

**ISSR Recommended Edits – Draft #1
External Advisory Committee Meeting
November 17, 2008**

NC: No Change
EM: Edit Made

D: Deleted
R: Referred for Decision

Purpose and Scope			
Number	Recommended Edit	Status	Comments
1(b)	Add “recovery”	EM	
1(a)	Add “resiliency”	EM	
1(a)	Add “choice”	EM	
2	Take out programs/services already implied in purpose	NC	Need to at least specify main categories.
2	Add ICTS and ITS to scope.	EM	
2(c)	Change to “alcohol and other drug” instead of “alcohol and drug.”	EM	
2(e)	Change to Residential and Outpatient Problem Gambling Treatment Services.	EM	
2	Add language about what rules “do not” include	NC	
2(a)	Clarify which residential programs are included.	EM	
2	Specify which rules the ISSR replaces.	NC	Will clarify this with cover letter when new rules are adopted.
2	Specify “adult” or “children” in the title of the program.	NC	Moving away from this distinction.
1	Add a (d) indicating that the rules comply with federal requirements.	NC	
1(b)	Consider use of politically driven catch phrases.	NC	

1(b)	Include “youth guided” as one of the characteristics.	EM	
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Individual Rights			
Number	Recommended Edit	Status	Comments
	Reduce to minimum rights as established by statute, including only what is essential, so that it can all fit on one page in fourteen font.	EM	
	Rights should not contain directives to the provider. Take out any “provider shall” language and include elsewhere as applicable to services.	D	
	Define rights in simpler language and replace long lists in (2) and (3) with shorter, user-friendly lists.	EM	
	Exclude rights that are contract driven and that apply to payment rules.	EM	
	Avoid rights defining or describing eligibility.	EM	
	Do not use the word “appropriate.” State exactly what the right is.	EM	
	Use the rights that are already identified in 415-051.	NC	
	Change title to “Individual Rights and Responsibilities” and include responsibilities.	NC	
	Examine uses of vague terms: “least restrictive,” “individual’s freedom,” “least intrusive,” and “greatest degree of independence.”	NC	Consistent with language in statute.
	Match rights to MHO and FCHPs.	R	
2	Take out statement about constitutional rights; this is already a given.	NC	Left in to clarify that these rights are in addition.
2	Clarify rights that do not apply to children.	EM	
2(aa)	Need to reword to be more clear, or eliminate (right to receive publicly funded services regardless of ability to pay.)	D	
2	“Aspirational” rights (trauma informed services, family involvement, appropriate services, etc.....) need to be more clearly specified.	D	

2(1)	Specify exceptions to “right to decline services.”	D	
2(h) and (J)	May want to revise due to possible restrictions on confidentiality.	D	
2(r)	Remove “gender” from list of barriers.	D	
2(u)	Remove right to receive trauma-informed and trauma-specific services. If kept in, needs to be defined carefully.	D	
2(w)	Be more specific about what it means to “encourage and assist” with exercising legal rights.	D	
2(bb)	This is the same as 2(e): right to receive copy of ISSP.	D	
2(e)	Reword to say that the individual is part of the planning of services, rather than “directs” the planning of services.	EM	
3(0)	Specify that this only applies to RTH’s and RTF’s.	EM	
2(a)	Change “receive” to “participate in.” Change “appropriate” to “medically necessary.”	EM	Changed to “choose from available services.”
3	Add “unless otherwise stipulated in the ISSP.”	NC	
3(f)	Add “and sexual preference.”	EM	
3(j) and (k)	Add “unless contraindicated in the ISSP.”	EM	
3(m)	Right to be informed of and agree to any behavior support strategies – move to general rights under number 2 and delete “agree to.”	D	Covered by “informed consent”
4(d)	Right to family involvement – add “unless prohibited by legal guardian.”	EM	
(4)	Clarify that children’s rights do not need to be posted in programs serving only adults.	EM	
3	Differentiate between rights for adults and children in residential programs.	EM	
4(f)	Right to public education not necessary in these rules.	D	

Grievances and Appeals			
Number	Recommended Edit	Status	Comments
2	Written copy to individuals needs to be user friendly, or just take out written copy and require a review of the policy at admission (already required)	EM	
3	Add language to address what happens if the grievance is filed with the MHO or Division.	NC	Rule applies only to providers.
3	Add language to encourage resolution at lowest possible level.	EM	
3(b)	Specify 30 calendar days or business days.	EM	
3(d)	Require that grievance records are kept individually rather than a log.	EM	
	Clarify the difference between a grievance and a complaint – outline the procedure for both if they are different.	EM	
	Specify types of grievances to which the rule applies and limit only to issues that affect health, safety and welfare.	NC	Statutory rights do not limit types of grievances.
3(e)	Add language about provider process when grievances are substantiated.	EM	
4	Add MHO to list of contact agencies.	EM	
6	Remove statement about substantiated grievances possibly resulting in removal of license (should be in licensing rule.)	EM	
9(a)	Change to allow for appeals to go where appropriate, not just to CMHP.	EM	
9	Add language to allow for second appeal.	EM	
9(I)	Clarify 10 working days.	EM	

Personnel			
Number	Recommended Edit	Status	Comments
2(a)	Clarify difference between clinical supervision and administrative supervisor.	EM	
2(a)(C)	Add CADC II or III to requirements. Change “state” to “Oregon.”	EM	Changed to current 415-051 language.
2(a)(F)	Allow treatment staff to start working before certified (maintain current standard).	EM	Changed to one year.
	Address “grandfathering” in the rule if treatment staff hiring requirements are going to be changed.	NC	
2(a)(G)	Eliminate CGAC requirement if person is a QMHP.	EM	
2	Keep only first paragraph and delete (a)(A) through (I). Competencies do not belong in this rule.	NC	
2(C) and (D)	Revise requirements for supervisors.	EM	
2(E)	Determine whether or not the COD competency checklist will be used.	D	
2(G)	Allow new hires without 30 hours of gambling education to obtain 15 hours within 6 months.	NC	
4	Section 4 belongs in licensing rule.	NC	
4?	Delete “signed by employer and employee.”	EM	
4(e)	Replace “annual” with “periodic.”	EM	
4(k)	Move to residential staff documentation.	EM	
3	Does rule regarding “recovering staff” should apply only to addiction and gambling programs. Will this also apply to peer support specialists?	EM	Applies only to AOD, includes peer support specialists

3	Standard for recovering staff is too high. Eliminate this standard as it is already included in the requirements to get certified.	NC	
3	Specify that independent living includes recovery houses.	EM	
4(k)	Require employee incident reports to be kept in a risk management file.	NC	Part of licensing rule.
4(i)	Require only one reference check, or do not specify at all, just say “applicable reference checks.”	EM	
4(d)	Add primary source verification for diploma and transcript for new hires.	NC	
4(b)	Clarify if everyone in all types of services needs a criminal history check.	R	
11	Establish standard for the use of interns.	EM	
5	Specify if this is all the documentation needed, or is it in addition to docs required in number 4?	EM	
5	Contracts are not applicable to volunteers.	EM	
5(c)	Add “appropriate to the services being provided.”	EM	
6(a)	Eliminate Medicaid Fraud Background Check – this should be part of credentialing process.	D	
7	Revise to require training appropriate to the setting and population. Do not prescribe timelines or number of hours.	EM	
7	Do not require that all new hire training be completed in 7 days of hire. Allow providers to regulate this according to their own policy.	EM	Initial training changed from “within 7 days” to “within 30 days”
8	Clarify who can be a “clinical supervisor.”	EM	
8	Service supervisor and quality supervisor should be changed to “clinical supervisor.”	EM	
8(a)(A)	Do not specify the number of supervision hours, just require evidence of supervision and provide examples.	EM	Eliminated observation requirement.
8(a)(A)	Consider only requiring two-hour minimum for new hires for limited amount of time.	NC	
8(a)(A)	Keep supervision requirements the same as they are now in A and D rule.	NC	
8(a)(A)	Eliminate observation requirement or allow “recorded” sessions to fulfill	EM	

	requirement.		
8(a)(B)	Clarify licensed practitioner and clarify if the signature is required only in MH programs. Requirement should be deleted if it is not a federal Medicaid requirement.	NC	Medicaid requirement for MH only.
8(D)	Remove requirement to assure that psychiatric services are always available and just say “involved when appropriate.”	EM	
9	Language about “adequate staffing” not clear enough.	D	Staffing language deleted – will add requirements to ITS and ICTS services specific standards only.
10(c)(C)	Reduce overnight staffing ratios in addiction residential programs (currently 1 to 8).	D	
10(c)	Do not require specific staffing ratios, or move to residential licensing rule.	D	
11	Include “code of ethics” as part of volunteer contract requirements.	EM	
11	Delete “written agreement” required for volunteers – provider policy is enough.	EM	Requirements for written agreements merged with intern agreements and reduced.

Other			
Section	Recommended Edit	Status	Comments
All	Reduce rule to minimum federal encompassing only Medicaid, waiver and state plan standards. Use practice guides to add guide providers in the use of best practices and EBP.	NC	Administrative decision to include some standards above minimum Medicaid to insure “some” regulatory ability in the use of best practices and EBP.
Def	Define, “COD”, “Co-Occurring Substance Use and Mental Health Disorders.”	EM	
Def	Define “COD competency checklist.”	D	
Def	Definition of “grievance” too broad .	EM	
Def	Define “outcome review.”	EM	
Def	Define “family driven.”	EM	
Def	Define “systems integration.”	EM	
Def	Define all types of services that this rule regulates.	EM	
Def	Clinical Supervision definition: Clarify that someone who is QMHP can provide clinical supervision in addiction programs without a CADC I, II or III.	EM	
Def	Define ‘JPSRB.’	EM	
Def	Define “ability to pay.”	NC	This term was taken out.
General Service Standards	Include ASAM in “outcome review” and “discharge summary.”	EM	Outcome review deleted.
Admission	Remove priority lists.	NC	
All	Clarify what is required for Medicaid reimbursement and what goes above those requirements to be licensed by AMH.	NC	