

TITLE 450: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

CHAPTER 55: STANDARDS AND CRITERIA FOR PROGRAMS OF ASSERTIVE COMMUNITY TREATMENT

SUBCHAPTER 1. GENERAL PROVISIONS

450:55-1-1. Purpose

(a) This Chapter implements 43A O.S. § 3-319, which authorizes the Board of Mental Health and Substance Abuse Services, or the Commissioner upon delegation by the Board, to certify programs of assertive community treatment. Section 3-319 requires the Board to promulgate rules and standards for certification of facilities or organizations that desire to be certified.

(b) The rules regarding the certification procedures including applications, 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 450:1-9-5.3.

450:55-1-2. Definitions

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

"Advanced Practice Nurse" or "APN" means an individual who is a licensed registered nurse with current certification of recognition to practice as an Advanced Practice Nurse issued by the Oklahoma Board of Nursing.

~~**"Behavioral Health Home or BHH"** means a specifically organized entity that functions within a currently ODMHSAS certified mental health treatment program organization to promote enhanced integration and coordination of primary, acute, behavioral health, and long-term services and supports for persons across the lifespan with chronic illness. BHHs ensure comprehensive team-based health care, meeting physical, mental health, and substance use disorder care needs. Health care is delivered utilizing a whole-person, patient-centered, coordinated care model for adults with serious mental illness (SMI). Care coordination is provided for all aspects of the individual's life and for transitions of care the individual may experience.~~

"Certified behavioral health case manager" means any person who is certified by the Department of Mental Health and Substance Abuse Services to offer behavioral health case management services as one of the three (3) classifications of case manager within the confines of a mental health facility or drug or alcohol treatment facility that is operated by the Department or contracts with the State to provide behavioral health services.

"Community-based Structured Crisis Center" or "CBSCC" means a program of non-hospital emergency services for mental health and substance abuse crisis stabilization 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 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.

"Clinical 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, training, experience, competence, judgment and other credentials.

"Consumer" means an individual who has applied for, is receiving, or has received 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.

"Co-occurring disorder" means any combination of mental health and substance abuse symptoms or diagnoses in a client.

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

"Credentialed Recovery Support Specialist" is a member of the PACT team who is working as a Recovery Support Specialist and has completed the ODMHSAS approved training and testing.

"Crisis intervention" means an immediately available service to meet the psychological, physiological and environmental needs of individuals who are experiencing a mental health or substance abuse crisis.

"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.

~~**"Critical incident"** means an occurrence or set of events inconsistent with the routine operation of the facility, or the 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 visitors; medication errors; consumers that are absent without leave (AWOL); neglect or abuse of a consumer; fire; unauthorized disclosure of information; damage to or theft of property belonging to a 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.

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

"FTE" means an employee, or more than one, who work(s) the time equivalent to the number of hours per week, month or year of one (1) employee working full-time.

"Governing Agency" means the facility or specific community based behavioral health provider under which the PACT program is operated.

"Historical time line" means a method by which a specialized form is used to gather, organize and evaluate historical information about significant events in a consumer's life, experience with mental illness, and treatment history.

"Hospital liaison" means an individual within the Behavioral Health Home interdisciplinary team that works closely with hospital staff to assess the suitability of transition plans for consumers enrolled in a Behavioral Health Home. Hospital Liaisons will also work with other long term, residential facilities to plan for coordination of care during and after the consumer's residential stay. Hospital liaisons must be certified by ODMHSAS as a Behavioral Health Case Manager I or II and complete trainings as required by ODMHSAS.

"Individual Treatment Team" or "ITT" means the primary case manager and a minimum of two other clinical staff on the PACT team who are responsible to keep the consumer's treatment coordinated, monitor their services, coordinate staff activities and provide information and feedback to the whole team.

"Licensed Behavioral Health Professional" or "LBHP" means: ~~1) Allopathic or Osteopathic Physicians 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. 2) Practitioners with a license to practice in the state in which services are provided 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. 3) 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. 4) 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.~~

(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 services" means the communication and coordination with other service providers pursuant to a valid release that assure timely appropriate referrals between the PACT program and other providers.

"Longitudinal Face Sheet" means a process that is used to track a PACT consumer's specific demographic, personal contact, treatment history and other relevant information from the time of admission until discharge.

"Licensed Practical Nurse" or **"LPN"** means an individual who is currently licensed by the Oklahoma Board of Nursing to provide a directed scope of nursing practice.

"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.

"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 performance improvement, continuous improvement, organization-wide performance improvement and total quality management.

"Persons with special needs" means any person with a condition which is considered a disability or impairment under the "American with Disabilities Act of 1990" including, but not limited to the deaf and hearing impaired, visually impaired, physically disabled, developmentally disabled, persons with disabling illness, persons with mental illness. See "Americans with Disabilities Handbook," published by U.S. Equal Employment Opportunity Commission and U.S. Department of Justice.

"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 DMHSAS network. PICIS collects data from hospitals, community mental health centers, substance abuse agencies, domestic violence service providers, residential care facilities, prevention programs, and centers for the homeless which are operated or funded in part by DMHSAS.

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

"Primary Case Manager" is a certified behavioral health case manager assigned by the team leader to coordinate and monitor activities of the ITT, has primary responsibility to write the treatment plan and make revisions to the treatment plan and weekly schedules.

"Program Assistant" is a member of the PACT team providing duties supportive of the Team and may include organizing, coordinating, and monitoring non-clinical operations of the PACT, providing receptionist activities and coordinating communication between the team and consumers.

"Program of Assertive Community Treatment" or "PACT" means 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 description of services provided to a consumer, the consumer's progress, or lack of, and documentation of the consumer's response related to the intervention plan.

"Recovery Support Specialist" is a member of the PACT team who is or has been a recipient of mental health services for a serious mental illness and is willing to use and share his or her personal, practical experience, knowledge, and first-hand insight to benefit the team and consumers.

"Risk Assessment" means a clinical function that aims to determine the nature and severity of the mental health problem, determine which service response would best meet the needs of the consumer, and how urgently the response is required.

"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.

"SoonerCare" means Oklahoma's Medicaid program.

"Team Leader" is the clinical and administrative supervisor of the PACT team who also functions as a practicing clinician. The team leader is responsible for monitoring each consumer's clinical status and response to treatment as well as supervising all staff and their duties as specified by their job descriptions.

"Trauma informed" 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.

"Urgent Recovery Clinic" means a facility certified by ODMHSAS pursuant to OAC 450:23 that offers services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and drug abuse, and emotional distress. URCs offer triage crisis response, crisis intervention, crisis assessment, crisis intervention plan development, and linkage and referral to other services.

"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.

SUBCHAPTER 7. CONFIDENTIALITY [REVOKED]

450:55-7-1. Confidentiality, mental health consumer information and records [REVOKED]

~~Confidentiality policy, procedures and practices must comply with federal and state law, guidelines, and standards, and with OAC 450:15-3-20.1 and OAC 450:15-30-60.~~

SUBCHAPTER 11. ORGANIZATIONAL MANAGEMENT

450:55-11-1. Organizational description [REVOKED]

~~(a) The parent organization under which the PACT operates shall clarify formal management and reporting responsibilities related to the PACT within the parent organization's overall structure.~~

~~(b) The PACT's parent organization shall approve the mission statement and annual goals and objectives for the PACT and document their approval.~~

~~(c) The PACT or parent organization shall have a written organizational description which is reviewed annually and minimally includes:~~

~~(1) The overall target population for whom services will be provided specifically including those individuals with co-occurring disorders;~~

~~(2) The specific geographic area in which PACT services are to be provided;~~

~~(3) The overall mission statement; and~~

~~(4) The PACT program's annual goals and objectives.~~

~~(d) There shall be documentation verifying these documents are available to the general public upon request.~~

~~(e) Compliance with 450:55-11-1 shall be determined by on-site observation and a review of organizational charts, and the PACT policy and procedures.~~

450:55-11-2. Program organization [REVOKED]

~~(a) The parent organization under which the PACT operates shall vest authority with a team leader who shall be responsible for ensuring the PACT team meets the following organizational requirements.~~

~~(1) Each PACT shall have a written plan for professional services, which shall contain the following:~~

~~(A) Services description and philosophy;~~

~~(B) The identification of the professional staff organization to provide these services;~~

~~(C) Written admission and exclusionary criteria to identify the type of consumers for whom the services are primarily intended;~~

~~(D) The specific geographic area in which PACT services are to be provided;~~

~~(E) Written goals and objectives; and~~

~~(2) There shall be a written statement of the procedures and plans for attaining the organization's goals and objectives. These procedures and plans should 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.~~

~~(b) Compliance with 450:55-11-2 shall be determined by a review of the following: PACT target population definition, PACT policy and procedures, written~~

plan for professional services, other stated required documentation and any other supporting documentation.

SUBCHAPTER 13. PERFORMANCE IMPROVEMENT AND QUALITY MANAGEMENT [REVOKED]

450:55-13-1. Performance improvement program [REVOKED]

~~(a) There shall be an ongoing PACT or parent organization performance improvement program designed to objectively and systematically monitor, evaluate and improve the quality of consumer care related to PACT.~~

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

~~(c) There shall be an annual written plan for performance improvement activities. The plan shall include but not be limited to:~~

~~(1) Outcomes management processes specific to each program component minimally measuring:~~

- ~~(A) Efficiency;~~
- ~~(B) Effectiveness; and~~
- ~~(C) Consumer satisfaction.~~

~~(2) A quarterly record review to minimally assess:~~

- ~~(A) Quality of services delivered;~~
- ~~(B) Appropriateness of services;~~
- ~~(C) Patterns of service utilization;~~
- ~~(D) Consumers, relevant to their orientation to the PACT and services being provided;~~
- ~~(E) The thoroughness, timeliness and completeness of the assessment;~~
- ~~(F) Treatment goals and objectives are based on assessment findings and consumer input;~~
- ~~(G) Services provided were related to the goals and objectives;~~
- ~~(H) Services are documented as prescribed by policy; and~~
- ~~(I) The treatment plan is reviewed and updated as prescribed by policy;~~

~~(3) Clinical privileging;~~

~~(4) Fiscal management and planning shall include:~~

- ~~(A) An annual budget that is approved by the governing authority and reviewed at least annually;~~
- ~~(B) The organization's capacity to generate needed revenue to produce desired consumer and other outcomes; and~~
- ~~(C) Monitoring of consumer records to ensure among others, documented dates of services provided coincide with billed service encounters; and,~~

~~(5) Review of critical incident reports and consumer grievances or complaints.~~

~~(d) The PACT or parent organization shall monitor the implementation of the performance improvement plan on an ongoing basis and makes adjustments as needed.~~

~~(e) Performance improvement findings shall be communicated and made available to, among others:~~

~~(1) The governing authority;~~

- ~~(2) PACT staff; and~~
- ~~(3) ODMHSAS if and when requested.~~
- ~~(f) Compliance with 450:55-13-1 shall be determined by a review of the written program evaluation plan, written program evaluations annual, special or interim, program goals and objectives and other supporting documentation provided.~~

450:55-13-2. Incident reporting [REVOKED]

- ~~(a) There shall be written policies and procedures for PACT or the parent organization, to include PACT, requiring documentation and reporting of critical incidents.~~
- ~~(b) The documentation for critical incidents shall contain, minimally:
 - ~~(1) The facility name and name and signature of person(s) reporting the incident;~~
 - ~~(2) The name of consumer(s), staff person(s), or others involved in the incident;~~
 - ~~(3) The time, place and date the incident occurred;~~
 - ~~(4) The time and date the incident was reported and name of the person within the PACT or parent organization to whom it was reported;~~
 - ~~(5) Description of the incident;~~
 - ~~(6) The severity of each injury, if applicable. Severity shall be indicated as follows:
 - ~~(A) No off-site medical care required or first aid 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;~~~~
 - ~~(7) Resolution or action taken, date action taken, and signature of PACT program director.~~~~
- ~~(c) The PACT or parent organization shall report critical incidents 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 resident abuse shall be reported to ODMHSAS immediately via telephone or fax, but not less than twenty-four (24) hours of the incident. If reported by telephone, the report shall be followed with a written report within twenty-four (24) hours.~~~~
- ~~(d) Compliance with 450:55-13-2 shall be determined by a review of policy and procedures, critical incident reports at the PACT and those submitted to ODMHSAS.~~

SUBCHAPTER 15. PERSONNEL [REVOKED]

450:55-15-1. Personnel policies and procedures [REVOKED]

- ~~(a) The PACT shall have written personnel policies and procedures approved by the parent organization.~~

- ~~(b) All employees shall have access to personnel policies and procedures, as well as other rules and regulations governing the conditions of their employment.~~
- ~~(c) The PACT or parent organization shall develop, adopt and maintain policies and procedures to promote the objectives of the program and provide for qualified personnel during all hours of operation to support the functions of the center and provide quality care.~~
- ~~(d) Compliance with 450:55-15-1 shall be determined by a review of written personnel policies and procedures and other supporting documentation provided.~~

450:55-15-2. Job descriptions [REVOKED]

- ~~(a) The PACT or parent organization shall have written job descriptions for all PACT positions setting forth minimum qualifications and duties of each position.~~
- ~~(b) All job descriptions shall include an expectation of core competencies in relation to individuals with co-occurring disorders.~~
- ~~(c) Compliance with 450:55-15-2 shall be determined by a review of written job descriptions for all center positions and other supporting documentation provided.~~

SUBCHAPTER 17. STAFF DEVELOPMENT AND TRAINING [REVOKED]

450: 55-17-1. Orientation and training [REVOKED]

- ~~(a) Each PACT or parent organization shall develop and implement an orientation and training program that all new PACT staff shall complete prior to providing services. The orientation shall minimally include a review of the following:~~
- ~~(1) Oklahoma Administrative Code, Title 450:55;~~
 - ~~(2) PACT policies and procedures; and~~
 - ~~(3) Job responsibilities specified in job description.~~
- ~~(b) Compliance with 450:55-17-1 shall be determined by a review of personnel files, clinical privileging records and other supporting documentation provided.~~

450: 55-17-2. Staff development [REVOKED]

- ~~(a) The PACT or parent organization shall have a written plan for the professional growth and development of all PACT administrative, professional clinical and support staff.~~
- ~~(b) This plan shall include but not be limited to:~~
- ~~(1) Orientation procedures;~~
 - ~~(2) In-service training and education programs, including co-occurring disorder competencies;~~
 - ~~(3) Availability of professional reference materials; and~~
 - ~~(4) Mechanisms for insuring outside continuing educational opportunities for staff members.~~
- ~~(c) The results of performance improvement activities and accrediting and audit findings and recommendations shall be addressed by and documented in the staff development processes.~~

~~(d) Staff competency development shall be aligned with the organization's goals related to co-occurring capability, and incorporate a training plan, training activities, and supervision designed to improve co-occurring core competencies of all staff.~~

~~(e) Staff education and in-service training programs shall be evaluated at least annually by the agency.~~

~~(f) Compliance with 450:55-17-2 shall be determined by a review of the staff development plan, documentation of in-service training programs and other supporting documentation provided.~~

450:55-17-3. In-service [REVOKED]

~~(a) In-service presentations shall be conducted yearly and shall be required for all employees upon hire and annually thereafter on the following topics:~~

~~(1) Fire and safety;~~

~~(2) Infection Control and universal precautions;~~

~~(3) Techniques and philosophies addressing appropriate non-violent interventions for potentially physical interpersonal conflicts, staff attitudes which promote dignity and enhanced self-esteem, keys to effective communication skills, verbal and non-verbal interaction and non-violent intervention;~~

~~(4) Consumer's rights and the constraints of the Mental Health Consumer's Bill of Rights;~~

~~(5) Confidentiality;~~

~~(6) Oklahoma Child Abuse Reporting and Prevention Act, 10 O.S. §§ 7101 et seq. and Protective Services for the Elderly and for Incapacitated Adults Act, 43A O.S. §§ 10-101 et seq;~~

~~(7) Facility policy and procedures;~~

~~(8) Cultural competency;~~

~~(9) Co-occurring disorder competency and treatment principles;~~

~~(10) Trauma informed; and~~

~~(11) Age and developmentally appropriate trainings, where applicable.~~

~~(b) Staff providing clinical services shall have a current cardiopulmonary resuscitation certification.~~

~~(c) Compliance with 450:55-17-3 shall be determined by a review of in-service training records, personnel records and other supporting written information provided.~~

SUBCHAPTER 19. FACILITY ENVIRONMENT

450:55-19-1. Facility environment

~~(a) The PACT or parent organization shall obtain an annual fire and safety inspection from the State Fire Marshall or local authorities which documents approval for continued occupancy. Compliance with 450:55-19-1 shall be determined by a review of the PACT or parent organization's annual fire and safety inspection report.~~

~~(b) PACT staff shall know the exact location, contents and use of first aid supply kits and firefighting equipment and fire detection systems. All firefighting~~

~~equipment shall be annually maintained in appropriately designated areas within the facility.~~

~~(c) Written plans and diagrams noting emergency evacuation routes in case of fire, and shelter locations in case of severe weather shall be posted.~~

~~(d) Facility grounds shall be maintained in a manner which provides a safe environment for consumers, personnel, and visitors.~~

~~(e) The PACT's or parent organization shall appoint a safety officer.~~

~~(f) The PACT or parent organization shall have a written emergency preparedness program for the PACT that is designed to provide for the effective utilization of available resources so PACT consumer care can be continued during a disaster. The PACT or parent organization shall evaluate the emergency preparedness program annually and update as needed.~~

~~(g) Policies for the use and control of personal electrical equipment shall be developed and implemented.~~

~~(h) The PACT or parent organization shall have a written plan to respond to internal and external disasters. External disasters include, but are not limited to, tornadoes, explosions, and chemical spills.~~

~~(i) Facilities occupied by PACT on behalf of the parent organization shall be inspected annually by designated fire and safety officials of the municipality who exercise fire and safety jurisdiction in the facility's location.~~

~~(j) The PACT or parent organization shall have a written Infection Control Program and staff shall be knowledgeable of Center for Disease Control (CDC) Guidelines for Tuberculosis and of the Blood Borne Pathogens Standard, location of spill kits, masks and other personal protective equipment.~~

~~(k) The PACT or parent organization shall have a written Hazardous Communication Program and staff shall be knowledgeable of chemicals in the workplace, location of Material Safety Data Sheets, personal protective equipment; and toxic or flammable substances shall be stored in approved locked storage cabinets.~~

~~(l) Compliance with 450:55-19-1 shall be determined by visual observation, posted evacuation plans and a review of policy and procedures, regulatory or internal inspection reports, training documentation and other supporting documentation provided.~~

In addition to the requirements set forth in OAC 450:9-1-5.2(a), the PACT program shall:

(1) Have a written Infection Control Program and staff shall be knowledgeable of Center for Disease Control (CDC) Guidelines for Tuberculosis and of the Blood Borne Pathogens Standard, location of spill kits, masks, and other personal protective equipment; and

(2) Have a written Hazardous Communication Program and staff shall be knowledgeable of chemicals in the workplace, location of Material Safety Data Sheets, personal protective equipment; and toxic or flammable substances shall be stored in approved locked storage cabinets.

SUBCHAPTER 21. GOVERNING AUTHORITY [REVOKED]

450:55-21-1. Documents of authority [REVOKED]

- ~~(a) There shall be a duly constituted authority and governance structure for assuring legal responsibility and for requiring accountability for performance and operation of the PACT within the structure of the parent organization.~~
- ~~(b) The governing authority shall have written documents of its source of authority, which shall be available to the public upon request.~~
- ~~(c) The governing body's bylaws, rules or regulations shall identify the chief executive officer who is responsible for the structure under which the PACT is organized the control, utilization and conservation of its physical and financial assets and the recruitment and direction of the staff.~~
- ~~(d) The source of authority document shall state:~~
- ~~(1) The eligibility criteria for governing body membership;~~
 - ~~(2) The number and types of membership;~~
 - ~~(3) The method of selecting members;~~
 - ~~(4) The number of members necessary for a quorum;~~
 - ~~(5) Attendance requirements for governing body membership;~~
 - ~~(6) The duration of appointment or election for governing body members and officers; and~~
 - ~~(7) The powers and duties of the governing body and its officers and committees or the authority and responsibilities of any person legally designated to function as the governing body.~~
- ~~(e) There shall be an organizational chart setting forth the structure of the organization.~~
- ~~(f) Compliance with 450:23-11-1 shall be determined by a review of the following: bylaws, articles of incorporation, written document of source of authority, minutes of governing board meetings, job description of the CEO and the written organizational chart.~~

SUBCHAPTER 23. SPECIAL POPULATIONS [REVOKED]

450:55-23-1. Americans with Disabilities Act of 1990 [REVOKED]

- ~~(a) Under Titles 11 and 111 of the ADA, the PACT or parent organization 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 DA, UFAs, or ANSI A 117.1. The PACT or parent organization shall assume responsibility for verification of all applicable requirements and comply with the most stringent standards.~~
- ~~(c) The PACT or parent organization 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 450:55-23-1 shall be determined through a review of facility written policy and procedure and any other supporting documentation.~~

450:55-23-2. Human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Syndrome (AIDS) [REVOKED]

~~(a) A policy of non-discrimination against persons with HIV infection or AIDS shall be adopted and in force in the policy and procedure of the PACT or parent organization.~~

~~(b) All PACT staff shall observe the Universal Precautions For Transmission of Infectious Diseases as set forth in "Occupational Exposure to Blood Borne Pathogens" published by the United States Occupations Safety Health Administration (OSHA).~~

~~(1) There shall be written documentation the aforesated Universal Precautions are the policy of the PACT or parent organization; and~~

~~(2) In-service 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 450:55-23-2 is determined by review of PACT policy and procedure and in-service records, on-site observation, schedules and other documentation.~~

SUBCHAPTER 25. BEHAVIORAL HEALTH HOME [REVOKED]

450:55-25-1. Program description and purpose [REVOKED]

~~(a) The purpose of this Subchapter is to set forth, in addition to all other applicable rules, rules regulating program requirements, activities, and services for PACT Programs who opt to deliver services through a Behavioral Health Home model.~~

~~(b) The purpose of BHHs within the mental health delivery array is to promote enhanced integration and coordination of primary, acute, behavioral health, and long-term services and supports for persons across the lifespan with chronic illness, including adults with serious mental illness (SMI). Care must be delivered using an integrated team comprehensively address physical, mental health, and substance use disorder treatment needs.~~

~~(c) The BHH must maintain facility polices and program descriptions that clearly describe that the purpose of the BHH is to improve the health status of individuals with Serious Mental Illness by integrating behavioral and primary health care and promoting wellness and prevention.~~

~~(d) The BHH must provide program descriptions and demonstrate evidence that the following functions are implemented.~~

~~(1) Quality driven, cost-effective, culturally appropriate, and person- and family-centered health home services;~~

~~(2) Coordinated access to:~~

~~(A) High-quality health care services informed by evidence-based clinical practice guidelines;~~

- ~~(B) Preventive and health promotion services, including prevention of mental illness and substance use disorders;~~
- ~~(C) Mental health and substance abuse services;~~
- ~~(D) Comprehensive care management, care coordination, and transitional care across settings. Transitional care includes appropriate follow-up from inpatient to other settings, such as participation in discharge planning and facilitating transfer from a pediatric to an adult system of health care;~~
- ~~(E) Chronic disease management, including self-management support to individuals and their families;~~
- ~~(F) Individual and family supports, including referral to community, social support, and recovery services; and,~~
- ~~(G) Long-term care supports and services;~~
- ~~(3) Person-centered care plans for each individual that coordinates and integrates all of his or her clinical and non-clinical health care related needs and services;~~
- ~~(4) Proper and continuous use of health information technology to link services, facilitate communication among team members and between the health team and individual and family caregivers, and provide feedback to practices, as feasible and appropriate; and~~
- ~~(5) A quality improvement program, which collects and reports on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level.~~
- ~~(e) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.~~

450:55-25-2. Target population [REVOKED]

- ~~(a) The PACT BHH must be established to serve only adults with serious mental illness (SMI).~~
- ~~(b) Organizational documents must clearly describe the target population(s) to be served by the BHH.~~
- ~~(c) Target population descriptions should not be interpreted as to limit access to individuals based on funding sources, including not limiting access to those who are uninsured but otherwise meet the target population criteria. Although not required, BHHs are encouraged to identify funding in order to provide BHH services to individuals who meet the target population criteria but do not have Medicaid.~~
- ~~(d) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.~~

450:55-25-3. Outreach and engagement [REVOKED]

- ~~(a) The BHH must have policies and procedures to describe how outreach and engagement activities will occur to identify individuals within the target population(s) who could benefit from BHH services.~~

~~(b) The BHH must have memoranda of agreements to arrange for outreach and engage in settings outlined further in these rules in Section 450:55-25-20.~~

~~(c) Facility records will identify which staff members are responsible for specific elements of outreach and engagement.~~

~~(d) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.~~

450:55-25-4. Structure of Behavioral Health Home and administrative staff [REVOKED]

~~(a) The BHH policies must describe how it is organized within one of the following structures:~~

~~(1) In-house model where the behavioral health agency is directly providing primary care performed by a qualified employee, or purchasing through a contract; or~~

~~(2) Co-located partnership model where the behavioral health agency arranges for primary care services to be provided onsite, establishing written agreements with external primary care providers; or~~

~~(3) Facilitated referral model, where most primary care services are not provided onsite at the facility; however, the facility has processes in place to ensure the coordination of care that is provided offsite.~~

~~(b) In the event the BHH does not directly provide the full array of required services, there must be organizational procedures and clinical records to document that the BHH has otherwise ensured the services are coordinated on behalf of each consumer.~~

~~(c) The facility operating the BHH will have policies and program descriptions to define how the BHH will operate a team dedicated to provide the range of specific services articulated elsewhere in this Subchapter.~~

~~(d) The facility shall verify the health home director for adults meets or exceeds the following qualifications:~~

~~(1) Possess a Bachelor's degree from an accredited university and have at least two years' experience in health administration;~~

~~(2) Possess a Master's degree from an accredited university in a health or social services related field;~~

~~(3) Be licensed as a Registered Nurse with the Oklahoma Board of Nursing; or~~

~~(4) Be licensed as a Physician or be licensed as a Nurse Practitioner.~~

~~(e) The BHH will adhere to the following ratios in terms of the full time equivalent (FTE) for the health home director.~~

~~(1) The BHH shall maintain a health home director at a ratio of 1 FTE per 500 BHH participants. BHHs with less than 500 participants shall maintain a health home director at a minimum of .5 FTE.~~

~~(2) A health home requiring a health home director and health home nurse care manager of .5 FTE each may employ 1 FTE individual to serve in both roles, provided that individual meets the requirements for both positions.~~

~~(3) A health home requiring more than .5 FTE health home director, may choose to designate a lead health home director and fulfill the additional FTE~~

requirement with key management staff who meet the requirements of (1) or (1) above.

~~(f) Compliance with this Section will be determined by on-site observation, review of organizational documents, signed agreements, personnel records, job descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.~~

450:55-25-5. Treatment team; general requirements [REVOKED]

~~(a) The BHH must designate an interdisciplinary treatment team that is responsible, with each consumer's input and guidance, to direct, coordinate, and manage the care and services to be provided or arranged for by the BHH.~~

~~(b) The interdisciplinary team must identify for each consumer a specific licensed behavioral health professional (LBHP) to lead the process of the initial assessment and plan and to provide therapy services if indicated on the integrated plan. This will ensure that each consumer's needs are assessed, and that the active treatment plan is implemented as indicated.~~

~~(c) Compliance with this Section will be determined by on-site observation, review of organizational documents, signed agreements, activity reports, and clinical records.~~

450:55-25-6. Treatment team composition [REVOKED]

~~(a) Each BHH team serving adults shall include, the following positions, unless otherwise arranged as permitted in (b) below:~~

~~(1) Health Home Director;~~

~~(2) Nurse Care Manager;~~

~~(3) Consulting Primary Care Physician, Advanced Practice Registered Nurse; or Physician Assistant;~~

~~(4) Licensed Psychiatric Consultant;~~

~~(5) License Behavioral Health Professional;~~

~~(6) Certified Behavioral Health Case Manager I or II;~~

~~(7) Hospital Liaison/Health Home Specialist; and~~

~~(8) Wellness Coach credentialed through ODMHSAS.~~

~~(b) Variations from the above staff pattern on a continuous basis, must be approved in advanced by the ODMHSAS Commissioner or a designee.~~

~~(c) If the health team experiences difficulty in recruiting staff to fill any of the above positions, a recruitment and contingency plan to maintain essential services, will be submitted to the ODMHSAS Director of Provider Certification for approval.~~

~~(d) The facility must have written policies and procedures defining the program's plan for staff-to-consumer ratio for each adult BHH team and a plan for how exceptions will be handled.~~

~~(e) Staffing ratios must be regularly monitored and evaluated within the facilities performance improvement activities.~~

~~(f) Compliance with this Section will be determined by on-site observation, review of organizational documents, personnel records, staffing schedules, and clinical records.~~

450:55-25-7. Required services [REVOKED]

~~(a) The BHH must have policies and clear descriptions to delineate each specific service provided by the BHH.~~

~~(b) The BHH must provide the following services within the framework described in 450:27-9-1:~~

~~(1) Comprehensive Care Management;~~

~~(2) Care Coordination;~~

~~(3) Health Promotion;~~

~~(4) Comprehensive Transitional Care;~~

~~(5) Individual and Family Support services; and~~

~~(6) Referral to Community and Social Support Services.~~

~~(c) Program descriptions, personnel and privileging records, and other organizational documents will specify which staff members are qualified to provide each BHH service.~~

~~(d) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.~~

450:55-25-8. Access to specialists [REVOKED]

~~(a) The facility must have procedures and agreements in place to facilitate referral for other medical services needed beyond the scope of the BHH.~~

~~(b) Referral documents and releases of information shall comply with applicable privacy and consumer consent requirements.~~

~~(c) Clinical documentation will track referrals to and use of specialists.~~

~~(d) Compliance with this Section will be determined by on-site observation, review of organizational documents, signed agreements, outcome monitoring and other performance improvement activity reports, and clinical records.~~

450:55-25-9. Admission [REVOKED]

~~(a) The facility must determine the extent to which each consumer's needs and preferences can be adequately addressed within the array of required BHH services.~~

~~(b) An integrated screening approach in accordance with 450:55-25-11 will be used to determine clinical eligibility for BHH services.~~

~~(c) Facility policies and procedures must assure that adults who meet the criteria for a SMI are eligible for BHH services. This includes individuals receiving Targeted Case Management (TCM). It will also include additional individuals who are not currently receiving care coordination.~~

~~(d) The facility must obtain informed consent specific to enrollment in the BHH.~~

~~(1) The consent must be specific to the extent that it permits the BHH team members to share information relevant to the delivery of BHH services.~~

~~(2) The process for obtaining consent must educate the consumer of their right to choose among qualified BHHs or to opt out of the BHH service.~~

~~(e) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.~~

**450:55-25-10. Integrated screening, intake, and assessment services
[REVOKED]**

~~(a) BHH policy and procedure shall require that a screening of each potential BHH consumer's service needs is completed in a timely manner. An integrated screening should be welcoming and culturally appropriate, as well as maximize recognition of the prevalence of co-occurring disorders among those who typically present for services.~~

~~(b) Upon determination of appropriate admission, consumer intake, and assessment information shall include, but not be limited to, the following:~~

- ~~(1) Behavioral, including substance use, abuse, and dependence;~~
- ~~(2) Emotional, including issues related to past or current trauma;~~
- ~~(3) Physical;~~
- ~~(4) Social and recreational; and~~
- ~~(5) Vocational.~~

~~(c) The consumer and family as appropriate shall be an active participant(s) in the screening, intake and assessment process.~~

~~(d) The facility shall have policy and procedures specific to each program service which dictate timeframes by when assessments must be completed and documented. In the event the consumer is not admitted and as a result the assessment is not included in the clinical record, the policy shall specify how screening and assessment information is maintained and stored.~~

~~(e) Compliance with this Section will be determined by a review of clinical records, and policy and procedures.~~

450:55-25-11. Initial assessment [REVOKED]

~~(a) A Licensed Behavioral Health Professional (LBHP), acting within his or her state scope of practice requirements, must complete the initial assessment for health home services in accordance with the standard in OAC 450:55-5-4 for consumers who have not been assessed by the facility within the past 6 months.~~

~~(b) In addition to the items required in 55-5-4, the initial assessment for health home services must include at a minimum, the following:~~

- ~~(1) The admitting diagnosis as well as other diagnoses;~~
- ~~(2) The source of referral;~~
- ~~(3) The reason for admission as well as stated by the client or other individuals who are significantly involved; and~~
- ~~(4) A list of current prescriptions and over-the-counter medications as well as other substances the client may be taking.~~

~~(c) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.~~

450:55-25-12. Comprehensive assessment [REVOKED]

~~(a) A comprehensive assessment must be completed by the interdisciplinary team performing within each team member's scope of practice consistent with each~~

consumer's immediate needs and include a written narrative in each of the following areas:

- (1) Psychiatric and substance abuse history, mental status, and a current DSM diagnosis;
- (2) Medical, dental, and other health needs;
- (3) Education and/or employment;
- (4) Social development and functioning;
- (5) Activities of daily living; and
- (6) Family structure and relationships.

(b) The comprehensive assessment must be regularly updated, and no less than every six (6) months.

(c) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:55-25-13. Integrated care plan [REVOKED]

(a) The BHH team must develop a consumer directed, integrated active care plan for each enrolled consumer that reflects input of the team, (including the involvement of the consulting primary care physician or APRN in managing the medical component of the plan), and others the consumer chooses to involve.

(b) The plan shall clearly address physical and behavioral health goals, consumer preferences, and the overall all health and wellness needs of the consumer.

(c) The plan must be documented and complete within thirty (30) working days of admission to the BHH.

(d) The BHH must provide for each consumer and primary caregiver(s), as applicable, education and training consistent with the consumer and caregiver responsibilities as identified in the active treatment plan and relative to their participation in implementing the plan of care.

(e) Compliance with this Section will be determined by on-site observation, review of organizational documents, personnel records, staffing schedules, and clinical records.

450:55-25-14. Integrated care plan; content [REVOKED]

(a) The integrated care plan must address all services necessary to assist the client in meeting his or her physical and behavioral health goals, and include the following:

- (1) Consumer diagnoses, relative to behavioral and physical health conditions assessed by and addressed by behavioral health home in terms of direct services provided and/or conditions for which individual is referred elsewhere for treatment.
- (2) Treatment goals, including preventive/primary care services;
- (3) Interventions, including follow up with necessary medical providers;
- (4) A detailed statement of the type, duration, and frequency of services, including primary medical and specialty care, social work, psychiatric nursing, counseling, and therapy services, necessary to meet the consumer's specific needs;

- ~~(5) Medications, treatments, and individual and/or group therapies;~~
- ~~(6) As applicable, family psychotherapy with the primary focus on treatment of the consumer's conditions; and~~
- ~~(7) The interdisciplinary treatment team's documentation of the consumer's or representative's and/or primary caregiver's (if any) understanding, involvement, and agreement with the care plan.~~

~~(b) Compliance with this Section will be determined by on-site review of clinical records and supported documentation.~~

450:55-25-15. Review of plan [REVOKED]

~~(a) The BHH will review, revise, and document the individualized integrated care plan as frequently as the consumer's conditions require, but no less frequently than every six (6) months.~~

~~(b) A revised active plan must include information from the consumer's initial evaluation and comprehensive assessments and updates, the progress toward goals specified in the written care plan, and changes, as applicable, in goals.~~

~~(c) Compliance with this Section will be determined by outcome monitoring, performance improvement activity reports.~~

450:55-25-16. Behavioral Health Home medication monitoring [REVOKED]

~~(a) When medication services are provided as a component of the BHH services, medication administration, storage and control, and consumer reactions shall be regularly monitored.~~

~~(b) Facilities 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.~~

~~(c) The facility shall make available access to pharmacy services to meet consumers' pharmacological needs that are addressed by the BHH physicians and other BHH licensed prescribers. Provision of services may be made through agreement with another program, through a pharmacy in the community, or through their own Oklahoma licensed pharmacy.~~

~~(d) Compliance with this Section will be determined by on-site observation and a review of the following: written policy and procedures, clinical records, written agreements for pharmacy services, State of Oklahoma pharmacy license and PI records.~~

450:55-25-18. Health promotion and wellness; consumer self-management [REVOKED]

~~(a) The BHH must assist members to participate in the implementation of their comprehensive care plan.~~

~~(b) This must include, but not be limited to providing health education specific to a member's chronic conditions; development of self-management plans with the individual; support to improve social networks; and providing health-promoting lifestyle interventions. Health promoting lifestyle interventions include, but are not limited to substance use prevention, smoking prevention and cessation, nutritional counseling, obesity reduction and increasing physical activity; and assisting to understand and self-manage chronic health conditions.~~

~~(c) Compliance with this Section will be determined by review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.~~

450:55-25-19. Discharge or transfer from Behavioral Health Home [REVOKED]

~~(a) The BHH shall, on behalf of any consumer that transfers to another facility, forward the following within fifteen (15) days as permitted by privacy and confidentiality and if requested:~~

- ~~(1) The BHH discharge summary; and~~
- ~~(2) The consumer's clinical record.~~

~~(b) For consumers who initiate BHH service and later decline those services, or are discharged from a BHH based on non-adherence to care plans, the BHH must forward to the primary health care provider of record, if any, and if requested by the consumer:~~

- ~~(1) The BHH discharge summary; and~~
- ~~(2) The consumer's clinical record.~~

~~(c) As applicable to (a) and/or (b) above, the BHH discharge summary shall include the following:~~

- ~~(1) A summary of the services provided, including the consumer's symptoms, treatment and recovery goals and preferences, treatments, and therapies.~~
- ~~(2) The client's current active treatment plan at time of discharge.~~
- ~~(3) The client's most recent physician orders.~~
- ~~(4) Any other documentation that will assist in post-discharge continuity of care.~~

~~(d) A completed discharge summary shall be entered in each consumer's record within fifteen (15) days of the consumer completing or discontinuing services.~~

~~(e) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.~~

450:55-25-20. Linkage and transitional care [REVOKED]

~~(a) The BHH must have procedures and agreements in place to facilitate referral for other medical services needed by consumers beyond the scope of the BHH, as well as to assist the consumer to obtain services that are needed following discharge from the BHH.~~

~~(b) The BHH will also document referrals to community and social support services to facilitate access to formal and informal resources beyond the scope of services covered by SoonerCare, such as those which may be available from other parents, family members, community-based organizations, service providers, grants, social programs, funding options, school-based services, faith-based organizations, etc.~~

~~(c) The BHH will develop contracts or memoranda of understandings (MOUs) with regional hospital(s), Psychiatric Residential Treatment Facilities (PRTF) or other system(s) to ensure a formalized structure for transitional care planning, to include communication of inpatient admissions and discharges of BHH participants.~~

~~(1) Transitional care will be provided by the BHH for existing BHH consumers who have been hospitalized or placed in other non-community settings, such as psychiatric residential treatment facilities, as well as to newly identified, potential BHH consumers who are entering the community.~~

~~(2) The BHH team will collaborate with all parties involved including the facility, primary care physician, and community providers to ensure a smooth discharge and transition into the community and prevent subsequent re-admission(s).~~

~~(3) Transitional care is not limited to institutional transitions, but applies to all transitions that will occur throughout the development of the enrollee and includes transition from and to school-based services and pediatric services to adult services.~~

~~(4) The BHH will document transitional care provided in the clinical records.~~

~~(d) Compliance with this Section will be determined by on-site observation, review of organizational documents, contracts, MOUs, and clinical records.~~

450:55-25-21. Consumer (patient care) registries and population health management [REVOKED]

~~(a) The BHH must implement clinical decision support mechanisms, including but not limited to point-of-care reminders, following nationally published evidence-based guidelines for:~~

~~(1) A mental health or substance use disorder;~~

~~(2) A chronic medical condition;~~

~~(3) An acute condition;~~

~~(4) A condition related to unhealthy behaviors; and~~

~~(5) Well care.~~

~~(b) BHH must have descriptions of programs in place to demonstrate how it encourages healthier lifestyles for BHH members, including increased physical activity, better nutrition, avoidance of behavioral risks, and wider use of preventive care.~~

~~(c) The BHH shall electronically submit data to a health home information management system, subject to prior approval by the Director of ODMHSAS Provider Certification, which will act as a consumer registry, care management device and outcomes measurement tool.~~

~~(d) The BHH shall utilize information provided through the approved information system for the purpose of enrollment and discharge tracking, compliance, quality assurance, and outcome monitoring.~~

~~(e) Compliance will be determined by on-site observation, review of information available through an approved information system, and consultation with the ODMHSAS Decision Support Services and ODMHSAS Information Services Division.~~

450:55-25-22. Electronic health records and data sharing [REVOKED]

~~(a) BHH shall have a functioning electronic health record (EHR) system that meets Meaningful Use standards, as defined in the Medicare and Medicaid Incentive Programs, or have a facility approved written plan with timeframes to obtain one.~~

~~(b) The BHH shall document a plan to work with health information organizations to share referrals, continuity of care documents, lab results, and other health information and develop partnerships that maximize the use of Health Information Technology (HIT) across all treating providers.~~

~~(c) Compliance with (a) will be determined by review of documentation that certifies the electronic health record meets Meaningful Use standards or documentation of plan to obtain one with implementation timeline.~~

~~(d) Compliance with (b) will be determined by on-site observation, review of information available through an approved information system documenting that BHH consumers' records have been accessed and shared through a Health Information Exchange (HIE), and consultation with the ODMHSAS Decision Support Services and ODMHSAS Information Services Division.~~

450:55-25-23. Performance measurement and quality improvement [REVOKED]

~~(a) There shall be an ongoing performance improvement program designed to objectively and systematically monitor, evaluate and improve the quality of consumer care related to BHH operations.~~

~~(b) The BHH performance improvement activities must:~~

~~(1) Focus on high risk, high volume, or problem-prone areas.~~

~~(2) Consider incidence, prevalence, and severity of problems.~~

~~(3) Give priority to improvements that affect behavioral outcomes, client safety, and person-centered quality of care.~~

~~(c) Performance improvement activities must also track adverse client events, analyze their causes, and implement preventive actions and mechanisms.~~

~~(d) The program must use quality indicator data, including client care, and other relevant data in the design of its program.~~

~~(e) The BHH must use the data collected to monitor the effectiveness and safety of services and quality of care and identify opportunities and priorities for improvement.~~

~~(f) The functions and processes outlined in (a) through (e) shall be evidence in an annual written plan for performance improvement activities. The plan shall include but not be limited to:~~

~~(1) Outcomes management processes which include measures required by CMS and the State and may also include measures from the SAMHSA National Outcomes Measures, NCQA, and HEDIS as required to document improvement in population health.~~

~~(2) Quarterly record review to minimally assess:~~

~~(A) Quality of services delivered;~~

~~(B) Appropriateness of services;~~

~~(C) Patterns of service utilization;~~

~~(D) Treatment goals and objectives based on assessment findings and consumer input;~~

~~(E) Services provided which were related to the goals and objectives;~~

~~(F) Patterns of access to and utilization of specialty care; and~~

~~(G) The care plan is reviewed and updated as prescribed by policy.~~

~~(3) Review of critical incident reports and consumer grievances or complaints.~~

~~(g) Compliance with this Section will be determined by a review of the written program evaluation plan, program goals and objectives and other supporting documentation provided.~~