

## CHAPTER 18. STANDARDS AND CRITERIA FOR SUBSTANCE RELATED AND ADDICTIVE DISORDER TREATMENT SERVICES

### SUBCHAPTER 1. GENERAL PROVISIONS

#### 450:18-1-2. Definitions

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

**"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.

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

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

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

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

**"ASAM"** means the American Society of Addiction Medicine.

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

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

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

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

**"ASAM level 3.1"** means Clinically Managed Low-Intensity Residential Services for adolescents and adults. This level of care typically provides at least five (5) hours of clinical services a week and provides a twenty-four (24) hour living support and structure with trained personnel. The corresponding service description for this level of care is Halfway House Services.

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

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

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

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

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

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

**"Biopsychosocial assessment"** means face-to-face interviews conducted by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate designed to elicit historical and current information regarding the behaviors, experiences, and

support systems of a consumer, and identify the consumer's strengths, needs, abilities, and preferences for the purpose of guiding the consumer's recovery plan.

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

**"Case management"** means planned referral, linkage, monitoring, support, and advocacy provided in partnership with a consumer to assist that consumer with self-sufficiency and community tenure and take place in the individual's home, in the community, or in the facility, in accordance with a service plan developed with and approved by the consumer and qualified staff.

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

**"Client"** See "Consumer."

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

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

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

**"Consumer"** means an individual, adult, adolescent, or child, who has applied for, is receiving or has received evaluation or treatment services from a facility operated or certified by ODMHSAS or with which ODMHSAS contracts and includes all persons referred to in OAC Title 450 as client(s) or patient(s) or resident(s) or a combination thereof.

**"Consumer advocacy"** means 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.

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

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

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

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

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

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

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

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

**"Cultural competency"** means the ability to recognize, respect, and address the unique needs, worth, thoughts, communications, actions, customs, beliefs, and values that reflect an individual's racial, ethnic, religious, sexual orientation, and/or social group.

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

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

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

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

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

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

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

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

**"Discharge summary" or "summary"** means a clinical document in the treatment record summarizing the consumer's progress during treatment, with goals reached, continuing needs, and other pertinent information including documentation of linkage to aftercare.

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

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

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

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

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

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

**"Evaluation"** See "Assessment."

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

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

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

**"Facilities" or "facility"** means entities as described in Title 43A O.S. § 1-103(7), community mental health centers, residential mental health facilities, community-based structured crisis centers, certified services for the alcohol and drug dependent, programs of assertive community treatment, eating disorder treatment, gambling disorder treatment, and narcotic treatment programs.

**"Family"** means the parents, brothers, sisters, other relatives, foster parents, guardians, and others who perform the roles and functions of family members in the lives of consumers.

**"Follow-up"** means the organized method of systematically determining the status of consumers after they have been discharged to determine post-treatment outcomes and utilization of post-treatment referrals.

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

- (A) Assessment and diagnostic impression, ongoing;
- (B) Treatment planning and revision, as necessary;
- (C) Individual, group and family therapy;
- (D) Case management;
- (E) Psychosocial rehabilitation; and
- (E) Discharge planning.

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

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

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

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

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

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

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

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

**"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 physician"** means an individual with an M.D. or D.O. degree who is licensed in the State of Oklahoma to practice medicine.

**"Licensed practical nurse"** means an individual who is a graduate of an approved school of nursing and is licensed in the State of Oklahoma to provide practical nursing services.

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

**"Licensure Candidate"** means practitioners actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the following licensing boards:

- (A) Psychology;
- (B) Social Work (clinical specialty only);
- (C) Professional Counselor;
- (D) Marriage and Family Therapist;
- (E) Behavioral Practitioner; or
- (F) Alcohol and Drug Counselor.

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

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

**"Medical withdrawal management"** means diagnostic and treatment services performed by licensed facilities for acute alcohol or drug intoxication, delirium tremens, and physical and neurological complications resulting from acute intoxication. Medical withdrawal management includes the services of a physician and attendant medical personnel including nurses, interns, and emergency room personnel, the administration of a medical examination and a medical history, the use of an emergency room and emergency medical equipment if warranted, a general diet of three meals each day, the administration of appropriate laboratory tests, and supervision by properly trained personnel until the person is no longer medically incapacitated by the effects of alcohol or drugs. [43 A.O.S. § 3-403(5)] It is an organized service delivered by medical and nursing professionals that provides for twenty-four (24)-hour medically directed evaluation and withdrawal management in an acute care inpatient setting. Services are delivered under a defined set of physician-approved policies and physician-managed procedures or medical protocols. Corresponding ASAM Service Level: Level 4-WM, Medically Managed Intensive Inpatient Withdrawal Management.

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

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

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

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

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

**"Neglect"** means:

- (A) the failure of staff to provide adequate food, clothing, shelter, medical care or supervision which includes, but is not limited to, lack of appropriate supervision that results in harm to a consumer;
- (B) the failure of staff to provide special care made necessary by the physical or mental condition of the consumer;
- (C) the knowing failure of staff to provide protection for a consumer who is unable to protect his or her own interest; or
- (D) staff knowingly causing or permitting harm or threatened harm through action or inaction that has resulted or may result in physical or mental injury.

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

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

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

**"Oklahoma Administrative Code"** or **"OAC"** means the publication authorized by 75 O.S. § 256 known as The Oklahoma Administrative Code or, prior to its publication, the compilation of codified rules authorized by 75 O.S. § 256(A)(1)(a) and maintained in the Office of Administrative Rules.

**"OSDH"** means the Oklahoma State Department of Health.

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

**"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.

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

**"PICIS"** is a comprehensive management information system based on national standards for mental health and substance abuse databases. It is a repository of diverse data elements that provide information about organizational concepts, staffing patterns, consumer profiles, program or treatment focus, and many other topics of interest to clinicians, administrators, and consumers. It includes unique identifiers for agencies, staff, and consumers that provide the ability to monitor the course of consumer services throughout the statewide ODMHSAS network. PICIS collects data from hospitals, community mental health centers, substance abuse agencies, community residential mental health facilities, prevention programs, and centers for the homeless which are operated or funded in part by ODMHSAS.

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

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

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

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

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

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

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

**"Psychiatrist"** means a licensed physician who specializes in the assessment and treatment of individuals having psychiatric disorders and who is fully licensed to practice medicine in the state in which he or she practices and is certified in psychiatry by the American Board of Psychiatry and Neurology or has equivalent training or experience.

**"Psychotherapy"** or **"Therapy"** means a goal directed process using generally accepted clinical approaches provided face-to-face by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate with consumers in individual, group, or family settings to promote positive, emotional, or behavioral change.

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

**"Recovery"** means an ongoing process of discovery and/or rediscovery that must be self-defined, individualized, and may contain some, if not all, of the fundamental components of recovery as outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA).

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

**"Registered nurse"** means an individual who is a graduate of an approved school of nursing and is licensed in the State of Oklahoma to practice as a registered nurse.

**"Rehabilitation services"** means face-to-face individual or group services provided by qualified staff to develop skills necessary to perform activities of daily living and successful integration into community life. Rehabilitation services for substance use disorders are also referred to as skill development services.

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

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

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

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

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

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

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

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

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

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

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

- (A) Screening, diagnostic impression, and assessment.
- (B) Treatment planning and revision, as necessary.
- (C) Continuing care review to assure continuing stay and discharge criteria are met.
- (D) Case management services.
- (E) Reports and record keeping of consumer related data.
- (F) Consultation that facilitates necessary communication in regard to consumers.
- (G) Discharge planning that assists consumers in developing continuing care plans and facilitates transition into post-treatment recovery.
- (H) Individual, group, and family therapy.
- (I) Rehabilitation services.
- (J) Peer recovery support services.
- (K) Crisis intervention services.

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

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

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

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

**"Tobacco"** means any nicotine delivery product or device that is not approved by the U.S. Food and Drug Administration (FDA) for the purpose of nicotine dependence treatment, including, but not limited to cigarettes, cigars, snuff, chewing tobacco, electronic cigarettes and vaping devices.

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

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

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

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

**"Volunteer"** means any person who is not on the program's payroll, but provides services and fulfills a defined role within the program and includes interns and practicum students.

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

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

## SUBCHAPTER 7. FACILITY CLINICAL RECORDS

### PART 9. SERVICE PLANNING

#### **450:18-7-84. Service plans, medically supervised withdrawal management**

(a) Medically supervised withdrawal management facilities shall complete medical service plans to address the medical stabilization treatment and service needs of each consumer within three (3) hours of admission. ~~When necessary, medically supervised withdrawal management service plans may be initiated by a licensed physician or licensed registered nursing staff.~~ Service plans shall be completed by a licensed physician, Advanced Practice Registered Nurse (APRN), Physician Assistant (PA), or Registered Nurse (RN). A Licensed Practical Nurse (LPN) may assist with the service plan. LPN signatures must be co-signed by a physician, APRN, PA or RN at the time the service plan is completed.

(b) Compliance with 450:18-7-84 may be determined by a review of the following:

- (1) Policies and procedures;
- (2) Treatment protocols;
- (3) Clinical services manuals;
- (4) Service plan forms;
- (5) Consumer records;
- (6) Interviews with staff and consumers; and

- (7) Other facility documentation.

## SUBCHAPTER 13. SUBSTANCE USE DISORDER TREATMENT SERVICES

### PART 7. MEDICALLY SUPERVISED WITHDRAWAL MANAGEMENT, ASAM LEVEL 3.7

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

- (a) Medically supervised withdrawal management shall be provided outside a medical facility, but under the direction of a licensed physician, Advanced Practice Registered Nurse, or Physician Assistant and a licensed registered nurse supervisor, for consumers who are withdrawing or are intoxicated from alcohol or other drugs. Presenting consumers shall be assessed as currently experiencing no apparent medical or neurological symptoms as a result of their substance use that would require hospitalization.
- (b) The facility shall maintain written programmatic descriptions and operational methods addressing the following:
- (1) Environment: The facility shall provide for beds, food service, monitoring/documenting vital signs, food, and liquids. The facility shall provide a safe, welcoming, and culturally/age appropriate environment. If the facility provides services to consumers under the age of eighteen (18), it shall be licensed by the Oklahoma State Department of Human Services (OKDHS) as a "Residential Child Care Facility".
  - (2) Support system:
    - (A) A licensed physician, Advanced Practice Registered Nurse, or Physician Assistant providing supervision of withdrawal management shall be on site or on call twenty-four (24) hours per day, seven (7) days per week;
    - (B) The facility shall maintain a written plan for emergency procedures which shall be approved by a licensed physician; and
    - (C) The facility shall have supplies, as designated in the written emergency procedures, which shall be accessible to the staff.
  - (3) Staff:
    - (A) Staff members shall be knowledgeable about the physical signs of withdrawal, the taking of vital signs, the implication of those vital signs, and emergency procedures.
    - (B) ~~Oklahoma licensed nurses~~ A Registered Nurse shall provide twenty-four (24) hour on-site supervision and monitoring, and statutorily approved personnel shall administer medications in accordance with physician's orders;
    - (C) Staff shall be knowledgeable regarding facility-required education, evidenced based practices, training, and policies; and
    - (D) The facility shall document in personnel records all education, training, and experience stated in (A), (B), and (C) above prior to staff providing direct care services.
    - (E) The facility shall have a minimum of two (2) staff members on site twenty-four (24) hours per day, seven (7) days per week. If consumers under eighteen (18) are on site, staffing ratios shall not exceed those specified in OAC 340:110-3-153.2.
  - (4) Treatment services:
    - (A) Daily (twenty-four [24] hours a day, seven [7] days a week) substance use disorder withdrawal management treatment services shall be provided which shall include, but are not limited to, oral intake of fluids, three (3) meals a day, taking of vital signs (temperature, pulse, respiration rate, blood pressure), documentation of fluid and food intake a minimum of one (1) time every six (6) hours or more often as indicated by the consumer's condition.
    - (B) Medications are to be prescribed if needed during withdrawal management. The medications are to include those needed for physical health issues and mental impairment if acquired during the withdrawal process.
  - (5) Assessment:
    - (A) An individualized case management plan shall be developed for each consumer prior to discharge;
    - (B) A medical assessment for appropriateness of placement shall be completed and documented by a licensed physician, Advanced Practice Registered Nurse (APRN), or Physician Assistant (PA) during the admission process to the program. A Registered Nurse (RN) may assist with the assessment. RN signatures must be co-signed by a physician, APRN or PA at the time the assessment is completed and must include a dated signature(s) of each practitioner.
    - (C) All assessments shall be signed by a licensed physician within twenty-four (24) hours of admission, with the physician as the admitting practitioner of record.
- (c) Compliance with 450:18-13-61 may be determined by review and/or observation of facility documentation and operations, including but not limited to the following:
- (1) Licenses;
  - (2) Policies and procedures;
  - (3) Treatment protocols;
  - (4) Personnel records, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, and ongoing in-service trainings;



- (5) Treatment records;
- (6) Interviews with staff; and
- (7) Other supporting facility documentation

## **SUBCHAPTER 17. CERTIFICATE OF NEED [REVOKED]**

### **450:18-17-1. Purpose [REVOKED]**

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

### **450:18-17-2. Applicability [REVOKED]**

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

### **450:18-17-3. Certificate of Need requirements [REVOKED]**

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

- (1) ~~Number of beds that are/will be in the facility;~~
- (2) ~~Number of beds that will be added, if any;~~
- (3) ~~Timeframe for the addition of new beds;~~
- (4) ~~Population(s) that will be served; and~~
- (5) ~~Type(s) of services that will be provided.~~

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

- (1) ~~Residential substance use disorder, medically supervised withdrawal management, and/or halfway house bed occupancy rates for the applicable population and geographic area;~~
- (2) ~~Residential substance use disorder, medically supervised withdrawal management, and/or halfway house bed occupancy rates for Medicaid beneficiaries within the geographic area;~~
- (3) ~~The estimated need that the population to be served has for the services proposed by the entity based on the following:~~
  - (A) ~~Current population estimates and demographics;~~
  - (B) ~~Population trends or projections; and~~
  - (C) ~~Substance use disorder service utilization trends~~
- (4) ~~The type and number of residential substance use disorder, medically supervised withdrawal management, and/or halfway house providers in the same geographic area; and~~
- (5) ~~Any extenuating circumstances or factors the Department considers substantial, such as anticipated increases in the need or demand for residential substance use disorder, medically supervised withdrawal management, or halfway house services.~~

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

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