Oklahoma Health Care Authority

The Oklahoma Health Care Authority (OHCA) values your feedback and input. It is very important that you provide your comments regarding the proposed rule change by the comment due date. Comments can be submitted on the OHCA's Proposed Changes Blog.

OHCA COMMENT DUE DATE: February 16, 2018

The proposed policy was previously presented for Tribal Consultation on November 7, 2017 as an Emergency Rule. The proposed *Permanent Rule* is scheduled to be presented for Tribal Consultation on January 2, 2018, to the Medical Advisory Committee on March 15, 2018 and to the OHCA Board of Directors on March 22, 2018.
Reference: APA WF #17-19

SUMMARY:
17–19 Inpatient behavioral health revisions - The proposed inpatient behavioral health revisions will be amended to align policy with federal standards of restraint and seclusion for members under the age of 21. Rules will also revise certification of need for care, plan of care, and utilization review plan requirements. Other revisions will include minor updates of policy terminology.

LEGAL AUTHORITY
The Oklahoma Health Care Authority Act, Section 5007 (F)(1) and (3) of Title 63 of Oklahoma Statutes; Section 5003 through 5016 of Title 63 of Oklahoma Statutes; The Oklahoma Health Care Authority Board; 10 O.S. §§ 401 to 402; 63 O.S. § 1-702(A); 10A O.S. § 1-2-101; 43A O.S. §10-104; 22 O.S. § 58; 42 Code of Federal Regulations, Sec. 435.1010; 42 C.F.R. 441 Subpart C and D; 42 C.F.R. Part 456, Subpart C; 42 C.F.R. § 482.13; 42 C.F.R. Part 483, Subpart G; 42 United States Code, Sec. 1395x(f); Section 1905(a) 16 and (h) of the Social Security Act

RULE IMPACT STATEMENT:

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

TO: Tywanda Cox
Federal and State Policy

FROM: Vanessa Andrade
Federal and State Authorities

SUBJECT: Rule Impact Statement

APA WF # 17-19

A. Brief description of the purpose of the rule:

The proposed inpatient behavioral health policy was amended to revise definitions and align these with federal regulations. In addition, the term "American Osteopathic Accreditation" was removed as an accrediting body for Psychiatric Residential Treatment Facilities (PRTFs), as it is no longer an accreditation option for these types of facilities. The term "Licensed independent practitioner" was removed from the rules, and the new rules now describe in detail which types of practitioners can order restraint or seclusion, or perform face-to-face assessments of patients.

Rules were also amended to align policy with federal requirements for restraint or seclusion. PRTFs, a type of inpatient facility that exclusively serves minors and young adults, must comply with the condition of participation for restraint or seclusion, as is established by 42 C.F.R. §§ 483.350 through 483.376. Additionally, all general and psychiatric hospitals must comply with federally-established standards for restraint or seclusion, in accordance with 42 C.F.R. § 482.13(e) – (g). **The aforementioned changes were approved during promulgation of the emergency rule. The following are proposed changes not previously reviewed:**

The proposed inpatient behavioral health revisions will require general hospitals and psychiatric hospitals to maintain medical records and other documentation to demonstrate they comply with certification of need for care, plan of care, and utilization review plan requirements. Psychiatric hospitals will also need to maintain these records to demonstrate they comply with medical evaluation and admission review requirements. Rule revisions add medical necessity criteria for admission in cases of psychiatric disorders and chemical dependency detoxification for adults. Additionally, rule revisions will specify that the individual plan of care (IPC) must be developed in consultation with the member or others whose care the member will be released to after discharge. Revisions also describe the team of professionals and credentials required in the IPC development and review. Moreover, revisions will expand certificate of need requirements for PRTFs to mirror federal regulation. Other revisions will include replacing incorrect terminology used to refer to PRTFs and other settings.

B. A description of the classes of persons who most likely will be affected by the proposed rule, including classes that will bear the cost of the proposed rule, and any information on cost

impacts received by the agency from any private or public entities:

This rule change will likely affect any psychiatric unit, psychiatric hospital or PRTF that provides inpatient care to members under the age of 21, which are currently out of compliance with the federal requirements for restraint or seclusion and certification of need for inpatient psychiatric services. In addition, the rule change will likely affect providers who would require additional staff for the prior authorization process of adults aged 21 to 64 with a psychiatric disorder. The rule will also likely affect providers who would require additional staff to meet the certificate of need interdisciplinary team personnel list requirements. However, because most providers are expected to already be in compliance with the federal requirements, the cost impact should be minimal, if any.

C. A description of the classes of persons who will benefit from the proposed rule:

Members will benefit from the rule as it protects their safety and well-being.

D. A description of the probable economic impact of the proposed rule upon the affected classes of persons or political subdivisions, including a listing of all fee changes and, whenever possible, a separate justification for each fee change:

There is no probable impact of the proposed rule upon any classes of persons or political subdivisions.

E. The probable costs and benefits to the agency and to any other agency of the implementation and enforcement of the proposed rule, the source of revenue to be used for implementation and enforcement of the proposed rule, and any anticipated effect on state revenues, including a projected net loss or gain in such revenues if it can be projected by the agency:

The agency anticipates that the proposed changes that clarify medical necessity criteria for adults from an acute psychiatric admission, would potentially result in approximately $890,000 total; $368,727 state share savings for SFY2018.

F. A determination of whether implementation of the proposed rule will have an economic impact on any political subdivisions or require their cooperation in implementing or enforcing the rule:

There is no economic impact on political subdivisions.

G. A determination of whether implementation of the proposed rule will have an adverse effect on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act:

The proposed rule will not have an adverse effect on small businesses as provided by the Oklahoma Small Business Regulatory Flexibility Act.

H. An explanation of the measures the agency has taken to minimize compliance costs and a determination of whether there are less costly or non-regulatory methods or less intrusive methods for achieving the purpose of the proposed rule:

The agency has taken measures to determine that there is no less costly or non-regulatory method or less intrusive method for achieving the purpose of the proposed rule.

I. A determination of the effect of the proposed rule on the public health, safety and environment and, if the proposed rule is designed to reduce significant risks to the public health, safety and environment, an explanation of the nature of the risk and to what extent the proposed rule will reduce the risk:

The proposed rule should have no adverse effect on the public health, safety, and environment.

J. A determination of any detrimental effect on the public health, safety and environment if the proposed rule is not implemented:

The agency does not believe there is a detrimental effect on the public health and safety if the rule is not passed.

K. The date the rule impact statement was prepared and if modified, the date modified:

Prepared: December 12, 2017
Modified: February 5, 2018

RULE TEXT

TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY
CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE

SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES

PART 6. INPATIENT PSYCHIATRIC ~~HOSPITALS~~SERVICES

317:30-5-95. General provisions and eligible providers

~~(a) Inpatient psychiatric hospitals or psychiatric units provide treatment in a hospital setting 24 hours a day. Psychiatric Residential Treatment Facilities (PRTF) provide non-acute inpatient facility care for members who have a behavioral health disorder and need 24-hour supervision and specialized interventions. Payment for psychiatric and/or chemical dependency/detoxification services for adults between the ages of 21 and 64 are limited to acute inpatient hospital settings.~~

~~(b) **Definitions.** The following words and terms, when used in this Part, shall have the following meaning, unless the context clearly indicates otherwise:~~

~~(1) **"AOA"** means American Osteopathic Accreditation.~~

~~(2) **"CARF"** means the Commission on Accreditation of Rehabilitation Facilities.~~

~~(3) **"Licensed independent practitioner (LIP)"** means any individual permitted by law and by the licensed hospital to provide care and services, without supervision, within the scope of the individual's license and consistent with clinical privileges individually granted by the licensed hospital. Licensed independent practitioners may include Advanced Practice Nurses (APN) with prescriptive authority and Physician Assistants.~~

~~(4) **"Psychiatric Residential Treatment Facility (PRTF)"** means a facility other than a hospital.~~

~~(5) **"Restraint"** means any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a member to move his or her arms, legs, body, or head freely, or drug or medication when it is used as a restriction to manage the member's behavior or restrict the member's freedom of movement and is not the standard treatment or dosage for the member's condition. Restraint does not include devices such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a member for the purpose of conducting routine physical examinations or tests, or to protect the member from falling out of bed, or to permit the member to participate in activities without the risk of physical harm (this does not include physical escort).~~

~~(6) **"Seclusion"** means the involuntary confinement of a member alone in a room or area from which the member is physically prevented from leaving and may only be used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the member, a staff member, or others.~~

~~(7) **"TJC"** means The Joint Commission.~~

~~(c) **Hospitals and freestanding psychiatric facilities.** To be eligible for payment under this Section, inpatient psychiatric programs must be provided to eligible SoonerCare members in a hospital that is:~~

(1) appropriately licensed and surveyed by the state survey agency;

(2) accredited by TJC; and

(3) contracted with the Oklahoma Health Care Authority (OHCA).

(d) **Psychiatric Residential Treatment Facility (PRTF).** A PRTF is any non-hospital facility contracted with the OHCA to provide inpatient services to SoonerCare eligible members under the age of 21. To enroll as a hospital-based or freestanding PRTF, the provider must be appropriately state licensed pursuant to Title 10 O.S. Section 402 accredited by TJC, CARF, COA or AOA and approved by the OHCA to provide services to individuals under age 21. Distinct PRTF units of state operated psychiatric hospitals serving individuals ages 18-22 are exempt from licensure pursuant to Title 63 O.S. Section 1-702. Out-of-state PRTFs should be appropriately licensed in the state in which they do business. In addition, the following requirements must be met:

(1) **Restraint and seclusion reporting requirements.** In accordance with Federal Regulations at 42 CFR 483.350, the OHCA requires a PRTF that provides SoonerCare inpatient psychiatric services to members under age 21 to attest, in writing, that the facility is in compliance with all of the standards governing the use of restraint and seclusion. The attestation letter must be signed by an individual who has the legal authority to obligate the facility. OAC 317:30-5-95.39 describes the documentation required by the OHCA.

(2) **Attestation letter.** The attestation letter at a minimum must include:

(A) the name and address, telephone number of the facility, and a provider identification number;

(B) the signature and title of the individual who has the legal authority to obligate the facility;

(C) the date the attestation is signed;

(D) a statement certifying that the facility currently meets all of the requirements governing the use of restraint and seclusion;

(E) a statement acknowledging the right of the State Survey Agency (or its agents) and, if necessary, Center for Medicare and Medicaid Services (CMS) to conduct an on-site survey at any time to validate the facility's compliance with the requirements of the rule, to investigate complaints lodged against the facility, or to investigate serious occurrences;

(F) a statement that the facility will notify the OHCA and the State Health Department if it no longer complies with the requirements; and

(G) a statement that the facility will submit a new attestation of compliance in the event the individual who has the legal authority to obligate the facility is no longer in such position.

(3) **Reporting of serious injuries or deaths.** Each PRTF is

~~required to report a resident's death, serious injury, and a resident's suicide attempt to the OHCA, and unless prohibited by state law, to the state-designated Protection and Advocacy System (P and As). In addition to reporting requirements contained in this section, facilities must report the death of any resident to the CMS regional office no later than close of business the next business day after the resident's death. Staff must document in the resident's record that the death was reported to the CMS Regional Office.~~

~~(e) **Required documents.** The required documents for enrollment for each participating provider can be downloaded from the OHCA's website.~~

(a) **Definitions.** The following words and terms, when used in this Part, shall have the following meaning, unless the context clearly indicates otherwise:

(1) **"C.F.R."** means Code of Federal Regulations.

(2) **"CMS"** means Centers for Medicare and Medicaid Services.

(3) **"General Hospital"** means a general medical surgical hospital, as defined by 63 Oklahoma Statutes, Sec. 1-701(2).

(4) **"Institution for Mental Diseases (IMD)"** means a hospital, nursing facility, or other institution of more than sixteen (16) beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services, as defined by 42 C.F.R. § 435.1010.

(5) **"OHCA"** means Oklahoma Health Care Authority.

(6) **"O.S."** means Oklahoma Statutes.

(7) **"Psychiatric Hospital"** means an institution which is primarily engaged in providing, by or under the supervision of a physician, psychiatric services for the diagnosis and treatment of mentally ill persons, as defined by 42 United States Code, Sec. 1395x(f).

(8) **"Psychiatric Residential Treatment Facility (PRTF)"** means a non-hospital facility contracted with the OHCA to provide inpatient psychiatric services to SoonerCare-eligible members under the age of twenty-one (21), as defined by 42 C.F.R. § 483.352.

(9) **"U.S.C."** means United States Code.

(b) **Eligible settings for inpatient psychiatric services.** The following individuals may receive SoonerCare-reimbursable inpatient psychiatric services in the following eligible settings:

(1) Individuals twenty-one (21) to sixty-four (64) years of age may receive SoonerCare-reimbursable inpatient psychiatric and/or chemical dependency/substance use/detoxification services in a psychiatric unit of a general hospital, provided that such hospital is not an IMD.

(2) Individuals sixty-five (65) years of age or older may receive SoonerCare-reimbursable inpatient psychiatric services in a psychiatric unit of a general hospital, or in a psychiatric

hospital.

(3) Individuals under twenty-one (21) years of age, in accordance with OAC 317:30-5-95.23, may receive SoonerCare-reimbursable inpatient psychiatric services in a psychiatric unit of a general hospital, a psychiatric hospital, or a PRTF.

(c) **Psychiatric hospitals and psychiatric units of general hospitals.** To be eligible for payment under this Part, inpatient psychiatric programs must be provided to eligible SoonerCare members in a hospital that:

(1) is a psychiatric hospital that:

(A) successfully underwent a State survey to determine whether the hospital meets the requirements for participation in Medicare as a psychiatric hospital per 42 C.F.R. § 482.60; or

(B) is accredited by a national organization whose psychiatric accrediting program has been approved by CMS; or

(2) is a general hospital with a psychiatric unit that:

(A) successfully underwent a State survey to determine whether the hospital meets the requirements for participation in Medicare as a hospital as specified in 42 C.F.R. Part 482; or

(B) is accredited by a national accrediting organization whose accrediting program has been approved by CMS; and

(3) meets all applicable federal regulations, including, but not limited to:

(A) Medicare Conditions of Participation for Hospitals (42 C.F.R. Part 482), including special provisions applying to psychiatric hospitals (42 C.F.R. §§ 482.60-.62);

(B) Medicaid for Individuals Age 65 or over in Institutions for Mental Diseases (42 C.F.R. Part 441, Subpart C);

(C) Inpatient Psychiatric Services for Individuals under Age 21 in Psychiatric Facilities or Programs (42 C.F.R. Part 441, Subpart D); and/or

(D) Utilization Control [42 C.F.R. Part 456, Subpart C (Utilization Control: Hospitals) or Subpart D (Utilization Control: Mental Hospitals)]; and

(4) is contracted with the OHCA; and

(5) if located within Oklahoma and serving members under eighteen (18) years of age, is appropriately licensed by the Oklahoma Department of Human Services (DHS) as a residential child care facility (10 O.S. §§ 401 to 402) that is providing services as a residential treatment facility in accordance with OAC 340:110-3-168.

(d) **PRTF.** Every PRTF must:

(1) be individually contracted with OHCA as a PRTF;

(2) meet all of the state and federal participation requirements for SoonerCare reimbursement, including, but not limited to, 42 C.F.R. § 483.354, as well as all requirements in 42 C.F.R. 483 Subpart G governing the use of restraint and seclusion;

(3) be appropriately licensed by DHS as a residential child care facility (10 O.S. §§ 401 to 402) that is providing services as a residential treatment facility in accordance with OAC 340:110-3-168; and

(4) be accredited by TJC, the Council on Accreditation of Rehabilitation Facilities (CARF), or the Council on Accreditation (COA).

(e) **Out-of-state PRTF.** Any out-of-state PRTF must be appropriately licensed and/or certified in the state in which it does business, and must provide an attestation to OHCA that the PRTF is in compliance with the condition of participation for restraint and seclusion, as is required by federal law. Any out-of-state PRTF must also be accredited in conformance with OAC 317:30-5-95(d)(4).

(f) **Required documents.** The required documents for enrollment for each participating provider can be downloaded from the OHCA's website.

317:30-5-95.1. ~~Coverage for adults ages 21 to 64~~Medical necessity criteria and coverage for adults aged twenty-one (21) to sixty-four (64)

~~Coverage for adults age 21 to 64 is limited to services in acute inpatient hospital settings (see OAC 317:30-5-95). OHCA rules that apply to inpatient psychiatric coverage for adults ages 21 to 64 are found in Sections OAC 317:30-5-95.2 through 317:30-5-95.10.~~

(a) **Coverage for adults**. Coverage for adults aged twenty-one (21) to sixty-four (64) is limited to services in a psychiatric unit of a general hospital (see OAC 317:30-5-95). OHCA rules that apply to inpatient psychiatric coverage for adults aged twenty-one (21) to sixty-four (64) are found in Sections OAC 317:30-5-95.1 through 317:30-5-95.10.

(b) **Medical necessity criteria for admission of adults aged twenty-one (21) to sixty-four (64) for psychiatric disorders**. An inpatient admission of an adult aged twenty-one (21) to sixty-four (64) that is attributable to a psychiatric disorder must meet the terms or conditions contained in (1), (2), (3), (4), one of (5)(A) to (5)(D), and one of (6)(A) to (6)(C) of this subsection.

(1) A primary diagnosis from the most recent edition of "The Diagnostic and Statistical Manual of Mental Disorders" (DSM) with the exception of V-codes, adjustment disorders, and substance related disorders, accompanied by a detailed description of the symptoms supporting the diagnosis.

(2) Conditions are directly attributable to a psychiatric disorder as the primary need for professional attention (this does not include placement issues, criminal behavior, or status offenses). Adjustment or substance related disorder may be a secondary diagnosis.

(3) It has been determined by the OHCA designated agent that the current disabling symptoms could not have been managed or have not been manageable in a less intensive treatment program.

(4) Adult must be medically stable.
(5) Within the past forty-eight (48) hours, the behaviors present an imminent life-threatening emergency such as evidenced by:
(A) Specifically described suicide attempts, suicidal intent, or serious threat by the patient.
(B) Specifically described patterns of escalating incidents of self-mutilating behaviors.
(C) Specifically described episodes of unprovoked significant physical aggression and patterns of escalating physical aggression in intensity and duration.
(D) Specifically described episodes of incapacitating depression or psychosis that result in an inability to function or care for basic needs.
(6) Requires secure twenty-four (24) hour nursing/medical supervision as evidenced by:
(A) Stabilization of acute psychiatric symptoms.
(B) Needs extensive treatment under physician direction.
(C) Physiological evidence or expectation of withdrawal symptoms which require twenty-four (24) hour medical supervision.

(c) **Medical necessity criteria for admission of adults aged twenty-one (21) to sixty-four (64) for inpatient chemical dependency detoxification.** An inpatient admission of an adult aged twenty-one (21) to sixty-four (64) for chemical dependency/ substance use/ detoxification must meet the terms and conditions contained in (1), (2), (3), and one of (4)(A) through (D) of this subsection.
(1) Any psychoactive substance dependency disorder described in the most recent edition of "The Diagnostic and Statistical Manual of Mental Disorders" (DSM) with detailed symptoms supporting the diagnosis and need for medical detoxification, except for cannabis, nicotine, or caffeine dependencies.
(2) Conditions are directly attributable to a substance dependency disorder as the primary need for professional attention (this does not include placement issues, criminal behavior, or status offenses).
(3) It has been determined by the OHCA designated agent that the current disabling symptoms could not be managed or have not been manageable in a less intensive treatment program.
(4) Requires secure twenty-four (24) hour nursing/medical supervision as evidenced by:
(A) Need for active and aggressive pharmacological interventions.
(B) Need for stabilization of acute psychiatric symptoms.
(C) Need extensive treatment under physician direction.
(D) Physiological evidence or expectation of withdrawal symptoms which require twenty-four (24) hour medical supervision.

317:30-5-95.4. Individual plan of care for adults ~~ages 21 to 64~~aged twenty-one (21) to sixty-four (64)

(a) Before admission to a psychiatric unit of a general hospital or immediately after admission, the attending physician or staff physician must establish a written plan of care for each member ~~age 21 to 64~~aged twenty-one (21) to sixty-four (64). The plan of care must include:

(1) Diagnoses, symptoms, complaints, and complications indicating the need for admission;

(2) A description of the functional level of the individual;

(3) Objectives;

(4) Any order for medication, treatments, restorative and rehabilitative services, activities, therapies, social services, diet, and special procedures recommended for the health and safety of the member;

(5) Plans for continuing care, including review and modification to the plan of care; and

(6) Plans for discharge.

(b) The attending or staff physician and other treatment team personnel involved in the member's care must review each plan of care at least every seven (7) days.

(c) All plans of care and plan of care reviews must be clearly identified as such in the member's medical records. All must be signed and dated by the physician, RN, LBHP or licensure candidate, member, and other treatment team members that provide individual, family, and group therapy in the required review interval. All plans of care and plan of care reviews must be signed by the member upon completion, except when a member is too physically ill or ~~their~~his or her acuity level precludes ~~them~~him or her from signing. If the member has designated an advocate, the advocate's signature is also required on all plans of care and plan of care reviews. If the member was too physically ill or ~~their~~his or her acuity level precluded ~~them~~him or her from signing the plan of care and/or the plan of care review at the time of completion, the member must sign the plan when ~~their~~his or her condition improves, but before discharge.

(d) The plan of care must document appropriate member participation in the development and implementation of the treatment plan.

317:30-5-95.6. Medical, psychiatric, and social evaluations for adults ~~age 21 to 64~~aged twenty-one (21) to sixty-four (64)

The record for an adult member ~~age 21 to 64~~aged twenty-one (21) to sixty-four (64) must contain complete medical, psychiatric, and social evaluations.

(1) The evaluations must be completed as follows:

(A) History and Physical must be completed within ~~24~~ twenty-four (24) hours of admission by a licensed independent practitioner ~~[M.D., D.O., Advanced Practice Nurse (A.P.N.),~~

~~or Physician Assistant (P.A.)].~~[MD, DO, Advanced Practice Register Nurse (APRN), or Physician Assistant (PA)].

(B) Psychiatric Evaluation must be completed within ~~60~~sixty (60) hours of admission by an ~~allopathic or osteopathic physician~~Allopathic Or Osteopathic Physician with a current license and a board certification/eligible in psychiatry.

(C) Psychosocial Evaluation must be completed within ~~72~~ seventy-two (72) hours of admission by a licensed independent practitioner (~~M.D., D.O., A.P.N.~~MD, DO, APRN, or PA), a ~~Licensed Behavioral Health Professional~~licensed behavioral health professional, or a ~~Licensure Candidate~~licensure candidate as defined in OAC 317:30-5-240.3.

(2) The evaluations must be clearly identified as such and must be signed and dated by the evaluator.

317:30-5-95.9. Therapeutic services for adults ~~age~~aged 21 to 64

An interdisciplinary team of a physician, licensed behavioral health professional(s) (LBHP), ~~registered nurse~~Registered Nurse, and other staff who provide services to adult members ~~age 21 to 64~~aged twenty-one (21) to sixty-four (64) in the facility oversee all components of the active treatment and provide services appropriate to ~~their~~each team member's respective discipline. The team developing the individual plan of care must include, at a minimum, the following:

(1) Allopathic or Osteopathic Physician with a current license and a board certification/eligible in psychiatry, or a current resident in psychiatry practicing as described in OAC 317:30-5-2(a)(1)(U); and

(2) An LBHP licensed to practice by one of the boards in (A) through (F):

(A) Psychology (health service specialty only);

(B) Social Work (clinical specialty only);

(C) Licensed Professional Counselor;

(D) Licensed Behavioral Practitioner;

(E) Licensed Marital and Family Therapist;

(F) Licensed Alcohol and Drug Counselor; or

(G) ~~Advanced Practice Nurse~~Advanced Practice Registered Nurse (APRN) (certified in a psychiatric mental health specialty, licensed as a ~~registered nurse~~Registered Nurse with a current certification of recognition from the Board of Nursing in the state in which the services are provided);

(3) Under the supervision of an LBHP, a licensure candidate actively and regularly receiving board approved supervision to become licensed by one of the boards in A through F above, and extended supervision if the board's supervision requirement is met but the individual is not yet licensed, may be a part of the team; and

(4) ~~a registered nurse~~A Registered Nurse with a minimum of two (2) years of experience in a mental health treatment setting.

317:30-5-95.10. Discharge plan for adults ~~age 21 to 64~~aged twenty-one (21) to sixty-four (64)

Each adult member ~~age 21 to 64~~aged twenty-one (21) to sixty-four (64) must have a discharge plan that includes a recapitulation of the member's hospitalization~~,~~; recommendations for follow-up and aftercare, to include referral to medication management, ~~out-patient~~outpatient behavioral health counseling, and/or case management, to include the specific appointment information (time, date, and name, address, and telephone number of provider and related community services)~~,~~; and a summary of the member's condition at discharge. All discharge and aftercare plans must be documented in the member's medical records.

317:30-5-95.11. Inpatient acute psychiatric services for persons ~~over 65~~sixty-five (65) years of age or older

Payment is made for medically necessary inpatient acute psychiatric services~~, including free-standing psychiatric facilities,~~ for persons ~~over 65~~sixty-five (65) years of age or older. OHCA rules that apply to inpatient acute psychiatric coverage for persons ~~over 65~~sixty-five (65) years of age or older are found in Sections OAC 317:30-5-95.12 through 317:30-5-95.21.

317:30-5-95.12. Utilization control requirements for inpatient acute psychiatric services for persons ~~over 65~~sixty-five (65) years of age or older

~~Federal regulations require that medical records include the factors which must be met for the Medicaid services to be compensable (Reference 42 CFR 456.150).~~

As set forth in 42 C.F.R. §§ 456.50 and 456.150, general hospitals and psychiatric hospitals must maintain medical records and other documentation sufficient to show that all requirements concerning certification of need for care, plan of care, and utilization review plans have been met. Psychiatric hospitals must also maintain medical records and other documentation sufficient to show that all requirements concerning medical evaluation and admission review have been met, in accordance with 42 C.F.R. § 456.150.

317:30-5-95.13. Certification and recertification of need for inpatient care for inpatient acute psychiatric services for persons ~~over 65~~sixty-five (65) years of age or older

The certification and recertification of need for inpatient care for persons ~~over 65~~sixty-five (65) years of age or older must be in writing and must be signed and dated by the physician who has knowledge of the case and the need for continued inpatient psychiatric care. The certification and recertification documents for all SoonerCare members must be maintained in the member's medical records or in a central file at the facility where the

member is or was a resident.

(1) **Certification.** A physician must certify for each applicant or member that inpatient services in ~~a psychiatric hospital~~an acute care setting are or were needed. The certification must be made at the time of admission or, if an individual applies for assistance while ~~in a psychiatric hospital~~hospitalized, before OHCA, or its designated agent, authorizes payment.

(2) **Recertification.** A physician must recertify for each applicant or member that inpatient services in the ~~psychiatric hospital~~acute care setting are needed. Recertification must be made at least every ~~60~~sixty (60) days after certification.

317:30-5-95.14. Individual plan of care for persons ~~over 65~~sixty-five (65) years of age or older receiving inpatient acute psychiatric services

(a) Before admission to a psychiatric hospital or psychiatric unit of a general hospital or immediately after admission, the attending physician or staff physician must establish a written plan of care for each applicant or member. The plan of care must include:

(1) Diagnoses, symptoms, complaints, and complications indicating the need for admission;

(2) A description of the functional level of the individual;

(3) Objectives;

(4) Any order for medication, treatments, restorative and rehabilitative services, activities, therapies, social services, diet, and special procedures recommended for the health and safety of the member;

(5) Plans for continuing care, including review and modification to the plan of care; and

(6) Plans for discharge.

(b) The attending or staff physician and other treatment team personnel involved in the member's care must review each plan of care at least every seven (7) days.

(c) All plans of care and plan of care reviews must be clearly identified as such in the member's medical records. All must be signed and dated by the physician, RN, LBHP or licensure candidate, member, and other treatment team members that provide individual, family, and group therapy in the required review interval. All plans of care and plan of care reviews must be signed by the member upon completion, except when a member is too physically ill or ~~their~~his or her acuity level precludes ~~them~~him or her from signing. If the member has designated an advocate, the advocate's signature is also required on all plans of care and plan of care reviews. If the member was too physically ill or ~~their~~his or her acuity level precluded ~~them~~him or her from signing the plan of care and/or the plan of care review at the time of completion, the member must sign the plan when ~~their~~his or her condition improves, but before discharge.

(d) The plan of care must document appropriate member participation

in the development and implementation of the treatment plan.

317:30-5-95.16. Medical psychiatric and social evaluations for persons ~~over 65~~sixty-five (65) years of age or older receiving inpatient acute psychiatric services

The record of a member ~~over 65~~sixty-five (65) years of age or older receiving inpatient acute psychiatric services must contain complete medical, psychiatric, and social evaluations.

(1) The evaluations must be completed as follows:

(A) History and Physical must be completed within ~~24~~ twenty-four (24) hours of admission by a licensed independent practitioner ~~[M.D., D.O., Advanced Practice Nurse (A.P.N.), or Physician Assistant (P.A.)].~~[MD, DO, Advanced Practice Register Nurse (APRN), or Physician Assistant (PA)].

(B) Psychiatric Evaluation must be completed within ~~60~~sixty (60) hours of admission by an allopathic or osteopathic physician with a current license and a board certification/eligible in psychiatry.

(C) Psychosocial Evaluation must be completed within ~~72~~seventy-two (72) hours of admission by a licensed independent practitioner, a licensed behavioral health professional (LBHP), or ~~Licensure Candidate~~licensure candidate as defined in OAC~~:~~ 317:30-5-240.3.

(2) The evaluations must be clearly identified as such and must be signed and dated by the evaluator.

317:30-5-95.19. Therapeutic services for persons ~~over 65~~sixty-five (65) years of age or older receiving inpatient acute psychiatric services

An interdisciplinary team of a physician, licensed behavioral health professional(s) (LBHP), ~~registered nurse~~Registered Nurse, and other staff who provide services to members ~~over 65~~sixty-five (65) years of age or older who are receiving inpatient acute psychiatric services in the facility oversee all components of the active treatment and provide services appropriate to ~~their~~each team member's respective discipline. The team developing the individual plan of care must include, at a minimum, the following:

(1) Allopathic or Osteopathic Physician with a current license and a board certification/eligible in psychiatry, or a current resident in psychiatry practicing as described in OAC 317:30-5-2(a)(1)(U); and

(2) ~~an~~An LBHP licensed to practice by one of the boards in (A) through (F):

(A) Psychology (health service specialty only);

(B) Social Work (clinical specialty only);

(C) Licensed Professional Counselor;

(D) Licensed Behavioral Practitioner;

(E) Licensed Marital and Family Therapist;

(F) Licensed Alcohol and Drug Counselor; or

(G) ~~Advanced Practice Nurse~~Advanced Practice Registered Nurse (APRN) (certified in a psychiatric mental health specialty, licensed as a ~~registered nurse~~Registered Nurse with a current certification of recognition from the Board of Nursing in the state in which the services are provided);

(3) Under the supervision of an LBHP, a licensure candidate actively and regularly receiving board approved supervision to become licensed by one of the boards in A through F above, and extended supervision if the board's supervision requirement is met but the individual is not yet licensed, may be a part of the team; and

(4) ~~a registered nurse~~A Registered Nurse with a minimum of two (2) years of experience in a mental health treatment setting.

317:30-5-95.20. Discharge plan for persons ~~over 65~~sixty-five (65) years of age or older receiving inpatient acute psychiatric services

Each member ~~over 65~~sixty-five (65) years of age or older receiving inpatient acute psychiatric services must have a discharge plan that includes a recapitulation of the member's hospitalization~~,~~; recommendations for follow-up and aftercare, to include referral to medication management, ~~out-patient~~outpatient behavioral health counseling, and/or case management, to include the specific appointment information (time, date, and name, address, and telephone number of provider and related community services)~~,~~; and a summary of the member's condition at discharge. All discharge and aftercare plans must be documented in the member's medical records.

317:30-5-95.21. Continued stay review for persons ~~over 65~~sixty-five (65) years of age or older receiving inpatient acute psychiatric services

The facility must complete a continued stay review at least every ~~90~~ninety (90) days each time the facility utilization review committee determines that the continued inpatient psychiatric hospital stay is required for persons ~~over 65~~sixty-five (65) years of age or older.

(1) The methods and criteria for continued stay review must be contained in the facility utilization review plan.

(2) Documentation of the continued stay review must be clearly identified as such, signed, and dated by the committee chairperson, and must clearly state the continued stay dates and time period approved.

317:30-5-95.33. Individual plan of care for ~~children~~members under the age of twenty-one (21)

(a) The following words and terms, when used in this ~~section~~Section, shall have the following meaning, unless the context clearly indicates otherwise:

(1) **"Licensed Behavioral Health Professional (LBHP)"** means licensed psychologists, licensed clinical social workers (LCSW), licensed marital and family therapists (LMFT), licensed professional counselors (LPC), licensed behavioral practitioners (LBP), licensed alcohol and drug counselors (LADC), and ~~advanced practice nurses(APN)~~Advanced Practice Registered Nurses (APRN).

(2) **"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.

(3) **"Individual ~~plan~~Plan of Care (IPC)"** means a written plan developed for each member within four (4) calendar days of ~~any~~ admission to an acute psychiatric facility or a PRTF~~and is the document~~ that directs the care and treatment of that member. ~~In Community Based Transitional RTC, the IPC must be completed within 7 days.~~ The ~~individual plan of care~~IPC must be recovery focused, trauma informed, and specific to culture, age, and gender and ~~includes~~include:

(A) A primary diagnosis from the most recent edition of "The Diagnostic and Statistical Manual of Mental Disorders" (DSM) with the exception of V-Codes, adjustment disorders, and substance abuse related disorders, accompanied by a detailed description of the symptoms supporting the diagnosis. ~~Children 18-20~~Members eighteen (18) to twenty (20) years of age may have a diagnosis of any personality disorder. Adjustment or substance related disorders may be a secondary diagnosis~~.~~;

(B) the current functional level of the individual;

(C) treatment goals and measurable, ~~time limited~~time-limited objectives;

(D) any orders for psychotropic medications, treatments, restorative and rehabilitative services, activities, therapies, social services, diet, and special procedures recommended for the health and safety of the member;

(E) plans for continuing care, including review and modification to the ~~plan of care~~IPC; and

(F) plan for discharge, all of which is developed to improve the ~~child's~~member's condition to the extent that the inpatient care is no longer necessary.

(b) The ~~individual plan of care~~IPC:

(1) must be based on a diagnostic evaluation that includes examination of the medical, psychological, social, behavioral,

and developmental aspects of the individual member and reflects the need for inpatient psychiatric care;
(2) must be developed by a team of professionals ~~as specified in OAC 317:30-5-95.35 in collaboration with the member, and his/her parents for members under the age of 18, legal guardians, or others in whose care he/she will be released after discharge;~~in consultation with the member, his or her parents or legal guardians [for members under the age of eighteen (18)], or others in whose care he or she will be released after discharge. This team must consist of professionals as specified below:
(A) for a member admitted to a psychiatric hospital or PRTF, by the "interdisciplinary team" as defined by OAC 317:30-5-95.35(b)(2), per 42 C.F.R. §§ 441.155 and 483.354; or
(B) for a member admitted to a psychiatric unit of a general hospital, by a team comprised of at least:
(i) an Allopathic or Osteopathic Physician with a current license and a board certification/eligible in psychiatry, or a current resident in psychiatry practicing as described in OAC 317:30-5-2(a)(1)(U); and
(ii) a Registered Nurse (RN) with a minimum of two (2) years of experience in a mental health treatment setting; and
(iii) an LBHP.
(3) must establish treatment goals that are general outcome statements and reflective of informed choices of the member served. Additionally, the treatment ~~goal~~goals must be appropriate to the member's age, culture, strengths, needs, abilities, preferences, and limitations;
(4) must establish measurable and ~~time limited~~time-limited treatment objectives that reflect the expectations of the member served and ~~parent/legal guardian~~parents/legal guardians (when applicable), as well as being age, developmentally, and culturally appropriate. When modifications are being made to accommodate age, developmental level, or a cultural issue, the documentation must be reflected on the ~~individual plan of care~~IPC. The treatment objectives must be achievable and understandable to the member and the ~~parent/guardian~~parents/legal guardians (when applicable). The treatment objectives also must be appropriate to the treatment setting and list the frequency of the service;
(5) must prescribe an integrated program of therapies, activities, and experiences designed to meet the objectives;
(6) must include specific discharge and after care plans that are appropriate to the member's needs and effective on the day of discharge. At the time of discharge, after care plans will include referral to medication management, ~~out-patient~~outpatient behavioral health counseling, and case management, to include the specific appointment date(s), names, and addresses of service provider(s) and related community services to ensure

continuity of care and reintegration for the member into ~~their~~his or her family, school, and community;
~~(7) must be reviewed at a minimum every five (5) to nine (9) calendar days when in acute care, every fourteen (14) calendar days when in a regular PRTF, every twenty-one (21) calendar days when in an OHCA approved longer term treatment program or specialty PRTFs, and every thirty (30) calendar days in Community Based Transitional treatment programs by the team specified to determine that services are being appropriately provided and to recommend changes in the individual plan of care as indicated by the member's overall adjustment, progress, symptoms, behavior, and response to treatment;~~
~~(8) development and review must satisfy the utilization control requirements for physician re-certification and establishment of periodic reviews of the individual plan of care; and,~~
~~(9) each individual plan of care and plan of care review must be clearly identified as such and be signed and dated individually by the physician, LBHP or licensure candidate, member, parent/guardian (for members under the age of 18), registered nurse, and other required team members. All plans of care and plan of care reviews must be signed by the member upon completion, except when a member is too physically ill or the member's acuity level precludes him/her from signing. If the member is too physically ill or the member's acuity level precludes him/her from signing the plan of care and/or the plan of care review at the time of completion, the member must sign the plan when his/her condition improves but before discharge. The documentation should indicate the reason the member was unable to sign and when the next review will occur to obtain the signature. Individual plans of care and individual plan of care reviews are not valid until completed and appropriately signed and dated. All requirements for the individual plan of care or individual plan of care reviews must be met or a partial per diem recoupment will be merited. If the member's parent/guardian is unable to sign the IPC or IPC review on the date it is completed, then within 72 hours the provider must in good faith and with due diligence attempt to telephonically notify the parent/guardian of the document's completion and review it with them. Documentation of reasonable efforts to make contact with the member's parent/guardian must be included in the clinical file. In those instances where it is necessary to mail or fax an IPC or IPC review to a parent or Oklahoma Department of Human Services/Office of Juvenile Affairs (OKDHS/OJA) worker for review, the parent and/or OKDHS/OJA worker may fax back their signature. The provider must obtain the original signature for the clinical file within 30 days. Stamped or photocopied signatures are not allowed for any parent or member of the treatment team.~~
(7) must be reviewed, at a minimum, every five (5) to nine (9) calendar days for members admitted to an acute care setting;

every fourteen (14) calendar days for members admitted to a regular PRTF; every twenty-one (21) calendar days for members admitted to an OHCA-approved longer-term treatment program or specialty PRTF; and every thirty (30) calendar days for members admitted to a Community Based Transitional PRTF. Review must be undertaken by the appropriate team specified in OAC 317:30-5-95.33(b)(2), above, to determine that services being provided are or were required on an inpatient basis, and to recommend changes in the IPC as indicated by the member's overall adjustment, progress, symptoms, behavior, and response to treatment;

(8) development and review must satisfy the utilization control requirements for recertification [42 C.F.R. §§ 456.60(b), 456.160(b), and 456.360(b)], and establishment and periodic review of the IPC (42 C.F.R. §§ 456.80, 456.180, and 456.380); and,

(9) each IPC and IPC review must be clearly identified as such and be signed and dated individually by the member, parents/legal guardians [for members under the age of eighteen (18)], and required team members. All IPCs and IPC reviews must be signed by the member upon completion, except when a member is too physically ill or the member's acuity level precludes him or her from signing. If the member is too physically ill or the member's acuity level precludes him or her from signing the IPC and/or the IPC review at the time of completion, the member must sign the plan when his or her condition improves, but before discharge. The documentation should indicate the reason the member was unable to sign and when the next review will occur to obtain the signature. IPCs and IPC reviews are not valid until completed and appropriately signed and dated. All requirements for the IPCs and IPC reviews must be met; otherwise, a partial per diem recoupment will be merited. If the member's parent/legal guardian is unable to sign the IPC or IPC review on the date it is completed, then within seventy-two (72) hours the provider must in good faith and with due diligence attempt to telephonically notify the parent/legal guardian of the document's completion and review it with them. Documentation of reasonable efforts to make contact with the member's parent/legal guardian must be included in the clinical file. In those instances where it is necessary to mail or fax an IPC or IPC review to a parent/legal guardian or Oklahoma Department of Human Services/Office of Juvenile Affairs (DHS/OJA) worker for review, the parent/legal guardian and/or DHS/OJA worker may fax back his or her signature. The provider must obtain the original signature for the clinical file within thirty (30) days. Stamped or photocopied signatures are not allowed for any parent/legal guardian or member of the treatment team.

317:30-5-95.35. ~~Credentialing requirements for treatment team members for children~~Certificate of need requirements for members

under the age of twenty-one (21) in PRTFs

~~(a) The team developing the individual plan of care for the child must include, at a minimum, the following:~~

~~(1) Allopathic or Osteopathic Physician with a current license and a board certification/eligible in psychiatry, or a current resident in psychiatry practicing as described in OAC 317:30-5-2(a)(1)(U), and~~

~~(2) a behavioral health professional licensed to practice by one of the following boards: Psychology (health service specialty only); Social Work (clinical specialty only); Licensed Professional Counselor, Licensed Behavioral Practitioner; Licensed Alcohol and Drug Counselor (LADC), (or) Licensed Marital and Family Therapist or 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 the services are provided), and~~

~~(3) a registered nurse with a minimum of two years of experience in a mental health treatment setting.~~

~~(b) Candidates for licensure for Licensed Professional Counselor, Social Work (clinical specialty only), Licensed Marital and Family Therapist, Licensed Behavioral Practitioner, Licensed Alcohol and Drug Counselor and Psychology (health services specialty only) can provide assessments, psychosocial evaluations, individual therapy, family therapy and process group therapy as long as they are involved in the supervision that complies with their respective approved licensing regulations and the Department of Health and their work must be co-signed and dated by a licensed LBHP who is additionally a member on the treatment team. Individuals who have met their supervision requirements and are waiting to be licensed by one of the licensing boards in OAC 317:30-5-95.35(a)(1) must have their work co-signed by a licensed MHP who is additionally a member on the treatment team. All co-signatures by fully licensed LBHPs must be accompanied by the date that the co-signature was made. Documentation of the service is not considered complete until it is signed and dated by a fully licensed LBHP.~~

~~(c) Services provided by treatment team members not meeting the above credentialing requirements are not SoonerCare compensable and can not be billed to the SoonerCare member.~~

(a) This Section establishes the requirements for certification of the need for inpatient psychiatric services provided to members under twenty-one (21) years of age in psychiatric hospitals, in accordance with Section 1905(a) 16 and (h) of the Social Security Act, and in PRTFs, in accordance with 42 C.F.R. § 483.354. Pursuant to this federal law, a team, consisting of physicians and other qualified personnel, shall determine that inpatient services are necessary and can reasonably be expected to improve the member's condition. These requirements do not apply to an admission to a psychiatric unit of a general hospital.

(b) **Definitions.** The following words and terms, when used in this

chapter, shall have the following meanings unless the context clearly indicates otherwise.

(1) **"Independent team"** means a team that is not associated with the facility, such that no team member has an employment or consultant relationship with the admitting facility. The independent team shall include a licensed physician who has competence in diagnosis and treatment of mental illness, preferably child psychiatry, and who has knowledge of the member's clinical condition and situation. The independent team shall also include at least one other licensed behavioral health professional, as defined by OAC 317:30-5-240.3.

(2) **"Interdisciplinary team"** as defined by 42 C.F.R. § 441.156, means a team of physicians and other personnel who are employed by, or who provide services to, SoonerCare members in the facility or program. The interdisciplinary team must include, at a minimum, either a board-eligible or board-certified psychiatrist; or, a licensed physician and a psychologist licensed by the Oklahoma State Board of Examiners of Psychologists (OSBED) who has a doctoral degree in clinical psychology; or, a licensed physician with specialized training and experience in the diagnosis and treatment of mental diseases, and a psychologist licensed by the OSBED. The interdisciplinary team must also include one of the following:

(A) a licensed clinical social worker;

(B) a Registered Nurse with specialized training or one (1) year of experience in treating mentally ill individuals;

(C) and a psychologist licensed by the OSBED who has a doctoral degree in clinical psychology; or,

(D) an occupational therapist who is licensed by the state in which the individual is practicing, if applicable, and who has specialized training or one (1) year of experience in treating mentally ill individuals.

(c) **Certification of the need for services.** As described in 42 C.F.R. § 441.152, the certification shall be made by a team, either independent or interdisciplinary, as specified in (d), below, and shall certify that:

(1) Ambulatory care resources available in the community do not meet the treatment needs of the member;

(2) Proper treatment of the member's psychiatric condition requires services on an inpatient basis under the direction of a physician; and

(3) Services can reasonably be expected to improve the member's condition or prevent further regression so that inpatient services would no longer be needed.

(d) **Certification for admission.** The certification of the need for services, as stated in (c), above, shall be made by the appropriate team, in accordance with 42 C.F.R. § 441.153 and as specified as follows:

(1) Certification for the admission of an individual who is a

member when admitted to a facility or program shall be made by an independent team, as described in (b)(1), above.
(2) Certification for an inpatient applying for SoonerCare while in the facility or program shall be made by an interdisciplinary team responsible for the plan of care and as described in (b)(2), above.
(3) Certification of an emergency admission of a member shall be made by the interdisciplinary team responsible for the plan of care within fourteen (14) days after admission, in accordance with 42 C.F.R. § 441.156.

317:30-5-95.39. ~~Seclusion, restraint~~ Restraint, seclusion, and serious ~~incident~~ occurrence reporting requirements for ~~children~~members under the age of twenty-one (21)

~~(a) Restraint or seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the member, a staff member or others from harm and may only be imposed to ensure the immediate physical safety of the member, a staff member or others. The use of restraint or seclusion must be in accordance with a written modification to the member's individual plan of care. The type or technique of restraint or seclusion used must be the least restrictive intervention that will be effective to protect the member or others from harm. Restraint or seclusion must be discontinued at the earliest possible time, regardless of the length of time identified in the order. Mechanical restraints will not be used on children under age 18.~~

~~(1) Each facility must have policies and procedure to describe the conditions, in which seclusion and restraint would be utilized, the behavioral/management intervention program followed by the facility and the documentation required. Each order by a physician or Licensed Independent Practitioner (LIP) may authorize the RN to continue or terminate the restraint or seclusion based on the member's face to face evaluation. Each order for restraint or seclusion may only be renewed in accordance with the following limits for up to a total of 24 hours:~~

~~(A) four hours for children 18 to 20 years of age;~~
~~(B) two hours for children and adolescents nine to 17 years of age; or~~
~~(C) one hour for children under nine years of age.~~

~~(2) The documentation required to ensure that seclusion and restraint was appropriately implemented and monitored will include at a minimum:~~

~~(A) documentation of events leading to intervention used to manage the violent or self-destructive behaviors that jeopardize the immediate physical safety of the member or others;~~
~~(B) documentation of alternatives or less restrictive interventions attempted;~~

(C) an order for seclusion/restraint including the name of the LIP, date and time of order;
(D) orders for the use of seclusion/restraint must never be written as a standing order or on an as needed basis;
(E) documentation that the member continually was monitored face to face by an assigned, trained staff member, or continually monitored by trained staff using both video and audio equipment during the seclusion/restraint;
(F) the results of a face to face assessment completed within one hour by a LIP or RN who has been trained in accordance with the requirements specified at OAC 317:30-5-95.35 to include the:
(i) member's immediate situation;
(ii) member's reaction to intervention;
(iii) member's medical and behavioral conditions; and
(iv) need to continue or terminate the restraint or seclusion.
(G) in events the face to face was completed by a trained RN, documentation that the trained RN consulted the attending physician or other LIP responsible for the care of the member as soon as possible after the completion of the one-hour face to face evaluation;
(H) debriefing of the child within 24 hours by an LBHP or licensure candidate;
(I) debriefing of staff within 48 hours; and
(J) notification of the parent/guardian.

(b) Staff must be trained and able to demonstrate competency in the application of restraints, implementation of seclusion, monitoring, assessment, and providing care for a member in restraint or seclusion before performing any of these actions and subsequently on an annual basis. The PRTF must require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of the member population in at least the following:

(1) techniques to identify staff and member behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion;
(2) the use of nonphysical intervention skills;
(3) choosing the least restrictive intervention based on an individualized assessment of the member's medical behavior status or condition;
(4) the safe application and use of all types of restraint or seclusion used in the PRTF, including training in how to recognize and respond to signs of physical and psychological distress;
(5) clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary;
(6) monitoring the physical and psychological well-being of the member who is restrained or secluded, including but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by the policy of

~~the PRTF associated with the one hour face to face evaluation; and~~

~~(7) the use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including annual re-certification.~~

~~(c) Individuals providing staff training must be qualified as evidence by education, training and experience in techniques used to address members' behaviors. The PRTF must document in staff personnel records that the training and demonstration of competency were successfully completed.~~

~~(d) The process by which a facility is required to inform the OHCA of a death, serious injury, or suicide attempt is as follows:~~

~~(1) The hospital administrator, executive director, or designee is required to contact the OHCA Behavioral Health Unit by phone no later than 5:00 p.m. on the business day following the incident.~~

~~(2) Information regarding the SoonerCare member involved, the basic facts of the incident, and follow-up to date must be reported. The agency will be asked to supply, at a minimum, follow-up information with regard to member outcome, staff debriefing and programmatic changes implemented (if applicable).~~

~~(3) Within three days, the OHCA Behavioral Health Unit must receive the above information in writing (example: Facility Critical Incident Report).~~

~~(4) Member death must be reported to the OHCA Behavioral Health Services Unit as well as to the Centers for Medicare and Medicaid Regional office in Dallas, Texas.~~

~~(5) Compliance with seclusion and restraint reporting requirements will be verified during the onsite inspection of care see OAC 317:30-5-95.42, or using other methodologies.~~

(a) All PRTFs must comply with the condition of participation for restraint or seclusion, as is established by 42 C.F.R. §§ 483.350 through 483.376, which is hereby incorporated by reference in its entirety. All general and psychiatric hospitals must comply with the standard for restraint or seclusion, as is established by 42 C.F.R. § 482.13(e) – (g), which is hereby incorporated by reference in its entirety. In the case of any inconsistency or duplication between these federal regulations and OAC 317:30-5-95.39, the federal regulations shall prevail, except where OAC 317:30-5-95.39 and/or other Oklahoma law is more protective of a member's health, safety, or well-being.

(b) Restraint or seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the member, a staff member, or others from harm and may only be imposed to ensure the immediate physical safety of the member, a staff member, or others. The use of restraint or seclusion must be in accordance with a written modification to the member's individual plan of care. The type or technique of restraint or seclusion used must be the least restrictive intervention that will be effective to protect the member or others from harm. Restraint or seclusion

must be discontinued at the earliest possible time, regardless of the length of time identified in the order. Mechanical restraints will not be used on children under age eighteen (18).

(1) Each facility must have policies and procedure to describe the conditions in which restraint or seclusion would be utilized, the behavioral/management intervention program followed by the facility, and the documentation required. Restraint or seclusion may only be ordered by the following individuals trained in the use of emergency safety interventions: a Physician; a Physician Assistant (PA); or an Advanced Practice Registered Nurse (APRN) with prescriptive authority. If, however, the member's treatment team physician is available, then only he or she can order restraint or seclusion. Each order for restraint or seclusion may only be renewed in accordance with the following limits for up to a total of twenty-four (24) hours:

(A) four (4) hours for adults eighteen (18) to twenty-one (21) years of age;

(B) two (2) hours for children and adolescents nine (9) to seventeen (17) years of age; or

(C) one (1) hour for children under nine (9) years of age.

(2) An order for the use of restraint/seclusion must never be written as a standing order or on an as-needed basis.

(3) The documentation required to ensure that restraint or seclusion was appropriately implemented and monitored will include, at a minimum:

(A) documentation of events leading to intervention used to manage the violent or self-destructive behaviors that jeopardize the immediate physical safety of the member or others;

(B) documentation of alternatives or less restrictive interventions attempted;

(C) a signed order for restraint/seclusion that includes the name of the individual ordering the restraint/seclusion, the date and time the order was obtained, and the length of time for which the order was authorized;

(D) the time the restraint/seclusion actually began and ended;

(E) the name of staff involved in the restraint/seclusion;

(F) documentation sufficient to show the member was monitored in accordance with 42 C.F.R. § 482.13(e) (for general and psychiatric hospitals) or 42 C.F.R. §§ 483.362 and 483.364 (for PRTFs), as applicable;

(G) the time and results of a face-to-face assessment completed within one (1) hour after initiation of the restraint/seclusion by a Physician, PA, APRN with prescriptive authority, or Registered Nurse, who has been trained in the use of emergency safety interventions. The assessment must evaluate the member's well-being, including those criteria set forth in 42 C.F.R. § 482.13(e) (for

general and psychiatric hospitals) or 42 C.F.R. § 483.358(f) (for PRTFs), as applicable;

(H) in the event the face-to-face assessment was completed by anyone other than the member's treatment team physician, documentation that he or she consulted the member's treatment team physician as soon as possible after completion of the face-to-face assessment;

(I) debriefing of the child and staff involved in the emergency safety intervention within twenty-four (24) hours, in accordance with 42 C.F.R. § 483.370, as applicable;

(J) debriefing of all staff involved in the emergency safety intervention and appropriate supervisory and administrative staff within twenty-four (24) hours, in accordance with 42 C.F.R. § 483.370, as applicable; and

(K) for minors, notification of the parent(s)/guardian(s).

(c) Serious occurrences, including death, serious injury, or suicide attempt, must be reported as follows:

(1) In accordance with 42 C.F.R. § 483.374, PRTFs must notify the OHCA Behavioral Health Unit and Oklahoma Department of Human Services (DHS) by phone no later than 5:00 p.m. on the business day following a serious occurrence and disclose, at a minimum: the name of the member involved in the serious occurrence; a description of the occurrence; and the name, street address, and telephone number of the facility.

(A) Within three (3) days of the serious occurrence, a PRTF must also submit a written Facility Critical Incident Report to the OHCA Behavioral Health Unit containing: the information in OAC 317:30-5-95.39(c)(1), above; and any available follow-up information regarding the member's condition, debriefings, and programmatic changes implemented (if applicable). A copy of this report must be maintained in the member's record, along with the names of the persons at OHCA and DHS to whom the occurrence was reported. A copy of the report must also be maintained in the incident and accident report logs kept by the facility.

(B) In the case of a minor, the PRTF must also notify the member's parent(s) or legal guardian(s) as soon as possible, and in no case later than twenty-four (24) hours after the serious occurrence.

(2) In addition to the requirements in paragraph (1), above, the death of any member must be reported in accordance with 42 C.F.R. § 482.13(g) (hospital reporting requirements for deaths associated with the use of seclusion or restraint) or 42 C.F.R. § 483.374(c) (PRTF reporting requirements for deaths), as applicable.

(d) In accordance with 42 C.F.R. § 483.374(a), OHCA requires all PRTFs that provide SoonerCare inpatient psychiatric services to members under age twenty-one (21) to attest in writing at the time of contracting, that the facility is in compliance with all federal standards governing the use of restraint and seclusion. The

attestation letter must be signed by the facility director, and must include, at a minimum:

(1) the name, address, and telephone number of the facility, and its provider identification number;

(2) the name and signature of the facility director;

(3) the date the attestation is signed;

(4) a statement certifying that the facility currently meets all of the federal requirements governing the use of restraint and seclusion;

(5) a statement acknowledging the right of OHCA, CMS, and/or any other entity authorized by law, to conduct an on-site survey at any time to validate the facility's compliance with 42 C.F.R. §§ 483.350 through 483.376, to investigate complaints lodged against the facility, and to investigate serious occurrences;

(6) a statement that the facility will notify the OHCA if it is out of compliance with 42 C.F.R. §§ 483.350 through 483.376; and

(7) a statement that the facility will submit a new attestation of compliance in the event the facility director changes, for any reason.

317:30-5-97. ~~Child abuse~~Reporting child abuse and/or neglect

~~(a) Instances of child abuse and/or neglect are to be reported in accordance with State Law. Section 7103 of Title 10 of the Oklahoma Statutes mandates reporting suspected abuse or neglect to the Oklahoma Department of Human Services. Section 7104 of Title 10 of the Oklahoma Statutes further requires reporting of criminally injurious conduct to the nearest law enforcement agency.~~

~~(b) Each hospital must designate a person, or persons, within the facility who is responsible for reporting suspected instances of medical neglect, including instances of withholding of medically indicated treatment (including appropriate nutrition, hydration and medication) from disabled infants with life-threatening conditions. The hospital must report the name of the individual so designated to this agency, which is responsible for administering this provision within the State of Oklahoma. The hospital administrator is assumed to be the contact person unless someone else is specifically designated.~~

~~(c) The Child Abuse Unit of the Oklahoma Child Welfare Unit is responsible for coordination and consultation with the individual designated. In turn, the hospital is responsible for prompt notification to the Child Abuse Unit of any case of suspected medical neglect or withholding of medically-indicated treatment.~~

Instances of abuse and/or neglect are to be reported in accordance with state law, including, but not limited to, 10A O.S. § 1-2-101 and 43A O.S. § 10-104. Any person suspecting child abuse or neglect shall immediately report it to the Oklahoma Department of Human Services (DHS) hotline, at 1-800-522-3511; any person suspecting abuse, neglect, or exploitation of a vulnerable adult shall immediately report it to the local DHS County Office,

municipal or county law enforcement authorities, or, if the report occurs after normal business hours, the DHS hotline. Health care professionals who are requested to report incidents of domestic abuse by adult victims with legal capacity shall promptly make a report to the nearest law enforcement agency, per 22 O.S. § 58.