



PERMANENT ADMINISTRATIVE ORDER

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CHAPTER 309
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: BEHAVIORAL HEALTH SERVICES

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RULES:

309-019-0105, 309-019-0110, 309-019-0125, 309-019-0130, 309-019-0135

AMEND: 309-019-0105

RULE TITLE: Definitions

NOTICE FILED DATE: 04/26/2021

RULE SUMMARY: Updates or addition of definitions: Authority, Collaborative Education Agreement, Legal Representation, Mental Health Intern, Student Intern, Problem Gambling Approved Certification Consultant, Qualified Mental Health Associate.

RULE TEXT:

- (1) "Abuse of an Adult" means the circumstances defined in ORS 430.735 and OAR Chapter 407, Division 45 for abuse of an adult with mental illness.
- (2) "Abuse of a Child" means the circumstances defined in ORS 419B.005.
- (3) "Acute Care Psychiatric Hospital" means a hospital or facility that provides 24 hours-a-day psychiatric, multi-disciplinary, inpatient or residential stabilization, care, and treatment.
- (4) "Substance Use, Problem Gambling, and Mental Health Services and Supports" means all services and supports including but not limited to Outpatient Behavioral Health Services and Supports for Children and Adults, Intensive Treatment Services for Children, Outpatient and Residential Substance Use Disorders Treatment Services, and Outpatient and Residential Problem Gambling Treatment Services.
- (5) "Adolescent" means an individual from 12 through 17 years of age or those individuals determined to be developmentally appropriate for youth services.
- (6) "Adult" means an individual 18 years of age or older or an emancipated minor. An individual with Medicaid eligibility who needs services specific to children, adolescents, or young adults in transition shall be considered a child until age 21 for the purposes of these rules. Adults who are between the ages of 18 and 21 who are considered children for purposes of these rules shall have all rights afforded to adults as specified in these rules.
- (7) "Assertive Community Treatment (ACT)" means an evidence-based practice designed to provide comprehensive treatment and support services to individuals with serious and persistent mental illness. ACT is intended to serve

individuals who have severe functional impairments and who have not responded to traditional psychiatric outpatient treatment. ACT services are provided by a single multi-disciplinary team, which typically includes a psychiatrist, a nurse, and at least two case managers and are designed to meet the needs of each individual and to help keep the individual in the community and out of a structured service setting, such as residential or hospital care. ACT is characterized by the following:

- (a) Low client to staff ratios;
 - (b) Providing services in the community rather than in the office;
 - (c) Shared caseloads among team members;
 - (d) Twenty-four-hour staff availability;
 - (e) Direct provision of all services by the team (rather than referring individuals to other agencies); and
 - (f) Time-unlimited services.
- (8) "Assessment" means the process of obtaining sufficient information through a face-to-face interview to determine a diagnosis and to plan individualized services and supports.
- (9) "ASAM Criteria" means the most current edition of the American Society of Addiction Medicine (ASAM) for the Treatment of Addictive, Substance-related, and Co-Occurring Conditions, which is a clinical guide to develop patient-centered service plans and make objective decisions about admission, continuing care, and transfer or discharge for individuals and is incorporated by reference in these rules.
- (10) "Authority" means the Oregon Health Authority, the agency established in ORS 413 that administers the funds for Titles XIX and XXI of the Social Security Act. It is the single state agency for the administration of the medical assistance program under ORS 414. For purposes of these rules, the agencies under the authority of the Oregon Health Authority are the Public Health Division, Health Systems Division, External Relations, Health Policy and Analytics, Fiscal and Operations, Office of Equity and Inclusion, and the Oregon State Hospital.
- (11) "Behavioral Health Treatment" means treatment for mental health, substance use disorders, and problem gambling.
- (12) "Behavior Support Plan" means the individualized proactive support strategies used to support positive behavior.
- (13) "Behavior Support Strategies" means proactive supports designed to replace challenging behavior with functional, positive behavior. The strategies address environmental, social, neuro-developmental, and physical factors that affect behavior.
- (14) "Best Practice Risk Assessment" has the meaning given that term in OAR 309-023-0110.
- (15) "Board Registered Intern" means a post-graduate who is listed as active on the applicable Oregon Board registry with one of the following qualifications:
- (a) Psychologist Associate Residents as described in OAR 858-010-0037;
 - (b) Licensed Psychologist Associate under continued supervision as described in OAR 858-010-0038;
 - (c) Licensed Professional Counselor intern or Marriage and Family Therapist intern registered with the Oregon Board of Licensed Professional Counselors and Therapists as described in OAR 833-050-0011;
 - (d) Certificate of Clinical Social Work Associate issued by the Oregon Board of Licensed Social Workers as described in OAR 877-020-0009;
 - (e) Registered Bachelor of Social Work issued by the Oregon Board of Licensed Social Workers as described in OAR 877-015-0105.
- (16) "Care Coordination" means a process-oriented activity to facilitate ongoing communication and collaboration to meet multiple needs. Care coordination includes facilitating communication between the family, natural supports, community resources, and involved providers and agencies; organizing, facilitating and participating in team meetings; and providing for continuity of care by creating linkages to and managing transitions between levels of care and transitions for young adults in transition to adult services.
- (17) "Case Management" means the services provided to assist individuals who reside in a community setting or are transitioning to a community setting in gaining access to needed medical, social, educational, entitlement, and other applicable services.

- (18) "Certificate of Approval" means the document issued by the Authority that identifies and declares certification of a provider pursuant to OAR chapter 309, division 008.
- (19) "Chief Officer" means the Chief Health Systems Officer of the Division or designee.
- (20) "Child" means an individual under the age of 18. An individual with Medicaid eligibility who needs services specific to children, adolescents, or young adults in transition shall be considered a child until age 21 for purposes of these rules.
- (21) "Clinical Supervision" means oversight by a qualified clinical supervisor of the rendering of substance use, problem gambling, and mental health services and supports, according to these rules, including ongoing evaluation and improvement of the effectiveness of those services and supports.
- (22) "Clinical Supervisor" means program staff qualified to oversee and evaluate the rendering of substance use, problem gambling, or mental health services and supports.
- (23) "Collaborative Educational Agreement" means an individualized written arrangement between an accredited college or university and a Division-certified provider pertaining to a student's internship or field placement experience.
- (24) "Co-occurring Substance Use, Problem Gambling, and Mental Health Disorders (COD)" means the existence of a diagnosis for a substance use disorder, problem gambling disorder, or and a mental health disorder.
- (25) "Community Mental Health Program (CMHP)" means the organization of various services for individuals with a mental health diagnosis or addictive disorders operated by or contractually affiliated with a local mental health authority and operated in a specific geographic area of the state under an agreement with the Division pursuant to OAR chapter 309, division 014.
- (26) "Conditional Release" means placement by a court or the Psychiatric Security Review Board (PSRB) of an individual who has been found eligible under ORS 161.327 or 161.336 for supervision and treatment in a community setting.
- (27) "Coordinated Care Organization (CCO)" means a corporation, governmental agency, public corporation, or other legal entity that is certified as meeting the criteria adopted by the Authority under ORS 414.625 to be accountable for care management and to provide integrated and coordinated health care for each of the organization's members.
- (28) "Court" means the last convicting or ruling court unless specifically noted.
- (29) "Criminal Records Check" means the Oregon Criminal Records Check and the processes and procedures required by OAR 943-007-0001 through 0501.
- (30) "Crisis" means an actual or perceived urgent or emergent situation that occurs when an individual's stability or functioning is acutely disrupted, and there is an immediate need to resolve the situation to prevent a serious deterioration in the individual's mental or physical health or to prevent referral to a significantly higher level of care or death.
- (31) "Crisis Intervention" has the meaning given that term in OAR 309-023-0110.
- (32) "Crisis Line Services" means phone-based services that establish immediate communication links and provide supportive interventions and information for individuals in an urgent or emergent situation.
- (33) "Crisis Plan" means an individualized document designed to help anticipate and prevent future crisis episodes and direct interventions in the instance of a crisis.
- (34) "Culturally Responsive" means services that are respectful of and relevant to the beliefs, practices, culture and linguistic needs of diverse consumer/client populations and communities whose members identify as having particular cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home. Cultural responsiveness describes the capacity to respond to the issues of diverse communities. It thus requires knowledge and capacity at different levels of intervention: systemic, organizational, professional, and individual.
- (35) "Culturally Specific Program" means a program designed to meet the unique service needs of a specific culture and that provides services to a majority of individuals representing that culture.
- (36) "Declaration for Mental Health Treatment" means a written statement of an individual's preferences concerning their mental health treatment. The declaration is made when the individual is able to understand and legally make decisions related to such treatment. It is honored, as clinically appropriate, in the event the individual becomes unable to make such decisions.

- (37) "Diagnosis" means the principal mental health, substance use, or problem gambling diagnosis listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM). The diagnosis is determined through the assessment and any examinations, tests, or consultations suggested by the assessment and is the medically appropriate reason for services.
- (38) "Division" means the Health Systems Division of the Oregon Health Authority, or its designee.
- (39) "DSM" means the of the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition published by the American Psychiatric Association.
- (40) "Driving Under the Influence of Intoxicants (DUII) Substance Use Disorders Rehabilitation Program" means a program of treatment and therapeutically oriented education services for an individual who is either:
- (a) A violator of ORS 813.010 (Driving Under the Influence of Intoxicants); or
 - (b) A defendant participating in a diversion agreement under ORS 813.200.
- (41) "Enhanced Care Services (ECS)" and "Enhanced Care Outreach Services (ECOS)" means intensive behavioral and rehabilitative mental health services to eligible individuals who reside in Aging and People with Disabilities (APD) licensed homes or facilities.
- (42) "Entry" means the act or process of acceptance and enrollment into services regulated by this rule.
- (43) "Face to Face" means a personal interaction where both words can be heard and facial expressions can be seen in person or through telehealth services where there is a live streaming audio and video, if clinically appropriate.
- (44) "Family" means the biological or legal parents, siblings, other relatives, foster parents, legal guardians, spouse, domestic partner, caregivers, and other primary relations to the individual whether by blood, adoption, or legal or social relationships. Family also means any natural, formal, or informal support persons identified as important by the individual.
- (45) "Family Support" means the provision of peer delivered services to people defined as family to the individual. It includes support to caregivers at community meetings, assistance to families in system navigation and managing multiple appointments, supportive home visits, peer support, parent mentoring and coaching, advocacy, and furthering efforts to develop natural and informal community supports.
- (46) "Gender Identity" means an individual's self-identification of gender without regard to legal or biological identification including but not limited to individuals identifying themselves as male, female, transgender, gender transitioning and transitioned, non-binary, intersex, and gender diverse.
- (47) "Gender Expression" means the external characteristics and behaviors that are socially defined as masculine, feminine, or androgynous such as dress, mannerisms, speech patterns, and social interactions.
- (48) "Geographic Service Area" means the geographic area within the county boundaries in which the CMHP operates.
- (49) "Grievance" means a formal complaint submitted to a provider verbally or in writing by an individual or the individual's representative pertaining to the denial or delivery of services and supports.
- (50) "Guardian" means an individual appointed by a court of law to act as guardian of a minor or a legally incapacitated individual. Guardian may also mean legal representative.
- (51) "HIPAA" means the federal Health Insurance Portability and Accountability Act of 1996 and the regulations published in Title 45, parts 160 and 164, of the Code of Federal Regulations (CFR).
- (52) "Individual" means any person being considered for or receiving services and supports regulated by these rules.
- (53) "Informed Consent for Services" means that the service options, risks, and benefits have been explained to the individual and guardian, if applicable, in a manner that they comprehend, and the individual and guardian have consented to the services on or prior to the first date of service.
- (54) "Intensive In Home Behavioral Health Treatment (IIBHT) for Children" means an intensive, community based level of care for youth ages 0-20 years with complex mental health needs who are at risk for an out of home placement or who are stepping down from a higher level of care. IIBHT includes access to an array of services including individual and family therapy, case management, psychiatric services, skills training, peer delivered services, and proactive 24/7 crisis response. A Certificate of Approval from the Oregon Health Authority is required to render IIBHT services to eligible youth and families. For the purposes of IIBHT, "in home" means services delivered in the home, school, or other

community setting, as specified by the individual and family.

(55) "Intensive Outpatient Substance Use Disorders Treatment Services" means structured, nonresidential evaluation, treatment, and continued care services for individuals with substance use disorders who need a greater number of therapeutic contacts per week than are provided by traditional outpatient services. Intensive outpatient services may include but are not limited to day treatment, correctional day treatment, evening treatment, and partial hospitalization.

(56) "Intensive Outpatient Services and Supports (IOSS)" means a specialized set of comprehensive in-home and community-based supports and mental health treatment services for children that are developed by the child and family team and delivered in the most integrated setting in the community.

(57) "Interdisciplinary Team (IDT)" means a group of professional and direct care staff that have primary responsibility for the development of a Service Plan for an individual receiving services.

(58) "Interim Referral and Information Services" means services provided by a substance use disorders treatment provider to individuals on a waiting list and whose services are funded by the Substance Abuse Prevention and Treatment (SAPT) block grant to reduce the adverse health effects of substance use, promote the health of the individual, and reduce the risk of disease transmission.

(59) "Intern" or "Student" means program staff rendering paid or unpaid program services or supports to complete a credentialed or accredited educational program recognized by the State of Oregon.

(60) "Juvenile Psychiatric Security Review Board (JPSRB)" means the entity described in ORS 161.385.

(61) "Legal Representative" means a person who has been legally designated by court order to make financial or health care decisions for another individual. The legal representative only has authority to act within the scope and limits of his or her authority as designated by the court or other agreement. Legal representatives acting outside of his or her authority or scope shall meet the definition of authorized representative.

(62) "Lethal Means Counseling" means best practice research-based counseling strategies to help patients at risk for suicide and their families reduce access to lethal means, including but not limited to firearms.

(63) "Level of Care" means the range of available services provided from the most integrated setting to the most restrictive and most intensive in an inpatient setting.

(64) "Licensed Health Care Professional" means a practitioner of the healing arts acting within the scope of their practice under state law who is licensed by a recognized governing board in Oregon.

(65) "Licensed Medical Practitioner (LMP)" means program staff who meet the following minimum qualifications:

(a) Physician licensed to practice in the State of Oregon; or

(b) Nurse practitioner licensed to practice in the State of Oregon; or

(c) Physician's assistant licensed to practice in the State of Oregon; and

(d) Whose training, experience, and competence demonstrate the ability to conduct a mental health assessment and provide medication management;

(e) For IOSS and ITS providers, LMP means a Board-Certified or Child and Adolescent Psychiatrist licensed to practice in the State of Oregon or a Psychiatric Nurse Practitioner under the consultation of a board-certified or board-eligible child and adolescent psychiatrist licensed to practice in the State of Oregon.

(66) "Linkage agreement" has the meaning given that term in OAR 309-032-0860.

(67) "Local Mental Health Authority (LMHA)" means one of the following entities:

(a) The board of county commissioners of one or more counties that establishes or operates a CMHP;

(b) The tribal council in the case of a federally recognized tribe of Native Americans that elects to enter into an agreement to provide mental health services; or

(c) A regional local mental health authority composed of two or more boards of county commissioners.

(68) "Mandatory Reporter" means any public or private official, as defined in ORS 419B.005 or 430.735, who comes in contact with or has reasonable cause to believe that an individual has suffered abuse or that any person with whom the official comes in contact with has abused the individual. Pursuant to ORS 419B.010 or 430.765, psychiatrists, psychologists, clergy, and attorneys are not mandatory reporters with regard to information received through communications that are privileged under ORS 40.225 to 40.295.

(69) "Medicaid" means the federal grant-in-aid program to state governments to provide medical assistance to eligible individuals under Title XIX of the Social Security Act.

(70) "Medical Director" means a physician licensed to practice medicine in the State of Oregon and is designated by a substance use disorders treatment program to be responsible for the program's medical services, either as an employee or through a contract.

(71) "Medical Supervision" means an LMP's review and approval, at least annually, of the medical appropriateness of services and supports identified in the service plan for each individual receiving mental health services for one or more continuous years.

(72) "Medically Appropriate" means services and medical supplies required for prevention, diagnosis, or treatment of a physical or behavioral health condition or injuries that are:

(a) Consistent with the symptoms of a health condition or treatment of a health condition;

(b) Appropriate regarding standards of good health practice and generally recognized by the relevant scientific community and professional standards of care as effective;

(c) Not solely for the convenience of an individual or a provider of the service or medical supplies; and

(d) The most cost effective of the alternative levels of medical services or medical supplies that can be safely provided to an individual.

(73) "Medication Assisted Treatment (MAT)" means the use of medication in combination with counseling and behavioral therapies for the treatment of substance use disorders.

(74) "Mental Health Intern" means program staff who meet qualifications for QMHA and are currently enrolled in a graduate program approved by the Division-approved certification or licensing body but does not have the necessary graduate degree in psychology, social work, or related field of behavioral science, or have an equivalent degree as determined by the Division-approved certification or licensing body. The program staff shall:

(a) Be enrolled in a graduate program that will result in a degree in psychology, social work, or related field of behavioral science, or an equivalent degree as evidenced by providing transcripts indicating applicable coursework meeting the required competencies and approved by the OHA-approved certification or licensing body.

(b) Have a collaborative educational agreement between the Division-certified provider and the graduate program for the student; and (c) Work under the direct supervision of a qualified supervisor employed by the provider of services, within the scope of practice and competencies identified by the collaborative educational agreement, and within the policies and procedures for the credentialing of program staff as established by the provider.

(75) "Mobile Crisis Services" means mental health services for individuals in crisis provided by mental health practitioners who respond to behavioral health crises onsite at the location in the community where the crisis arises and who provide a face-to-face therapeutic response. The goal of mobile crisis services is to help an individual resolve a psychiatric crisis in the most integrated setting possible and to avoid unnecessary hospitalization, inpatient psychiatric treatment, involuntary commitment, and arrest or incarceration.

(76) "Mobile Crisis Response Time" means the time from the point when a professional decision is made that a face-to-face intervention is required to the time the actual face-to-face intervention takes place in the community.

(77) "Non-Medicaid Service Data" means data collected through the mandated state data system regarding services paid for by any source other than Medicaid and includes, but is not limited to:

(a) Diagnosis;

(b) Date of service;

(c) Place of service;

(d) Procedure code;

(e) Modifier;

(f) Number of service units; and

(g) Billed charges.

(78) "Nursing Services" means services that are provided by a registered nurse (RN) or a licensed practical nurse (LPN) within the scope of practice as defined in OAR chapter 851 division 045.

(79) "Outpatient Substance Use Disorders Treatment Program" means a program that provides assessment, treatment, and rehabilitation on a regularly scheduled basis or in response to crisis for individuals with substance use disorders and their family members or significant others.

(80) "Outpatient Community Mental Health Services and Supports" means all outpatient mental health services and supports provided to children, youth, and adults.

(81) "Outpatient Problem Gambling Treatment Services" means all outpatient treatment services and supports provided to individuals with gambling related problems and their families.

(82) "Outreach" means the delivery of behavioral health services, referral services, and case management services in non-traditional settings including but not limited to the individual's residence, shelters, streets, jails, transitional housing sites, drop-in centers, single room occupancy hotels, child welfare settings, educational settings, or medical settings. It also means attempts made to engage or re-engage an individual in services by such means as letters or telephone calls.

(83) "PreEngagement Services" means services delivered prior to completion of an assessment, service plan, and/or commencement of formal treatment in order to engage high risk/high need individuals in ongoing treatment services and to avoid crisis events and higher levels of care.

(84) "Peer" means program staff supporting an individual or the individual's family member who has similar life experience, either as a current or former recipient of mental health or substance use services, or as a family member of an individual who is a current or former recipient of substance use or mental health services.

(85) "Peer-Delivered Services" are community-based services and supports provided by peers and peer support specialists to individuals or family members with similar lived experience. These services are intended to support individuals and families to engage individuals in ongoing treatment and to live successfully in the community.

(86) "Peer Support Specialist" means program staff providing peer delivered services to an individual or family member with similar life experience under the supervision of a qualified clinical supervisor and a qualified peer delivered services supervisor as resources are made available. A peer support specialist shall be certified by the Authority's Office of Equity and Inclusion as required by OAR 410-180-0300 to 0380. and:

(87) "Peer Support and Peer Wellness Specialist Supervision" means supervision by a qualified clinical supervisor and a qualified peer delivered services supervisor as resources are available. The supports provided include guidance in the unique discipline of peer delivered services and the roles of peer support specialists and peer wellness specialists.

(88) "Peer Delivered Services Supervisor" means qualified program staff, with at least one year of experience as a PSS or PWS in behavioral health treatment services, to evaluate and guide PSS and PWS program staff in the delivery of peer delivered services and supports.

(89) "Peer Wellness Specialist" means program staff who supports an individual in identifying behavioral health service and support needs through community outreach, assisting individuals with access to available services and resources, addressing barriers to services, and providing education and information about available resources and behavioral health issues in order to reduce stigma and discrimination toward consumers of behavioral health services and to provide direct services to assist individuals in creating and maintaining recovery, health, and wellness. A peer wellness specialist shall meet the requirements within ORS 414.025:

(90) "Problem Gambling Approved Certification Consultant" means program staff who is a Certified Gambling Addiction Counselor, level II (CGACII) for a minimum of two years and has a minimum of ten hours of clinical supervision education. The purpose of the position is to provide consultation for CGAC candidates on 1) Fundamentals of Problem Gambling Treatment case conceptualization 2) the process and requirements of earning certification as a CGAC. This is a Mental Health and Addiction Certification Board of Oregon (MHACBO) distinction.

(91) "Problem Gambling Treatment Staff" means program staff certified by a Division recognized credentialing body to provide problem gambling treatment services.

(92) "Program" means a particular type or level of service that is organizationally distinct.

(93) "Program Administrator" or "Program Director" means program staff with appropriate professional qualifications and experience who is designated to manage the operation of a program.

- (94) "Program Staff" means a person who by contract with the program provide a service and has the applicable competencies, qualifications, or certification required to provide the service.
- (95) "Provider" means an individual, organizational provider, or Community Mental Health Program as designated under ORS 430.637(1)(b) that holds a current certificate to provide outpatient behavioral health treatment or prevention services pursuant to these and other applicable service delivery rules.
- (96) "Psychiatric Security Review Board (PSRB)" means the entity described in ORS 161.295 through 161.400.
- (97) "Psychiatrist" means a physician licensed pursuant to ORS 677.010 to 677.228 and 677.410 to 677.450 by the Oregon Medical Board and who has completed an approved residency training program in psychiatry.
- (98) "Psychologist" means a psychologist licensed by the Oregon Board of Psychology.
- (99) "Publicly Funded" means financial support, in part or in full, with revenue generated by a local, state, or federal government.
- (100) "Qualified Mental Health Associate (QMHA)" means program staff delivering services under the direct supervision of a QMHP who meets the minimum qualifications as authorized by the LMHA or designee and specified in OAR 309-019-0125.
- (101) "Qualified Mental Health Professional (QMHP)" means program staff LMP or any other program staff meeting the minimum qualifications as authorized by the LMHA or designee and specified in OAR 309-019-0125.
- (102) "Qualified Person" means program staff who is a QMHP or a QMHA and is identified by the PSRB and JPSRB in its Conditional Release Order. This individual is designated by the provider to deliver or arrange and monitor the provision of the reports and services required by the Conditional Release Order.
- (103) "Quality Assessment and Performance Improvement" means the structured, internal monitoring and evaluation of services to improve processes, service delivery, and service outcomes.
- (104) "Recovery" means a process of healing and transformation for an individual to achieve full human potential and personhood in leading a meaningful life in communities of their choice.
- (105) "Representative" means a person who acts on behalf of an individual at the individual's request with respect to a grievance including but not limited to a relative, friend, Division employee, attorney, or legal guardian.
- (106) "Resilience" means the universal capacity that an individual uses to prevent, minimize, or overcome the effects of adversity. Resilience reflects an individual's strengths as protective factors and assets for positive development.
- (107) "Respite Care" means planned and emergency supports designed to provide temporary relief from care giving to maintain a stable and safe living environment. Respite care may be provided in or out of the home. Respite care includes supervision and behavior support consistent with the strategies specified in the service plan.
- (108) "Safety Plan" means a best practice research-based individual directed document developed through a collaborative process in which the provider assists the individual in listing strategies to use when suicide ideation is elevated or after a suicide attempt.
- (109) "Screening" means the process to determine whether the individual needs further assessment to identify circumstances requiring referrals or additional services and supports.
- (110) "Screening Specialist" means a person who possesses valid certification issued by the Division to conduct DUII evaluations.
- (111) "Service Plan" means a comprehensive plan for services and supports provided to or coordinated for an individual and their family, as applicable, that is reflective of the assessment and the intended outcomes of service.
- (112) "Service Note" means the written record of services and supports provided, including documentation of progress toward intended outcomes consistent with the timelines stated in the service plan.
- (113) "Service Record" means the written or electronic documentation regarding an individual and resulting from entry into services, assessment, orientation, services and supports planning, services and supports provided, and transfer.
- (114) "Services" means activities and treatments described in the service plan and rendered, that are intended to assist the individual's transition to recovery from a substance use disorder, problem gambling disorder, or mental health condition and to promote resiliency and rehabilitative and functional individual and family outcomes.
- (115) "Signature" means any written or electronic means of entering the name, date of authentication, and credentials

of the program staff providing a specific service or the individual authorizing services and supports. Signature also means any written or electronic means of entering the name and date of authentication of the individual, guardian, or any authorized representative of the individual receiving services.

(116) "Skills Training" means providing information and training to individuals and families designed to assist with the development of skills in areas including but not limited to anger management, stress reduction, conflict resolution, self-esteem, parent-child interactions, personal relationships, drug and alcohol awareness, behavior support, symptom management, accessing community services, and daily living.

(117) "Status Data" means data collected through the mandated state data system and includes, but is not limited to:

- (a) Initial admission, diagnostic, and demographics data;
- (b) Updates and changes as needed through the individual's enrollment in services; and
- (c) Discharge or other discontinuation of services.

(118) "Student Intern" means program staff rendering behavioral health services in a Division-certified program, who does not meet the qualifications for QMHA. The program staff shall:

- (a) Be currently enrolled in an undergraduate education program for a degree in psychology, social work, or other related field of behavioral science;
- (b) Have a collaborative educational agreement between the Division-certified provider and the educational program for the student; and
- (c) Render services and supports under the direct supervision of a qualified supervisor employed by the provider of services, within the scope of practice and competencies identified by the collaborative educational agreement, and within the policies and procedures for the credentialing of program staff as established by the provider.

(119) "Substance Abuse Prevention and Treatment Block Grant" or "SAPT Block Grant" means the federal block grants for prevention and treatment of substance abuse under Public Law 102-321 (31 U.S.C. 7301-7305) and the regulations published in Title 45 Part 96 of the Code of Federal Regulations.

(120) "Substance Use Disorders" means disorders related to the taking of a drug of abuse including alcohol to the side effects of a medication and to a toxin exposure. The disorders include substance use disorders such as substance dependence and substance abuse and substance-induced disorders, including substance intoxication, withdrawal, delirium, and dementia, and includes but is not limited to substance induced psychotic disorder, mood disorder, as defined in DSM criteria.

(121) "Substance Use Disorders Treatment and Recovery Services" means outpatient, intensive outpatient, and residential services and supports for individuals with substance use disorders.

(122) "Substance Use Disorders Treatment Staff" means program staff certified by a Division-approved certification body to render substance use disorders treatment services.

(123) "Successful DUII Completion" means that the DUII program has documented in its records that for the period of service deemed necessary by the program, the individual has:

- (a) Met the completion criteria approved by the Division;
- (b) Met the terms of the fee agreement between the provider and the individual; and
- (c) Demonstrated 90 days of continuous abstinence prior to completion.

(124) "Supports" means activities, referrals, and supportive relationships designed to enhance the services delivered to individuals and families for the purpose of facilitating progress toward intended outcomes.

(125) "Transfer" means the process of assisting an individual to transition from the current services to the next appropriate setting or level of care.

(126) "Trauma Informed Services" means services that are reflective of the consideration and evaluation of the role that trauma plays in the lives of people seeking mental health, substance use, or problem gambling services, including recognition of the traumatic effect of misdiagnosis and coercive treatment. Services are responsive to the vulnerabilities of trauma survivors and are delivered in a way that avoids inadvertent re-traumatization and facilitates individual direction of services.

(127) "Treatment" means the planned, individualized program of medical, psychological, and rehabilitative procedures,

experiences, and activities designed to remediate symptoms of a DSM diagnosis that are included in the service plan.

(128) "Triage" means a classification process to determine priority needs.

(129) "Urinalysis Test" means an initial test and, if positive, a confirmatory test:

(a) An initial test shall include, at a minimum, a sensitive, rapid, and inexpensive immunoassay screen to eliminate "true negative" specimens from further consideration;

(b) A confirmatory test is a second analytical procedure used to identify the presence of a specific drug or metabolite in a urine specimen. The confirmatory test shall be by a different analytical method from that of the initial test to ensure reliability and accuracy;

(c) All urinalysis tests shall be performed by laboratories meeting the requirements of OAR 333-024-0305 through 0365.

(130) "Urgent" means the onset of symptoms requiring attention within 24 hours to prevent a serious deterioration in an individual's mental or physical health or threat to safety.

(131) "Variance" means an exception from a provision of these rules granted in writing by the Division pursuant to the process regulated by OAR 309-008-1600 upon written application from the provider. Duration of a variance is determined on a case-by-case basis.

(132) "Volunteer" means program staff who provide a program service or take part in a program service and are not program employees and are not paid for services. The services shall be non-clinical unless the program staff has the required credentials to provide a clinical service.

(133) "Warm Handoff" has the meaning given that term in OAR 309-032-0860.

(134) "Wellness" means an approach to healthcare that emphasizes good physical and mental health, preventing illness, and prolonging life.

(135) "Wraparound" means a high fidelity model of team-based intensive care coordination for children and their families based on National Wraparound Initiative values and principles.

(136) "Young Adult in Transition" means an individual who is developmentally transitioning into independence, sometime between the ages of 14 and 25.

STATUTORY/OTHER AUTHORITY: ORS 161.390, 413.042, 430.256, 430.640

STATUTES/OTHER IMPLEMENTED: ORS 161.390 - 161.400, 428.205 - 270, 430.010, 430.205- 430.210, 430.254 - 430.640, 430.850 - 430.955, 743A.168

AMEND: 309-019-0110

RULE TITLE: Provider Policies

NOTICE FILED DATE: 04/26/2021

RULE SUMMARY: Additional policies added for workplace gambling, prevention of communicable disease transmission, emergency evacuation, and care coordination.

RULE TEXT:

(1) All providers shall develop and implement written service delivery policies and specific procedures compliant with these rules, to be made available to individuals and family members upon request, and shall include, at a minimum, the following:

- (a) Personnel qualifications and credentialing;
 - (b) Mandatory abuse reporting compliant with ORS 430.735 - 430.768 and OAR chapter 407 division 45;
 - (c) Criminal Records Checks compliant with OAR 407-007-0200 to 0370;
 - (d) Fraud, waste, and abuse in federal Medicaid and Medicare programs compliant with OAR 410-120-1380 and 410-120-1510;
 - (e) Drug and Gambling Free Workplace;
 - (f) Fee agreements;
 - (g) Confidentiality and compliance with HIPAA, Federal Confidentiality Regulations (42 CFR, Part 2), and state confidentiality regulations as specified in ORS 179.505 and 192.518 through 192.530;
 - (h) Compliance with Title 2 of the Americans with Disabilities Act of 1990 (ADA);
 - (i) Grievances and appeals;
 - (j) Individual rights;
 - (k) Quality assessment and performance improvement;
 - (l) Trauma informed service delivery consistent with the Division Trauma Informed Services Policy;
 - (m) Provision of culturally and linguistically appropriate services;
 - (n) Crisis prevention and response;
 - (o) Incident reporting;
 - (p) Peer delivered services;
 - (q) Prevention of communicable disease transmission;
 - (r) Emergency evacuation;
 - (s) Care coordination; and
 - (t) Prohibit the following:
 - (A) Psychological and physical abuse of an individual;
 - (B) Seclusion, personal restraint, mechanical restraint, and chemical restraint;
 - (C) Withholding shelter, regular meals, medication, clothing, or supports for physical functioning;
 - (D) Discipline of one individual receiving services by another; and
 - (E) Titration of medications prescribed for the treatment of opioid dependence as a condition of receiving or continuing to receive treatment.
- (2) Providers of Enhanced Care Services (ECS) services shall develop behavior support policies consistent with OAR 309-019-0155(3).
- (3) Community Mental Health Programs shall develop policies for linkage agreements compliant with OAR 309-032-0870.

STATUTORY/OTHER AUTHORITY: ORS 161.390, 413.042, 430.256, 430.640

STATUTES/OTHER IMPLEMENTED: ORS 161.390 - 161.400, 179.505, 413.520 - 413.522, 428.205 - 428.270, 430.010, 430.205 - 430.210, 430.254 - 430.640, 430.850 - 430.955, 743A.168

AMEND: 309-019-0125

RULE TITLE: Specific Staff Qualifications and Competencies

NOTICE FILED DATE: 04/26/2021

RULE SUMMARY: Update of qualifications of Substance Use and Problem Gambling Treatment Staff, Qualified Mental Health Associates, Qualified Mental Health Professional, Mental Health Intern, Student Intern, Medical Director, and Rehabilitative Behavioral Health provider.

RULE TEXT:

Program staff shall meet the following qualifications, credentialing, or licensing standards and competencies:

- (1) Program staff, contractors, volunteers, and interns providing treatment services or Peer Delivered Services in substance use disorders, problem gambling, or mental health treatment programs shall be trained in and familiar with strategies for the delivery of trauma informed and culturally responsive treatment services. All treatment services shall be provided in a trauma informed and culturally responsive manner.
- (2) Program administrators and program directors shall demonstrate competence in leadership, cultural responsiveness, program planning and budgeting, fiscal management, supervision of program staff, personnel management, program staff performance assessment, use of data, reporting, program evaluation, quality assurance, and developing and coordinating community resources.
- (3) Clinical supervisors in all programs shall demonstrate competence in leadership, cultural responsiveness, oversight and evaluation of services, staff development, assessment, person-centered treatment planning, case management and coordination, utilization of community resources; group, family, and individual therapy or counseling; documentation and rationale for services to promote intended outcomes; and implementation of all provider policies.
- (4) Clinical supervisors in mental health programs shall meet QMHP requirements and have completed two years equivalent of post-graduate clinical experience in a mental health treatment setting.
- (5) Clinical supervisors in substance use disorders treatment programs shall be certified by a Division recognized credentialing body as follows:
 - (a) For clinical supervisors holding a certification in substance use disorder counseling, qualifications for the certification shall have included at least:
 - (A) 4000 hours of supervised experience in substance use counseling;
 - (B) 300 contact hours of education and training in substance use related subjects; and
 - (C) Successful completion of a professional psychometric examination by a Division recognized credentialing body. A substantively equivalent portfolio evaluation by a Division recognized credentialing body may be accepted in lieu of a professional psychometric examination using procedures approved by the Division.
 - (b) Clinical supervisors not holding a certification in substance use disorder counseling shall have health or allied provider license. The license shall have been issued by one of the following state bodies and the supervisor shall possess documentation of at least 120 contact hours of academic or continuing professional education in the treatment of substance use disorders.
 - (A) Oregon Medical Board;
 - (B) Oregon Board of Psychologist Examiners;
 - (C) Oregon Board of Licensed Social Workers;
 - (D) Oregon Board of Licensed Professional Counselors and Therapists; or
 - (E) Oregon State Board of Nursing.
 - (c) Additionally, clinical supervisors in substance use disorders programs shall have one of the following qualifications:
 - (A) Five years of paid full-time experience in the field of substance use disorders counseling; or
 - (B) A Bachelor's degree and four years of paid full-time experience in the social services field with a minimum of two years of direct substance use disorders counseling experience; or
 - (C) A Master's degree and three years of paid full-time experience in the social services field with a minimum of two years of direct substance use or co-occurring disorders counseling experience.

(6) Clinical supervisors in problem gambling treatment programs shall meet the requirements for clinical supervisors in either mental health or substance use disorders treatment programs and have completed ten hours of training specific to problem gambling within six months of designation as a problem gambling services supervisor.

(7) Peer Delivered Services Supervisors shall be a certified Peer Support Specialist (PSS) or Peer Wellness Specialist (PWS) with at least one year of experience in behavioral health treatment services, as resources are made available, or by a qualified supervisor for the program in which the Peer renders services.

(8) Substance use disorders program staff shall:

(a) Demonstrate competence in the following areas: cultural responsiveness, screening for substance use disorder, recognition of intoxication and withdrawal, ASAM assessment and level of care placement, DSM diagnostics, development of a service plan, case management and care coordination, facilitation of drug testing, and delivery of individual, group and family counseling, program policies and procedures for service delivery and documentation, and identification, implementation, and coordination of services identified to facilitate intended outcomes, and identification of health and safety risks to self or others; and

(b) Receive clinical supervision that documents progress towards certification and recertification; or

(c) At the date of first hire to provide substance use disorder treatment, if the program staff is not certified to provide substance use disorder treatment, they shall register with the Division recognized credentialing body within 30 days of hire and obtain professional substance use disorder treatment certification within two years from the date of first hire;

(d) If, during the first two years of employment, or a prorated timeframe if employed part time, the program staff has not yet been certified and is employed by a program that is certified by the Division, the program staff may request the program submit a request for variance with the Division;

(e) For program staff holding certification in substance use disorder counseling, qualifications for certification shall have included at least:

(A) 1000 hours of supervised experience in substance use counseling;

(B) 150 contact hours of education and training in substance use related subjects; and

(C) Successful completion of a professional psychometric examination by a Division recognized credentialing body. A substantively equivalent portfolio evaluation by Division recognized credentialing body may be accepted in lieu of a professional psychometric examination using procedures approved by the Division.

(f) Program staff not holding certification from a Division recognized credentialing body in substance use disorder counseling shall have a license or registration from a Division recognized credentialing body and at least 60 contact hours of academic or continuing professional education in the treatment of substance use disorders. The license or registration shall have been issued by one of the following state bodies:

(A) Oregon Medical Board;

(B) Oregon Board of Psychologist Examiners;

(C) Oregon Board of Licensed Social Workers;

(D) Oregon Board of Licensed Professional Counselors and Therapists; or

(E) Oregon State Board of Nursing.

(9) Problem Gambling program staff shall:

(a) Demonstrate competence in the following areas: treatment of problem gambling and gambling disorder including individual assessment to include identification of health and safety risks to self or others; individual, group, family, and other counseling techniques; program policies and procedures for service delivery and documentation, implementation and coordination of services identified to facilitate intended outcomes and cultural responsiveness;

(b) Receive clinical supervision that documents progress towards certification and recertification;

(c) At the date of first hire to provide gambling addiction treatment, if a program staff is not certified to provide problem gambling treatment, they shall register with the Division recognized credentialing body within 30 days of hire to obtain professional gambling addiction certification;

(d) If, during the first two years of employment or a prorated timeframe if employed part time, a program staff has not yet been certified and is employed by a program that is certified by the Division, the program staff may request the

program submit a request for variance with the Division;

(e) For program staff holding certification in gambling addiction counseling, qualifications for certification shall include at least:

(A) 500 hours of supervised experience in gambling addiction counselor domains;

(B) 60 contact hours of education and training in problem gambling;

(C) 24 hours of face-to-face, telephone, email or other electronic communication, of certification consultation from a problem gambling approved certification consultant; and

(D) Successful completion of a professional psychometric examination by a Division recognized credentialing body or a substantively equivalent portfolio evaluation by a Division recognized credentialing body may be accepted in lieu of a professional psychometric examination using procedures approved by the Division.

(f) Program staff not holding certification in gambling addiction counseling by a Division recognized credentialing body shall have at least 60 contact hours of academic or continuing professional education in the treatment of gambling addiction. The license or registration shall have been issued by one of the following state bodies:

(A) Oregon Medical Board;

(B) Oregon Board of Psychologist Examiners;

(C) Oregon Board of Licensed Social Workers;

(D) Oregon Board of Licensed Professional Counselors and Therapists; or

(E) Oregon State Board of Nursing.

(10) Qualified Mental Health Associates (QMHA) program staff shall:

(a) Demonstrate the following minimum competencies: cultural responsiveness, effective communication, care coordination, inter- and intra-agency collaboration, working alliances with individuals, assist in the gathering and compiling of information to be included in the assessment, screen for suicide and other risks, and implement timely interventions, teach skill development strategies, case management, and transition planning;

(b) Render services and supports within their scope to individuals engaged in a Division approved behavioral health services provider; and

(c) Shall meet the following minimum qualifications:

(A) Bachelor's degree in psychology, social work, or behavioral science field;

(B) An equivalent degree as evidenced by providing transcripts indicating applicable coursework meeting the required competencies and approved by a Division certified behavioral health provider; or

(C) A combination of at least three years of relevant work, education, training, or experience.

(d) Receive clinical supervision that documents progress towards certification and recertification.

(11) Qualified Mental Health Professional (QMHP) program staff shall:

(a) Demonstrate the following minimum competencies: cultural responsiveness, effective communication, care coordination, inter- and intra-agency collaboration, working alliances with individuals, suicide and other risk assessments and interventions, creating and monitoring safety plans, completion of bio-psycho-social assessments and additional assessments, updating assessments when clinical circumstances change, generating a differential DSM diagnosis, prioritizing health, wellness and recovery needs, writing measurable service objectives, creating, monitoring and revising service plans, delivery of mental health and recovery treatment services in individual, group and family formats within their scope, gathering and recording data that measures progress toward the service objectives and documenting services, supports and other information supportive of the service plan.

(b) Render services and supports within their scope to individuals engaged in a Division approved behavioral health services program;

(c) Meet the following minimum qualifications:

(A) Bachelor's degree in nursing and licensed by the State of Oregon. Nurses are accountable to abide by the Oregon Nurse Practice Act to determine if job descriptions are compliant with the competencies listed above;

(B) Bachelor's degree in occupational therapy and licensed by the State of Oregon;

(C) Graduate degree in psychology, social work, recreational art or music therapy, or behavioral science field;

- (D) An equivalent degree as evidenced by providing transcripts indicating applicable coursework meeting the required competencies and approved by a Division certified behavioral health provider; or
 - (E) Qualify as a Mental Health Intern, as described in these rules.
- (d) Receive clinical supervision that documents progress towards certification and recertification.
- (12) Mental Health Intern (MHI) program staff shall:
- (a) Be currently enrolled in a graduate program for a master's degree in psychology, social work, or related field of behavioral science;
 - (b) Have a collaborative educational agreement between the Division certified provider and the graduate program for the student;
 - (c) Demonstrate cultural responsiveness, effective communication and competence in care coordination, development of working alliances with individuals, inter- and intra-agency collaboration, and the rendering of services and supports within their scope and in accordance with the service plan, including transition planning; and
 - (d) Work within the scope of practice and competencies identified by collaborative educational agreement and the policies and procedures for the credentialing of clinical staff as established by the provider and the graduate program;
- (13) Student Intern program staff shall:
- (a) Be currently enrolled in an educational program that results in an undergraduate degree in a behavioral health field;
 - (b) Demonstrate cultural responsiveness, effective communication and competence in care coordination, development of working alliances with individuals, inter- and intra-agency collaboration, and the rendering of services and supports within their scope and in accordance with the service plan, including transition planning;
 - (c) Have a collaborative education agreement between the Division certified provider and the educational institute for the student;
 - (d) Work within the scope of practice and competencies identified by the collaborative educational agreement and the policies and procedures for the credentialing of clinical staff as established by the provider; and
 - (e) Receive, at a minimum, weekly individual supervision by a qualified clinical supervisor employed by the provider of services.
- (14) Rehabilitative Behavioral Health Service Providers, including Medical staff, shall demonstrate cultural responsiveness and meet the requirements and qualifications in OAR 410-172-0660.
- (15) Medical Directors shall be licensed under ORS 677 or 685 and may perform health maintenance and restoration measures consistent with generally recognized and accepted principles of medicine, including but not limited to:
- (a) Administering, dispensing, or writing prescriptions for drugs;
 - (b) Recommending the use of specific and appropriate over-the-counter pharmaceuticals;
 - (c) Ordering diagnostic tests; and
 - (d) Perform tasks required by OAR 309-019-0200.
- (16) Peer Support Specialists and Peer Wellness Specialists, including family and youth support and wellness specialists, shall meet the requirements in OAR 410-180-0300 to 0380 for certification and continuing education.
- (a) A Peer Support Specialist and Peer Wellness Specialist shall be;
- (A) A self-identified individual currently or formerly receiving mental health or substance use services;
 - (B) A self-identified individual in recovery from a substance use disorder who meets the abstinence requirements for recovering staff in substance use disorders treatment and recovery programs
 - (C) A self-identified individual in recovery from problem gambling; or
 - (D) A person who has experience parenting a child who:
 - (i) Is a current or former recipient of mental health or substance use treatment; or
 - (ii) Is facing or has faced difficulties in accessing education and health and wellness services due to a mental health or behavioral health barrier.
- (b) A Peer Support Specialist and Peer Wellness Specialist shall demonstrate:
- (A) The ability to support others in their recovery or resiliency;
 - (B) Personal life experience and tools of self-directed recovery and resiliency; and

(C) Demonstrate cultural responsiveness and effective communication.

STATUTORY/OTHER AUTHORITY: ORS 161.390, 413.042, 430.256, 430.640

STATUTES/OTHER IMPLEMENTED: ORS 430.254 - 430.640, 430.850 - 430.955, 743A.168, ORS 428.205 - 428.270, 430.010

AMEND: 309-019-0130

RULE TITLE: Personnel Documentation, Training, and Supervision

NOTICE FILED DATE: 04/26/2021

RULE SUMMARY: Updates to documentation of supervision.

RULE TEXT:

(1) Providers shall maintain personnel records for each program staff that contains all of the following documentation:

- (a) When required, verification of a criminal record check consistent with OAR 943-007-0001 through 0501;
- (b) A current job description that includes applicable competencies;
- (c) Copies of relevant licensure or certification, registration for licensure or certification, diploma, or certified transcripts from an accredited college, indicating that the program staff meets applicable qualifications;
- (d) Periodic performance appraisals;
- (e) Staff orientation documentation; and
- (f) Disciplinary documentation;
- (g) Documentation of trainings required by this or other applicable rules; and
- (h) Documentation of clinical and non-clinical supervision. Documentation shall include the date supervision took place, the amount of supervision time, and a brief description of relevant topics discussed.

(2) Providers using contractors, interns, or volunteers as program staff shall maintain the following documentation, as applicable:

- (a) A contract or written agreement;
- (b) A signed confidentiality agreement;
- (c) Orientation documentation; and
- (d) For subject program staff, verification of a criminal records check consistent with OAR 943-007-0001 through 0501.

(3) Providers shall ensure that program staff receive training applicable to the specific population for whom services are planned, delivered, or supervised. The program shall document appropriate orientation for each program staff providing services within 30 days of the hire date. At a minimum, training and orientation for all program staff shall include but not be limited to:

- (a) A review of crisis prevention and response procedures;
- (b) A review of emergency evacuation procedures;
- (c) A review of program policies and procedures;
- (d) A review of rights for individuals receiving services and supports;
- (e) A review of mandatory abuse reporting procedures;
- (f) A review of confidentiality policies and procedures;
- (g) A review of Fraud, Waste and Abuse policies and procedures;
- (h) A review of care coordination policies and procedures; and
- (i) For Enhanced Care Services, positive behavior support training.

(4) Program staff providing direct services and supports shall receive documented clinical supervision by a qualified clinical supervisor related to the development, implementation, and outcome of services:

- (a) Supervision shall be provided to assist program staff to increase their skills within their scope of practice, improve quality of services to individuals, and supervise program staff and volunteers' compliance with program policies and procedures. Part time program staff shall receive weekly supervision prorated to reflect the average number of hours worked. Individual face-to face contact may include real time, two-way audio or audio-visual conferencing;
- (b) Documentation of two hours per month of supervision for each program staff supervised who is not accurately accounted for in one of the following subsections of this rule;
- (c) Documentation of two hours of quarterly supervision for program staff holding a license or certification issued by a Division recognized credentialing body;
- (d) Documentation of one-hour of weekly individual supervision for program staff meeting the definition of student

intern or mental health intern; and

(e) When available, a qualified Peer Delivered Services Supervisor shall provide one of the two hours of required monthly supervision to program staff providing direct Peer Delivered Services. Remaining hours of supervision shall be provided by a qualified supervisor of the program (mental health, substance use disorder, or problem gambling).

STATUTORY/OTHER AUTHORITY: ORS 161.390, 413.042, 430.256, 430.640

STATUTES/OTHER IMPLEMENTED: ORS 109.675, 428.205 - 428.270, 430.010, 430.205 - 430.210, 430.254 - 430.640, 430.850 - 430.955, 743A.168

AMEND: 309-019-0135

RULE TITLE: Entry and Assessment

NOTICE FILED DATE: 04/26/2021

RULE SUMMARY: Adding gambling disorder to be included in co-occurring disorders.

RULE TEXT:

(1) The program shall utilize an entry procedure that at a minimum shall ensure the provision and documentation of the following:

- (a) Individuals shall be considered for entry without regard to race, ethnicity, gender, gender identity, gender expression, sexual orientation, religion, creed, national origin, age (except when program eligibility is restricted to children, adults, or older adults), familial status, marital status, source of income, and disability;
 - (b) The provider may not solely deny entry to individuals who are prescribed medication to treat opioid dependence;
 - (c) Individuals shall receive services in the most timely manner feasible consistent with the presenting circumstances;
 - (d) Written voluntary informed consent for services shall be obtained from the individual or guardian prior to the start of services. If consent is not obtained, the reason shall be documented and further attempts to obtain informed consent shall be made as appropriate;
 - (e) The provider shall develop and maintain service records and other documentation for each individual that demonstrates the specific services and supports provided;
 - (f) The provider shall submit timely status and service data in the mandated state data system, as required by the Division for:
 - (A) Each individual whose services are paid for in-full or in-part by public funds; and
 - (B) Each individual enrolled in a DUII Services Program as outlined in OAR 309-019-0195 regardless of payor.
 - (g) In accordance with ORS 179.505, HIPAA, and 42 CFR Part 2, an authorization for the release of information shall be obtained for any confidential information concerning the individual being considered for or receiving services;
 - (h) At the time of entry, the program shall offer to the individual and guardian, if applicable, written program orientation information. The written information shall be in a language understood by the individual and shall include:
 - (A) An opportunity to complete a Declaration for Mental Health Treatment with the individual's participation and informed consent;
 - (B) A description of individual rights consistent with these rules;
 - (C) Policy concerning grievances and appeals consistent with these rules including an example grievance form;
 - (D) Notice of privacy practices; and
 - (E) An opportunity to register to vote, per federal requirement.
- (2) Entry requirements for providers that receive the Substance Abuse Prevention Treatment (SAPT) block grant:
- (a) Individuals shall be prioritized in the following order:
 - (A) Individuals who are pregnant and using substances intravenously;
 - (B) Individuals who are pregnant;
 - (C) Individuals who are using substances intravenously; and
 - (D) Individuals or families with dependent children.
 - (b) Individuals using substances intravenously shall receive interim referrals and information prior to entry to reduce the adverse health effects of substance use, promote the health of the individual, and reduce the risk of transmission of disease. At a minimum, interim referral and informational services shall include:
 - (A) Counseling and education about blood borne pathogens including Hepatitis, HIV, STDs, and Tuberculosis (TB); the risks of needle and paraphernalia sharing; and the likelihood of transmission to sexual partners and infants;
 - (B) Counseling and education about steps that can decrease the likelihood of Hepatitis, HIV, STD, and TB transmission;
 - (C) Referral for Hepatitis, HIV, STD, and TB testing, vaccine, or care services if necessary;
 - (D) For pregnant women, counseling on the likelihood of blood borne pathogen transmission as well as the effects of alcohol, tobacco, and other drug use on the fetus and referral for prenatal care; and

- (E) Peer Delivered Services that address parenting and youth in transition support, as indicated.
- (3) At the time of entry, an assessment shall be completed.
 - (a) Qualified program staff shall complete the assessment as follows:
 - (A) A QMHP in mental health programs;
 - (B) Supervisory or treatment staff in substance use disorders treatment programs; or
 - (C) Supervisory or treatment staff in problem gambling treatment programs.
 - (b) Each assessment shall include sufficient information and documentation to justify the presence of a diagnosis that is the medically appropriate reason for services;
 - (c) For substance use disorders services, each assessment shall be consistent with the dimensions described in the ASAM and shall document a diagnosis and level of care determination consistent with the DSM and ASAM;
 - (d) When the assessment process determines the presence of co-occurring substance use, gambling disorder or mental health disorders, or any risk to health and safety.
 - (A) Additional assessments shall be used to determine the need for additional services and supports and the level of risk to the individual or to others; and
 - (B) Providers shall document referral for further assessment, planning, and intervention from an appropriate professional, either with the same provider or with a collaborative community provider;
 - (e) Providers shall update assessments when there are changes in clinical circumstances; and
 - (f) Any individual continuing to receive mental health services for one or more continuous years shall receive an annual assessment by a QMHP.

STATUTORY/OTHER AUTHORITY: ORS 161.390, 413.042, 430.256, 430.640

STATUTES/OTHER IMPLEMENTED: ORS 161.390 - 161.400, 428.205 - 428.270, 430.010, 430.205- 430.210, 430.254 - 430.640, 430.850 - 430.955, 743A.168