification requirements of each provider of this service.

(c) Compliance for 450:27-7-28 shall be determined by a review of the facility personnel records.

450:27-7-29. Wellness services and supports

(a) If provided, the facility shall have written policies specific to wellness services and supports.

(b) Wellness services and supports shall be consumer-driven services to promote healthy lifestyles and behaviors which may include and not be limited to smoking cessation activities, exercise, stress management, and education on nutrition.

(c) These services shall be based on an individualized, recovery-focused service philosophy that allows individuals the opportunity to learn to manage their own wellness.

(d) These services shall be provided by staff credentialed by ODMHSAS as Wellness Coaches.

(e) Compliance for 450:27-7-29 shall be determined by a review of the following: documentation of activities and agreements; clinical records and policy and procedures.

450:27-7-30. Behavioral health rehabilitation services; general requirements

(a) Behavioral health rehabilitation services, if provided, shall be organized as a separate programmatic unit operated by the facility with extended hours offered two or more times per week and/or as specifically arranged sessions on behalf of consumers in need of this service.

(b) Facility policies and procedures shall stipulate how rehabilitation services are organized and provided.

(1) The facility shall describe the behavioral health rehabilitation service components that optimize participants' potential for occupational and/or educational achievement, goal setting, skill development, and increased quality of life, therefore maximizing the individual's independence and increased reliance on community and peer support.

(2) The facility shall design rehabilitation services specific the age and cultural needs of participants, which can be children and/or adults.

(3) The facility shall establish in policy and procedure and program descriptions, minimum staff ratios to assure participants have choices in activities and staff with whom they work.

(c) Compliance with 450:27-7-30 shall be determined by on-site observation; interviews with participants; interviews with staff; a review of policy and procedures; and a review of clinical records.

450:27-7-31. Behavioral health rehabilitation services; rehabilitation unit programs

(a) Behavioral health rehabilitation services offered as separate programmatic unit shall provide sessions three or more hours in length two or more times per week.

(b) The rehabilitation program(s) with extended hours shall be designed to provide an array of services that focus on long term recovery and maximize self-sufficiency, role functioning, and independence as distinguished from the symptom stabilization function of acute or other levels of care.

(c) Individualized goals and personal preferences for consumers receiving this service shall be specifically addressed on service plans.

(d) The service shall incorporate the following functions and characteristics:

(1) Recovery Orientation. The service elements include a recovery oriented service plan, participant goal setting, employment and educational support services, and a staff philosophy of recovery reinforced in service elements and activities.

(2) Empowerment Orientation. The service elements include peer support and, leadership skill development.

(3) Competency Orientation. The service elements include curriculum based life skills training (covering self-management of illness, independent living skills, social skills, and work related skills), a multi-dynamic learning

approach, an explicit focus on generalization to contexts beyond the immediate learning task and transfer of skills to real life situations and a community based supports component that provides on-going in home or community based support services, based on consumer need and choice, in the areas of housing, employment, education and the development of natural supports (i.e., family, cultural and social).

(e) The program shall be designed and operated in such a manner that participants and staff work alongside one another to embody the functions referenced in 450:27-7-31(d).

(1) The work completed is work generated by the program component. No work for outside individuals or agencies is acceptable within this service.

(2) All work or training is designed for participants to develop or regain self-worth, purpose and confidence. It is not intended to be job-specific training.

(f) Compliance with 450:27-7-31 shall be determined by on-site observation; interviews with participants; interviews with staff; a review of policy and procedures; and a review of clinical records.

450:27-7-32. Behavioral health rehabilitation services; Individual and Group Services

(a) The facility may offer behavioral health rehabilitation services in individual or group settings, other than or in addition to those defined 450:27-7-31.

(b) Facility policy and procedures shall outline the way these services are provided, including but not limited to the populations served, staff qualifications for providing the service, and general design(s) by which these services are provided.

(c) Individualized goals and personal preferences for consumers receiving this service shall be specifically addressed on service plans.

(d) Compliance with 450:27-7-32 shall be determined by on-site observation; interviews with participants; interviews with staff; a review of policy and procedures; and a review of clinical records.

450:27-7-33. Behavioral health rehabilitation services, staff credentials

(a) Staff providing this service shall be a LBHP, Licensure Candidate, CADC or certified by ODMHSAS as a Behavioral Health Case Manager (CM) II pursuant to OAC 450:50.

(b) Compliance with 450:27-7-33 will be determined by a review of facility personal files, individual staff records, and verification with organizations providing required training.

450:27-7-34. Day treatment services for children and adolescents

(a) Day treatment services are designed for non-residential consumers who spend only a part of a twenty-four (24) hour period in the program.

(1) Hours of operation shall be held during periods which make it possible for consumers to receive a minimum of three (3) hours of treatment and services each day for five (5) days each week in the program, excluding time spent in fulfillment of academic educational activities as required by law; and,

(2) Services provided shall be co-occurring disorders capable and include, at a minimum, the following:

(A) Weekly individual therapy, group, and family therapy;

(B) Social skills development through activities which encourage interaction and the development of communications and interpersonal skills;

(C) Integrated attention to decision making and healthy skill building regarding substance use, including nicotine and caffeine;

(D) Recreation and leisure activities;

(E) Emergency services;

(F) Habilitation services;

(G) Referral to other resources when indicated by treatment goals and objectives; and,

(H) Provide, or arrange for, academic education as required by state or federal law.

(b) Compliance with 450:27-7-34 shall be determined by on-site observation; and a review of the following: clinical records, policy and procedures, and program descriptions.

PART 5. CLINICAL DOCUMENTATION

450:27-7-41. Clinical record content, screening, intake and assessment, documentation

(a) The facility shall complete a face-to face screening with each individual to determine appropriateness of admission in accordance with 450:27-7-2. Screening services.

(b) The facility shall document the face-to-face screening conducted how the consumer was assisted to identify goals, how the consumer received integrated screening to identify both immediate and ongoing needs and how the consumer was assisted to determine appropriateness of admission, and/or to access other appropriate services.

(c) Each consumer admitted for treatment for co-occurring services shall be assessed by a qualified professional demonstrating competency in the use of ASAM criteria, 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. Facilities must ensure that a consumer's refusal of a particular service does not preclude the consumer from accessing other needed co-occurring 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) Upon determination of appropriate admission, consumer demographic information shall be collected, as defined by facility policies and procedures.

(e) For persons admitted to service, the facility shall complete a psychosocial assessment which gathers sufficient information to assist the consumer develop an individualized service plan.

(f) An intake assessment update, to include date, identifying information, source of information, present needs, present life situation, current level of functioning, and what consumer wants in terms of service, is acceptable as meeting requirements of 450:27-7-41 only on re-admissions within one (1) year of previous admission at the facility.
(g) Compliance with 450:450:27-7-41 shall be determined by a review of the following: psychosocial assessment instruments; consumer records; case management assessments; interviews with staff and consumers; policies and procedures and other facility documentation.

450:27-7-42. Behavioral health service plan; documentation
(a) The service plan is developed and finalized 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 18, it is performed with the participation of the parent or guardian 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.
(b) The service plan shall completed by a LBHP or licensure candidate and be based on information obtained in the mental health assessment, other information provided on behalf of the consumer, and includes the evaluation of the assessment information by the clinician and the consumer.
(c) For adults, the service plan must be focused on recovery. For children the plan should address school and education concerns and assisting the family in caring for the child in the least restrictive level of care.
(d) Service plans must be completed within six (6) treatment sessions and include:

(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.

(e) Service plans updates should occur at a minimum of every 6 months during which services are provided and include 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 plans, both comprehensive and update, must include dated signatures for the consumer (if over age 14), the parent/guardian (if under age 18 or otherwise applicable), and the primary service practitioner. Signatures must be obtained after the service plan is completed.

(g) Compliance with 450:27-7-42 shall be determined by a review of the clinical records, policies and procedures, and interviews with staff and consumers, and other agency documentation.

450:27-7-43. Clinical record content, on-going assessment; documentation

(a) On-going reassessments shall be documented in the clinical record in accordance with 450:27-7-5 and within the timeframes stipulated by facility policy.

(b) Information gained in the on-going assessment process should be reflected in updated service plans.

(c) Compliance with 450:27-7-43 shall be determined by a review of the clinical records and agency policies and procedures.

450:27-7-44. Progress notes

(a) Progress notes shall chronologically describe the services provided, the consumer's response to the services provided, and the consumer's progress in treatment and include the following:

(1) Date;

(2) Name of consumer(s) to whom services were rendered;

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

(4) Original signature of the therapist/service provider; in circumstances where it is necessary to fax a service plan to someone for review and then have them fax back their signature, this is acceptable; however, the provider must obtain the original signature for the clinical file within 30 days and no stamped or photocopied signatures are allowed. Electronic signatures are acceptable;

(5) Credentials of therapist/service provider;

(6) Specific service plan need(s), goals and/or objectives addressed;

(7) Services provided to address need(s), goals and/or objectives;

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

(9) Consumer (and family, when applicable) response to the session or intervention;

(10) Any new need(s), goals and/or objectives identified during the session or service.

(b) Progress notes shall be documented according to the following time frames:

(1) Outpatient staff must document each visit or transaction, except for assessment completion or service plan development, including missed appointments;

(2) Behavioral health rehabilitation services and day treatment programs for children and adolescents staff must maintain a daily, member sign-in/sign-out record of member attendance, and shall write a progress note daily or a summary progress note weekly.

(c) Compliance with 450:27-7-44 shall be determined by a review of clinical records and policies and procedures.

450:27-7-45. Other records content

(a) The consumer record shall contain copies of all consultation reports concerning the consumer.

(b) When psychometric or psychological testing is done, the consumer record shall contain a copy of a written report describing the test results and implications or recommendations for treatment.

(c) The consumer record shall contain any additional information relating to the consumer, which has been secured from sources outside the program.

(d) Compliance with 450:27-7-45 shall be determined by a review of clinical records.

450:27-7-46. Discharge summary [REVOKED]

450:27-7-47. Incident reporting; documentation and notification [REVOKED]

SUBCHAPTER 9. BEHAVIORAL HEALTH HOME [REVOKED]

450:27-9-1. Program description and purpose [REVOKED]

450:27-9-2. Target populations [REVOKED]

450:27-9-3. Outreach and engagement [REVOKED]

450:27-9-4. Structure of Behavioral Health Home and administrative staff [REVOKED]

450:27-9-5. Treatment team; general requirements [REVOKED]

450:27-9-6. Treatment team; adult team [REVOKED]

450:27-9-7. Treatment team; children and adolescent team [REVOKED]

450:27-9-8. Required services [REVOKED]

450:27-9-9. Access to specialists [REVOKED]

450:27-9-10. Admission [REVOKED]

450:27-9-11. Initial assessment [REVOKED]

450:27-9-12. Comprehensive assessments [REVOKED]

450:27-9-13. Integrated care plan [REVOKED]

450:27-9-14. Integrated care plan; content [REVOKED]

450:27-9-15. Review of plan [REVOKED]

450:27-9-16. Intensive care coordination for children and adolescents; wraparound approach [REVOKED]

450:27-9-17. Behavioral Health Home medication monitoring [REVOKED]

450:27-9-18. Behavioral Health Home pharmacy services [REVOKED]

450:27-9-19. Health promotion and wellness; consumer self-management [REVOKED]

450:27-9-20. Discharge or transfer from Behavioral Health Home [REVOKED]

450:27-9-21. Linkage and transitional care [REVOKED]

450:27-9-22. Consumer (patient care) registries and population health management [REVOKED]

450:27-9-23. Electronic health records and data sharing [REVOKED]

450:27-9-24. Performance measurement and quality improvement [REVOKED]