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NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

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

FILED

01/20/2023 9:38 AM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Establishes American Society of Addiction Medicine (ASAM) Criteria Requirements and the use of ASAM standards

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 02/28/2023 5:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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Filed By:
Kalina Bathke
Rules Coordinator

HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 02/16/2023

TIME: 9:05 AM - 10:30 AM

OFFICER: Kalina Bathke

HEARING LOCATION

ADDRESS: Due to COVID-19 hearings are virtual, Salem, OR 97301

SPECIAL INSTRUCTIONS:

<https://www.zoomgov.com/j/1616665711?pwd=WVhOSUQvK2VkNmNqbVREQVFTtRFFQUT09>

Meeting ID: 161 666 5711

Passcode: 894827

+1 669 254 5252

The meeting location is accessible to persons with disabilities. A request for an interpreter for the hearing impaired or for other accommodations for persons with disabilities should be made at least 48 hours before the meeting to Kalina Bathke at kalina.m.bathke@dhsosha.state.or.us.

NEED FOR THE RULE(S)

The Centers for Medicare and Medicaid Services (CMS) Approved Oregon's application for a five-year Medicaid 1115 Demonstration Waiver, which will increase access to treatment services for people with substance use disorders (SUD) who are covered by the Oregon Health Plan (OHP). The waiver is effective April 8, 2021 through March 31, 2026. As part of the waiver, CMS requires the state of Oregon to utilize the nationally recognized SUD-specific program standards of the American Society of Addiction Medicine (ASAM) criteria to set provider licensure and certification qualifications and to establish a utilization management approach that ensures Medicaid beneficiaries have access to SUD services at the appropriate level of care and that the interventions are appropriate for the diagnosis level of care and that the program standards are delivered consistently across the state and through the entire SUD continuum of

care.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

Approved Center for Medicare & Medicaid Services (CMS) 1115 SUD Waiver demonstration project, special terms and conditions (STC) and the American Society of Addiction Medicine (ASAM) Criteria Third Edition and ASAM specific tools.

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

The changes will impact all Oregon licensed and/or certified SUD treatment programs. Provider engagement and listening sessions have identified the issue that treatment programs that are culturally, racially and/or linguistically specific may have additional barriers and financial burdens on implementing ASAM rule requirements. OHA/HSD is committed to providing additional support to these programs to ensure equitable implementation. Continued collaboration, listening, and partnership with communities and programs is essential throughout the rule making process and into implementation.

Black, Latinx, Asian and Native Americans and Alaskans are disproportionately impacted by behavioral health disorders, especially within the context of communities that have experienced historical and contemporary racism, trauma, and social, political, and economic injustices. OHA/HSD is committed to continued engagement with communities and programs across Oregon throughout the rule making process, to include Black, Indigenous, People of Color, and Tribal members to gather feedback and to be responsive and supportive to community needs and concerns.

Tribal Leaders have been informed of these proposed changes, including communications regarding possible impacts on Tribes. Tribal Leaders have been invited to RAC meetings as well. OHA/HSD has sent the "Dear Tribal Leader Letter" to the OHA tribal Affairs in accordance with OHA's Tribal consultation policy, for distribution to Oregon's nine federal recognized tribes.

OHA/HSD is aware of the fiscal impact these changes will have on the SUD providers especially to programs serving individuals that have been historically underserved and marginalized. Affordability is a concern for these programs and OHA/HSD desires to provide fiscal support for ASAM training and implementing the use of the ASAM criteria. OHA/HSD recognizes the request to have tools available in alternate languages such as but not limited to: Spanish, Russian, & Ukrainian. OHA/HSD also recognized concerns raised regarding ASAM tools not being culturally specific and may not be trauma informed for some cultures.

FISCAL AND ECONOMIC IMPACT:

The 1115 SUD waiver demonstration project will have a budget neutral impact for the agency as it relates to delivering the Medicaid benefit. However, implementing the use of ASAM to fidelity including the utilization management approach of requiring all SUD programs to use ASAM criteria will have an indeterminate fiscal impact on business, especially small and culturally specific business (less than 100 providers). The Health Systems Division of the Oregon Health Authority (OHA/HSD) desires to mitigate fiscal burden on the SUD providers by creating fiscal support opportunities. The funds will assist the SUD providers with ASAM training costs and costs associated with the implementation and use of the ASAM criteria. Due to the investments required to mitigate burden on providers, OHA/HSD will have a fiscal impact.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the

expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1) OHA/HSD and Local County Community Mental Health Programs (CMHPs) and Oregon Licensed and/or Certified Treatment programs delivering SUD treatment services and supports.

(2) Indeterminate fiscal impact

(a) Less than 100

(b) indeterminate fiscal impact. Programs will be required to adjust administrative activities, reporting and recordkeeping to align with the use of ASAM criteria

(c) indeterminate fiscal impact. Program will be required to adjust and comply with new OARs related to the use of ASAM placement requirements as it relates to professional services and supports. Note: Medicaid reimbursement rates for SUD Assessments and treatment have been increased to support the waiver activities associated with the ASAM requirements.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

OHA/HSD held multiple listening sessions November 2022 and a Rules Advisory Committee (RAC) meeting platform was used to obtain input on proposed rule changes. RAC invitation included small businesses.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:

309-019-0105, 309-019-0110, 309-019-0125, 309-019-0130, 309-019-0135, 309-019-0140, 309-019-0181, 309-019-0182, 309-019-0183, 309-019-0184, 309-019-0185, 309-019-0195

AMEND: 309-019-0105

RULE SUMMARY: Additions and Amendments are related to Substance Use related treatment. Added clarification to several definitions, new definitions added related to ASAM and ASAM Levels of care. Added definitions related to staffing, credentials and program types.

CHANGES TO RULE:

309-019-0105

Definitions ¶¶

(1) "Abuse of an Adult" means the circumstances defined in ORS 430.735, ~~OAR Chapter 943, Division 45~~ and OAR Chapter ~~407943~~, Division 45 for abuse of an adult with mental illness.¶¶

~~(2) "Abuse of a Child" means the circumstances defined in ORS 419B.005 and OAR 418.257. or who is receiving residential substance use disorder treatment or withdrawal management services.¶¶~~

~~(2) "Abuse of a Child" means the circumstances defined in ORS 418.257.¶¶~~

(3) "Activities of Daily Living or Individual Activities of Daily Living (IADL)" means those personal functional activities required by an individual for continued well-being, which are essential for health and safety. Activities include eating, dressing and grooming, bathing and personal hygiene, mobility, and elimination.¶¶

~~(34) "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.¶¶~~

~~(45) "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.¶¶~~

~~(56) "Adolescent" means an individual from 12 through 17 years of age or those individuals determined to be developmentally appropriate for youth services.¶¶~~

~~(67) "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.¶
(78) "The ASAM Criteria" means the third edition of The American Society of Addiction Medicine (ASAM) Criteria for the assessment, level of care placement and treatment of addictive, substance-related, and co-occurring conditions. The ASAM Criteria is a clinical guide to develop patient-centered service plans and make objective decisions about admission, continuing care, and transfer or discharge for individuals. The ASAM Criteria is incorporated by reference in these rules. A copy of the ASAM Criteria referenced in these rules is available to the public at: [https://sitefinitystorage.blob.core.windows.net/sitefinitivity-production-blobs/docs/default-source/quality-science/021122-asam-paper-criteria.pdf?sfvrsn=12032b4a_3 and are available upon request to HSD].¶

(9) "ASAM Level of Care" means one of several discrete intensities of services and supports within a substance use disorders program, that are delivered in a structured, programmatic fashion, by a certified outpatient or licensed residential program consistent with ASAM level of care certification requirements.¶

(10) "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.¶

(811) "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. For outpatient substance use disorders services, the assessment is multi-dimensional and is incorporated by reference in these rules, consistent with The ASAM Criteria.¶

(102) "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 Chapter 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.¶

(113) "Baseline Evaluation" means the beginning measurement of a behavior.¶

(14) "Behavioral Health Treatment" means treatment for mental health, substance use disorders, and problem gambling.¶

(125) "Behavior Support Plan" means the individualized proactive support strategies used to support positive behavior.¶

(136) "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.¶

(147) "Best Practice Risk Assessment" has the meaning given that term in OAR 309-023-0110.¶

(158) "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.¶

(169) "Brief Intervention" means an early intervention for those using substances, by utilizing tribal-based, evidence-based, or culturally-based practice designed to engage and motivate individuals at risk of substance use

disorder and related health problems to seek services and/or supports. Brief interventions can also be used to encourage those with more serious dependence or disorders to accept more intensive treatment. Brief interventions are intended to address problematic or risky substance use that presents with or without a previous diagnosis.¶

(20) "Certified Alcohol and Drug Counselor-Registrant (CADC-R)" means a substance use disorders treatment staff that:¶

(a) Is registered with the Division recognized credentialing body in substance use disorder counseling;¶

(b) Is working under a qualified substance use disorders treatment supervisor; and ¶

(c) Obtains the CADC credential within 2 years of registration. ¶

(217) "Care Coordination" means a process-oriented activity to facilitate ongoing communication and collaboration to meet multiple needs. Care coordination includes facilitating communication between the person or family served, 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.¶

(1822) "Case Management" or "Targeted 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 desired medical, social, educational, entitlement, and other applicable services.¶

(1923) "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.¶

(204) "Chief Officer" means the Chief Health Systems Officer of the Division or designee.¶

(215) "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.¶

(226) "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.¶

(237) "Clinical Supervisor" means program staff qualified to oversee and evaluate the rendering of substance use, problem gambling, or mental health services and supports.¶

(248) "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.¶

(259) "Co-occurring Capable Substance Use Disorder Programs" means, consistent with The ASAM Criteria, arrangements are in place for coordination and collaboration between addiction and mental health services, internally and with external community partners. Program staff must be trained and qualified to address the interaction between mental health symptoms or conditions and the substance use disorder, and the interactional effect on readiness to change, the severity of risk and the subsequent planning of services and supports.¶

(30) "Co-occurring Enhanced Substance Use Disorder Programs" means, consistent with The ASAM Criteria, a setting where integrated services address concurrently unstable mental health and substance use disorder conditions. There is a focus on the integration of mental health and substance use disorders throughout the staffing, services, and program content, as well as the use of Motivational Enhancement therapies throughout services. ¶

(31) "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.¶

(326) "Community Health Worker (CHW)" means an individual who meets qualification criteria adopted by the authority under ORS 414.665 (Traditional health workers utilized by coordinated care organizations)¶

(2733) "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.¶

(2834) "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.¶

(2935) "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.¶

(306) "Court" means the last convicting or ruling court unless specifically noted.¶

(317) "Criminal Records Check" means the Oregon Criminal Records Check and the processes and procedures

required by OAR 943-007-0001 through 0501.¶

(328) "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.¶

(339) "Crisis Intervention" has the meaning given that term in OAR 309-023-0110.¶

(340) "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.¶

(3541) "Crisis Plan" means an individualized document designed in collaboration with the person served to help anticipate and prevent future crisis episodes and direct interventions in the instance of a crisis.¶

(3642) "Crisis Stabilization Services" means providing evaluation and treatment to individuals experiencing a crisis. Crisis Services may be provided prior to completion of an intake. These services are intended to stabilize the person in crisis, prevent further deterioration, and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available.¶

(437) "Culturally Responsive" means services that are respectful of and relevant to the beliefs, practices, culture and linguistic needs of diverse 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~~ and requires knowledge and capacity at different levels of intervention: systemic, organizational, professional, and individual.¶

(3844) "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.¶

(3945) "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.¶

(406) "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.¶

(417) "Division" means the Health Systems Division of the Oregon Health Authority, or its designee.¶

(428) "Diagnostic and Statistical Manual of Mental Disorders (DSM)" means the ~~of the~~ Diagnostic and Statistical Manual of Mental Disorders Fifth Edition published by the American Psychiatric Association.¶

(439) "Driving Under the Influence of Intoxicants (DUI) 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.¶

(4450) "Early Intervention ASAM Level 0.5 Services" means an integrated combination of strategies designed to intervene prior to the development of a substance use disorder that is consistent with The ASAM Criteria Level of Care 0.5.¶

(51) "Employment Support Services" means services approved by ~~d~~Division, determined to be necessary and provided to an individual to obtain and maintain employment in the community as they are transitioning from an inpatient or residential facility that provides substance use disorder treatment.¶

(452) "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.¶

(4653) "Entry" means the act or process of acceptance and enrollment into services regulated by this rule.¶

(547) "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.¶

(4855) "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.¶

(4956) "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.¶

(507) "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.¶

(548) "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.¶

(529) "Geographic Service Area" means the geographic area within the county boundaries in which the CMHP operates.¶

(5360) "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.¶

(5461) "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.¶

(5562) "Health Systems Services and Supports" means all services and supports including but not limited to Outpatient Community Mental 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.¶

(63) "Health Insurance Portability and Accountability Act (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).¶

(564) "Housing Support Services" means services approved by dDivision, provided to an individual to obtain and reside in an independent community setting and are tailored to the goal of maintaining an individual's personal health and welfare in a home and community-based setting as they are transitioning from an inpatient or residential facility that provides substance use disorder treatment.¶

(565) "Immediate Need Profile" means the portion of an assessment that includes the identification of the most severe and destabilizing or life-threatening conditions, in order to inform the determination of the level of risk, the level of care placement and need for immediate intervention(s).¶

(66) "Incident Report" means a written description of any incident involving an individual or child of an individual receiving services occurring on the premises of the program or involving program staff or a Service Plan activity including but not limited to death, injury, major illness, accident, act of physical aggression, medication error, suspected abuse or neglect, or any other unusual incident that presents a risk to health and safety.¶

(67) "Institutions of Mental Disease (IMD)" means a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, which includes substance use disorders (SUDs).¶

(568) "Individual" means any person being considered for or receiving services and supports regulated by these rules.¶

(569) "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. In the event consent is not able to be gained prior to services, the reason is documented in the service record and consent is gained at the next opportunity the individual is able to comprehend consent. Verbal consent is documented in the record when written consent cannot be gained.¶

(670) "Institution" means an establishment that furnishes (in single or multiple facilities) food, shelter, and some treatment or services to four or more persons unrelated to the proprietor.¶

(671) "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.¶

(672) "Intensive Outpatient Substance Use Disorders (SUD) Treatment Services ASAM Level 2.1" means structured, nonresidential ~~evaluation, treatment, and continued care services~~ services, consistent with The ASAM Criteria for Level of Care 2.1, for individuals with substance use disorders who need 9 or 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.~~¶

(673) "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.¶

(674) "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.¶

~~(675)~~ "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.¶

~~(676)~~ "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.¶

~~(677)~~ "Juvenile Psychiatric Security Review Board (JPSRB)" means the entity described in ORS 161.385.¶

~~(6877)~~ "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~~ the legal representative's authority as designated by the court or other agreement. Legal representatives acting outside of ~~his or her~~ the legal representative's authority or scope shall meet the definition of authorized representative.¶

~~(69)~~ "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.~~¶

~~(70)~~ "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. 78) "Level of Care" means the range of available services provided from the most integrated setting to the most restrictive and most intensive setting. For substance use disorder treatment and recovery services, this also means one of several discrete intensities of services and supports, consistent with The ASAM Criteria. ¶

~~(719)~~ "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.¶

~~(7280)~~ "Licensed Medical Practitioner (LMP)" means:¶

~~(a) program staff who meet the following minimum qualifications: se training, experience, and competence demonstrates the ability to conduct a mental health assessment and provide medication management and who is~~ a:¶

~~(aA)~~ Physician licensed to practice in the State of Oregon; ~~or~~¶

~~(bB)~~ Nurse practitioner licensed to practice in the State of Oregon; ~~or~~¶

~~(cC)~~ 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.~~ ¶

~~(b)~~ 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.¶

~~(7381)~~ "Linkage agreement" has the meaning given that term in OAR 309-032-0860.¶

~~(7482)~~ "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.¶

~~(7583)~~ "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.¶

~~(7684)~~ "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.¶

~~(7785)~~ "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.¶

~~(78)~~ "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.~~¶

~~(7986)~~ "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; ~~and~~¶

~~(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.~~

~~(807) "Medication Assisted Treatment (MAT)" means the use of medication in combination with counseling and behavioral therapies for the treatment of substance use disorders.~~

~~(818) "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 and active supervision of a qualified supervisor employed or contracted 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.~~

~~(829) "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.~~

~~(8390) "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.~~

~~(8491) "Motivational Therapies" means evidence-based interventions for people experiencing substance use disorder, such as motivational interviewing, cognitive behavioral therapy, and motivational enhancement therapy.~~

~~(92) "Non IMD" means a hospital, nursing facility, or other institution with less than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, which includes substance use disorders (SUDs).~~

~~(8593) "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.~~

~~(8694) "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.~~

~~(8795) "Outpatient Substance Use Disorders (SUD) Treatment Program Services ASAM Level 1.0" means a program that provides assessment, treatment, and rehabilitation on a regularly scheduled basis or in response to crisis services and supports on a regularly scheduled basis consisting of less than 9 hours of therapeutic contact per week for adults or less than 6 hours a week for adolescents or crisis services for individuals with substance use disorders and their family members or significant others.~~

~~(88) "Outpatient Community Mental Health Services and Supports" means all outpatient mental health services and supports provided to children, youth, and adults, in a manner consistent with The ASAM Criteria for Level of Care 1.0.~~

~~(896) "Outpatient Problem Gambling Treatment Services" means all outpatient treatment services and supports provided to individuals with gambling related problems and their families.~~

~~(907) "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.~~

~~(918) "Pre-Partial Hospitalization or Day Treatment Substance Use Disorder (SUD) Services ASAM Level 2.5" means a planned, structured array of services and supports, consistent with The ASAM Criteria for Level of Care~~

2.5, that offer 20 or more therapeutic contact hours of high intensity treatment per week. Contact is in a less restrictive level of care than residential SUD treatment, 24-hour care is not required. ¶

~~(99) "Pre-engagement 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.¶~~

~~(92100) "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.¶~~

~~(93101) "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.¶~~

~~(94102) "Peer Support Specialist (PSS)" 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:¶~~

~~(a) A self-identified individual currently or formerly receiving substance use or mental health services; or¶~~

~~(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; or¶~~

~~(c) A self-identified individual in recovery from problem gambling; or¶~~

~~(d) An individual with experience parenting a child who:¶~~

~~(A) Is a current or former consumer of mental health or substance use treatment; or¶~~

~~(B) Is facing or has faced difficulties in accessing education and health and wellness services due to a mental health or behavioral health barrier.¶~~

~~(95)¶~~

~~(103) "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.¶~~

~~(96104) "Peer Delivered Services Supervisor" means qualified program staff, with at least one year of experience as a PSS or PWS in behavioral health services, to evaluate and guide PSS and PWS program staff in the delivery of peer delivered services and supports.¶~~

~~(97105) "Peer Wellness Specialist (PWS)" 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.¶~~

~~(98106) "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.¶~~

~~(99107) "Problem Gambling Treatment Staff" means program staff certified by a Division recognized credentialing body to provide problem gambling treatment services.¶~~

~~(1008) "Program" means a particular type or level of service that is organizationally distinct organized system of services and supports designed to address the treatment needs of individuals and families.¶~~

~~(1019) "Program Administrator" or "Program Director" means program staff with appropriate professional qualifications and experience who is designated to manage the operation of a program.¶~~

~~(1102) "'Program Staff" means a person who, by contract employment, contract, volunteer agreement or internship with the program, provides a service and/or support and who has the applicable competencies, qualifications, or certification required in this rule to provide the service corresponding service or support.¶~~

~~(10311) "Provider" means an individual, organizational provider, or Community Mental Health Program as designat entity or qualified 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 rule individual that is certified or licensed by the Division for the direct delivery of substance use, problem gambling, or mental health services and supports.¶~~

~~(10412) "Psychiatric Security Review Board (PSRB)" means the entity described in ORS 161.295 through~~

161.400.¶

(10513) "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.¶

(10614) "Psychologist" means a psychologist licensed by the Oregon Board of Psychology.¶

(10715) "Publicly Funded" means financial support, in part or in full, with revenue generated by a local, state, or federal government.¶

(10816) "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.¶

(10917) "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.¶

(1108) "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.¶

(1149) "Quality Assessment and Performance Improvement" means the structured, internal monitoring and evaluation of services to improve processes, service delivery, and service outcomes.¶

(1420) "Recovery" means a process of healing and transformation for an individual to achieve their full human potential and personhood in leading a meaningful life as they define it in communities of their choice.¶

(1213) "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.¶

(14422) "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.¶

(14523) "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.¶

(14624) "Risk Assessment" means the portions of an assessment that include an Immediate Need Profile and a rating of severity for each of the dimensions in a multidimensional assessment, which inform the Level of Care placement decision and the services and supports included in the service plan.¶

(125) "Safety Plan" means a best practice, research-based, individualized and directed document developed through a collaborative process in which the provider assists the individual in listing actions to use when self-harm, harm to others or suicide ideation is elevated or after a suicide attempt following suicidal or parasuicidal behavior.¶

(14726) "Screening" means the process to determine whether the individual needs further assessment to identify circumstances requiring referrals or additional services and supports.¶

(14827) "Screening Specialist" means a person who possesses valid certification issued by the Division to conduct DUI evaluations.¶

(14928) "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.¶

(1209) "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.¶

(12430) "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.¶

(12231) "Services" means activities and treatments described in the service plan and rendered, that are intended to support 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's desired outcomes.¶

(1232) "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.¶

(12433) "Skills Training" or "Skills Restoration" 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.¶
(1234) "Stabilization" means the application of medical and psychosocial services and supports and in a manner that results in the reduction of symptomology and increase in skill level to support and redirect individuals to the most appropriate and least restrictive setting. Services are directed at restoring individuals' ability to maintain safety while enhancing their recovery, so they can successfully reintegrate into identified community settings.¶
(135) "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.¶

(1236) "Student Intern" or "Intern" means a program staff rendering behavior who provides a paid or unpaid program service and does not qualify as a Mental Health services in a Division-certified program, who does not meet the qualifications for QMHA. The Intern. ¶

(a) "Student Intern" or "Intern" shall 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; and¶

(b) The "Student Intern" 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; or¶

(b) Have a collaborative educational agreement between the Division-certified provider and the educational program for the student; and/or¶

(c) Render services and supports under the direct supervision of a qualified supervisor employed by the provider of services, with The "Intern" program staff shall be working the scope of practice and competencies identified by the collaborative educational agreement, and within the policies and procedures for health the credentialing of program staff as established by the provider.¶

(1237) "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.¶

(1238) "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.¶

(1239) "Substance Use Disorders Treatment and Recovery Services" means outpatient, intensive outpatient, and residential services and supports for individuals with substance use disorders.¶

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

(1341) "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.¶

(1342) "Suicide Risk Assessment" means a comprehensive evaluation, usually performed by a clinician, to evaluate suspected suicide risk in an individual, estimate the immediate danger, and decide on a course of treatment. May also be called Risk Assessment.¶

(1343) "Suicide Screening" means a procedure in which a validated tool, instrument, or protocol is used to identify individuals who may be at risk for suicide.¶

(1344) "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.¶

(1345) "Transfer" means the process of assisting an individual to transition from the current services to the next appropriate setting or level of care.¶

(1346) "Transitioning" means a 90-day period which begins when an individual is discharged from an inpatient or residential stay back to a community setting.¶

(1347) "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.¶

(1348) "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.¶¶

(1349) "Triage" means a classification process to determine priority needs.¶¶

(1450) "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.¶¶

(1451) "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.¶¶

(1452) "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.¶¶

(1453) "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.¶¶

(1454) "Warm Handoff" has the meaning given that term in OAR 309-032-0860.¶¶

(1455) "Wellness" means an approach to healthcare that emphasizes good physical and mental health, preventing illness, and prolonging life.¶¶

(1456) "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.¶¶

(1457) "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 SUMMARY: Added language regarding ASAM Criteria and language to further clarify expectations around written policies.

CHANGES TO RULE:

309-019-0110

Provider Policies ¶

(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) P¶~~

(t) Delivery of substance use disorders treatment services and supports consistent with The ASAM Criteria for each certified level of care;¶

(u) Code of conduct that includes professional boundaries and ethics; ¶

(v) Referral, Care Coordination and Transfer of ¶

(w) Medical Protocols consistent with these rules; and ¶

(x) Urinalysis Testing. ¶

(2) All written service delivery policies and specific procedures shall prohibit the following:¶

(Aa) Psychological and physical abuse of an individual;¶

(Bb) Seclusion, personal restraint, mechanical restraint, and chemical restraint;¶

(Cc) Withholding shelter, regular meals, medication, clothing, or supports for physical functioning;¶

(Dd) Discipline of one individual receiving services by another; and¶

(Ee) Titration of medications prescribed for the treatment of opioid dependence as a condition of receiving or continuing to receive treatment.¶

(23) Providers of Enhanced Care Services (ECS) services shall develop behavior support policies consistent with OAR 309-019-0155(3).¶

(34) 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 SUMMARY: Added language related to ASAM criteria and program staffing credentials.

CHANGES TO RULE:

309-019-0125

Specific Staff Qualifications and Competencies ¶¶

Program ~~staffs~~ shall meet the following staffing 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.¶¶

(23) Clinical supervisors in all programs shall demonstrate competence in leadership, ~~well~~cultural responsiveness, oversight and evaluation of services, staff development, assessment, person-centered treatment planning, case management and coordination, ~~and~~ 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.¶¶

(34) Clinical supervisors in mental health programs shall meet Qualified Mental Health Professional (QMHP) requirements and have completed two years equivalent of post-graduate clinical experience in a mental health treatment setting.¶¶

(45) Clinical supervisors in substance use disorders treatment programs shall be certified ~~or licensed by a health or allied provider agency~~ by a Division recognized credentialing body as follows:¶¶

(a) For clinical supervisors holding a certification ~~or license~~ in substance use disorder counseling, qualifications for the ~~certificate or license~~ on 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 ~~written objective examination or portfolio review by the certifying body.~~¶¶

~~(b) For 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, t. The license or registration 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 Psychology;¶¶

~~(C)ist 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.¶¶

(56) 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 ~~twelve~~ ten hours of training specific to problem gambling within six months of designation as a problem gambling services supervisor.¶¶

(67) "Community health worker" or "CHW" working in substance use disorders treatment and recovery programs shall be certified as described in OAR 410-180-0310 and who:¶¶

- (a) Has expertise or experience in behavioral health;
 - (b) Works in an urban or rural community, either for pay or as a volunteer in association with a local health care system;
 - (c) To the extent practicable, shares ethnicity, language, socioeconomic status and life experiences with the members of the community where the worker serves;
 - (d) Assists members of the community to improve their health and increases the capacity of the community to meet the health care needs of its residents and achieve wellness;
 - (e) Provides health education and information that is culturally appropriate to the individuals being served;
 - (f) Assists community members in receiving the care they need;
 - (g) CHW staff may:
 - (A) Give peer assistance and guidance on health including behavioral health behaviors; and
 - (B) Provide skills restoration services.
- (8) 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 services, as resources are made available, or by a qualified supervisor for the program in which the Peer renders services.
- (79) Substance use disorders treatment staff shall:
- (a) Demonstrate competence in treatment of the following areas: cultural responsiveness, the use of The ASAM Criteria, screening for substance-use disorders including: individual assessment, to include identification of health and safety risks to self or others; 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, and other counseling techniques; counseling, program policies and procedures for service delivery and documentation, and identification; implementation, and coordination of services identified to facilitate intended outcomes; and
 - (b) Be certified or licensed by a health or allied provider agency, as defined in these rules, 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 treatment within two years of the first hire date, and shall make application for certification no later than 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 six months following the first hire date:
 - (A) Clinical supervision shall document progress toward certification; and 30 days of hire and obtain professional substance use disorder treatment certification within two years from the date of first hire;
 - (B) If, during the first two years of employment, the person has not yet been certified or licensed, and the person ends employment with the provider and becomes re-employed with the same provider or another provider, the person's two-year window for securing certification or licensure remains the same. Changes in employment does not initiate a new two-year period. The person's two-year window for securing certification or licensure remains the same 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;
 - (c) For treatment program staff holding certification in substance use disorder counseling, qualifications for the certificate 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 written objective professional psychometric examination or portfolio by a Division review by the certifying body.
 - (d) For treatment staff holding a health or allied provider license, the license or registration shall have a 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 one of the following state bodies, and the individual shall possess documentation of 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 treatment. The license or registration shall have been issued by one of the following state bodies:
 - (A) Oregon Medical Board;
 - (B) Oregon Board of Psychology;
 - (C) Examiners;
 - (C) Oregon Board of Licensed Social Workers;
 - (D) Oregon Board of Licensed Professional Counselors and Therapists; or
 - (E) Oregon State Board of Nursing.

~~(810)~~ Problem Gambling treatment 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, and identification; implementation and coordination of services identified to facilitate intended outcomes; and~~

~~(b) Complete a minimum of two hours every two years or three hours every three years of training in suicide risk screening, suicide risk assessment, treatment and management; and~~

~~(c) Be certified or licensed by a health or allied provider agency, as defined in these rules, to provide problem gambling treatment within two years of the first hire date and shall make application for certification no later than 30 days of hire to obtain professional gambling addiction certification; and~~

~~(d) If, during the first two years of employment, the person has not yet been certified or licensed, and the person ends employment with the provider and becomes re-employed with the same provider or another provider, the person's two-year window for securing certification or licensure remains the same. The person is not required to begin a new two-year period by virtue of having re-initiated or changed 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 treatment program staff holding certification in gambling addiction counseling, qualifications for the certification shall include at least:~~

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

~~(B) 360 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 an problem gambling approved certification consultant; and~~

~~(D) Successful completion of a written objective professional psychometric examination or portfolio by a Division review by the certifying body.~~

~~(E) For treatment staff holding a health or allied provider license, the license or registration shall be issued by one of the following state bodies, and the individual shall possess documentation of cognized 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 360 contact hours of academic or continuing professional education in problem gambling treatment 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 Psychology;~~

~~(C) Oregon Board of Licensed Social Workers;~~

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

~~(E) Oregon State Board of Nursing.~~

~~(F) List Examiners;~~

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

~~(H) Oregon State Board of Nursing.~~

~~(I) Oregon State Board of Nursing.~~

~~(911) QMHAs shall demonstrate the ability to communicate effectively; understualified Mental Health Associates (QMHA) program staff shall:~~

~~(a) Demonstrate the following minimum competencies: cultural responsiveness, effective communication, care coordination, inter- and mental health assessment, treatment, and service terminology; and apply each of these concepts, implement 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 skills development strategies, and identify, implement, and coordinate the services and supports identified in a person-centered treatment plan. In addition, Qualified Ment case management, and transition planning;~~

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

~~(c) s Shall meet the following minimum qualifications:~~

~~(a) Bachelor's degree in a behavioral science field and documentation of a minimum of two hours every two years or three hours every psychology, social work, or behavioral science field;~~

(B) An equivalent degree as evidenced by providing transcripts indicating applicable coursework meeting three years of suicide risk screening, suicide risk assessment, treatment and management training required competencies and approved by a Division certified behavioral health provider; or¶¶

(bC) A combination of at least three years of relevant work, education, training, or experience including a minimum of two hours every two years or three hours every three years of suicide risk screening, suicide risk assessment, treatment and management training; or¶¶

(c) A qualified Mental Health Intern, as defined in OAR 309-019-0105 (Definitions) and documentation of a minimum of two hours every two years or three hours every three years of suicide risk screening, suicide risk assessment, treatment and management training.¶¶

(10) QMHPs shall demonstrate the ability to conduct an assessment including: identifying precipitating events, to include health and safety risks to self or others; gather histories of mental and physical health, substance use, past mental health services, and criminal justice contacts; assessing family, cultural, social, and work relationships; conducting a mental status examination; complete a DSM diagnosis; develop a safety plan; write and supervise the implementation of a person-centered treatment plan; and provide individual, family, or group therapy within the scope of their training. QMHPs shall document a minimum of two hours every two years or three hours every three years of suicide risk screening, suicide risk assessment, treatment and management training; In addition, QMHPs shall 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;¶¶

(d) Graduate degree in social work;¶¶

(e) Graduate degree in recreational, art, or music therapy;¶¶

(f) Graduate degree in a behavioral science field; or¶¶

(g) A qualified Mental Health Intern, as defined in 309-019-0105 (Definitions).¶¶

(11) Peer support specialists and peer wellness specialists, including family and youth support and wellness specialists, shall meet the requirements in OAR 410-180-0300 (Purpose) to 0380 for certification and continuing education, and shall demonstrate:¶¶

(a) The ability to support others in their recovery or resiliency; and¶¶

(b) Personal life experience and tools of self-directed recovery and resiliency.¶¶

(12) 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 delivery of trauma-informed and culturally responsive treatment services. All treatment services shall be provided in a trauma-informed and culturally responsive manner.¶¶

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

(12) 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.¶¶

(13) 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:¶
- (14) 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.¶
- (15) Rehabilitative Behavioral Health Service Providers, including Medical staff, shall demonstrate cultural responsiveness and meet the requirements and qualifications in OAR 410-172-0660.¶
- (16) 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.¶
- (17) 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.¶
- (18) Program staff credentials include, but are not limited to:¶
 - (a) Licensed Medical Professional (LMP):¶
 - (b) Licensed Practical Nurse (LNP):¶
 - (c) Registered Nurse (RN):¶
 - (d) Advanced Practice Nurse including Clinical Nurse Specialist and Certified Nurse Practitioner licensed by the Oregon Board of Nursing:¶
 - (e) Psychologist licensed by the Oregon Board of Psychology:¶
 - (f) Professional Counselor (LPC) or Marriage and Family Therapist (LMFT) licensed by the Oregon Board of Licensed Professional Counselors and Therapists:¶
 - (g) Clinical Social Worker (CSW) licensed by the Oregon Board of Licensed Social Workers:¶
 - (h) Licensed Master Social Worker (LCSW) licensed by the Oregon Board of Licensed Social Workers as described in OAR 877-015-0105:¶
 - (i) Licensed Psychologist Associate granted independent status as described in OAR 858-010-0039:¶

- (j) Licensed Occupational Therapist licensed by the Oregon Occupational Therapy Licensing Board;¶
- (k) Board registered interns, including:¶
- (l) Psychologist Associate Residents as described in OAR 858-010-0037;¶
- (m) Licensed Psychologist Associate under continued supervision as described in OAR 858-010-0038;¶
- (n) Licensed Professional Counselor Associate or Marriage and Family Therapist Associate registered with the Oregon Board of Licensed Professional Counselors and Therapists as described in OAR 833-050-0011;¶
- (A) Certificate of Clinical Social Work Associate issued by the Oregon Board of Licensed Social Workers as described in OAR 877-020-0009;¶
- (B) Registered Bachelor of Social Work issued by the Oregon Board of Licensed Social Workers as described in OAR 877-015-0105.¶
- (o) Qualified Mental Health Professional (QMHP) as defined in OAR 309-019-0125(8);¶
- (p) Qualified Mental Health Associate (QMHA) as defined in OAR 309-019-0125(7);¶
- (q) Mental health intern as defined in OAR 309-019-0105; or¶
- (r) Substance Use Disorders (SUD) Treatment Staff, which includes: ¶
- (A) Certified Alcohol and Drug Counselor-Registered (CADC-R); ¶
- (B) Certified Alcohol and Drug Counselor-I (CADC-I);¶
- (C) Certified Alcohol and Drug Counselor-II (CADC-II); and¶
- (D) Certified Alcohol and Drug Counselor-III (CADC-III);¶
- (i) Peer-Support Specialist (PSS) as defined in OAR 410-180-0305; ¶
- (ii) Student Intern; and¶
- (iii) Volunteer.

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, 428.205 - 428.270, 430.010

AMEND: 309-019-0130

RULE SUMMARY: Added clarifying language around program orientation, code of conduct, program staff and interns.

CHANGES TO RULE:

309-019-0130

Personnel Documentation, Training, and Supervision ¶

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

(a) ~~When required, v~~Verification of a criminal record check and, when applicable, 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) ~~Documentation of a minimum of two hours every two years or three hours every three years of training in suicide risk screening, suicide risk assessment, treatment and management;~~¶

(e) Periodic performance appraisals;¶

(f) ~~Staff~~Program orientation documentation; ¶

(g) Disciplinary documentation;¶

(h) Documentation of trainings required by this or other applicable rules; and¶

(i) 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 is consistent with OAR 943-007-0001 through 0501.~~¶

(3) ~~Program Orientation:~~ Providers shall ensure that program staff receive training applicable to the specific population for whom services are planned, delivered, or supervised. The program shall verify through documentation document appropriate orientation was completed for each program staff providing service or supervising services or supports within 30 days of the hire date. At a minimum, training and orientation program orientation and training 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, including the procedures for each certified ASAM Level of Care for substance use disorder treatment program staff;¶

(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) A review of an agreement to abide by the Code of Conduct; ¶

(j) Substance use disorders treatment staff and substance use disorders clinical supervisors shall complete a training on The ASAM Criteria; and¶

(k) For Enhanced Care Services, positive behavior support training.¶

(4) ~~Program staff, Peer Support and Peer Wellness Specialists, volunteers and interns~~ providing direct services and supports shall receive documented clinical supervision by a qualified clinical supervisor related to the development, implementation, and outcome of services. Documentation shall include the date, amount of time per session and the topics addressed:¶

(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 ~~supervisor~~oversee program staff and volunteers' compliance with the code of conduct and 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~~ For non-licensed program staff, documentation shall demonstrate the provision of the following

~~subsections of this rule;~~

~~(c) Documentation of two hours per month of supervision;~~

(c) Documentation shall demonstrate the provision of two hours of quarterly supervision for program staff holding a license or certification issued by a Division recognized credentialing body;

~~(d) Documentation~~ Student Interns and Mental Health Interns shall render services and supports under the active supervision of a qualified supervisor, as defined in these rules. Documentation shall demonstrate the provision of one-hour of weekly individual supervision for program staff meeting the definition of ~~sa Student i~~Intern or ~~mMental h~~Mental Health iIntern; 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 SUMMARY: Clarified language regarding denial of entry into a program, and expectation regarding assessment and the use of ASAM criteria.

CHANGES TO RULE:

309-019-0135

Entry and Assessment ¶

(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~~ based on their decision to continue currently prescribed or dispensed medication to treat opioid dependence while receiving outpatient behavioral health services and supports;¶

(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;~~ in the service record and informed consent shall be obtained at the next opportunity the individual is able to comprehend consent. Verbal consent is documented in the record when written consent cannot be gained.¶

(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~~ and contained in the service record for the release of any confidential information concerning the individual being considered for or receiving services;¶

(h) ~~At the time of entry~~ Prior to or at the start of treatment services, 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) ~~Document that individuals shall be~~ Document that individuals shall be prioritized for entry 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~~substance use disorder program 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 DSM diagnosis that is the medically appropriate reason for services; including identification of each DSM criteria established per diagnosis, and the symptoms supporting each criteria. ¶
- ~~(e4)~~ For substance use disorders services, each assessment shall be ~~consistent with the dimensions described in the ASAM and shall document a diagnosis and a multidimensional assessment, consistent with The ASAM Criteria~~ and contain the following components, each consistent with The ASAM Criteria: ¶
- ~~(a) A Level of Care determination consistent with the DSM and ASAM; ¶~~
- ~~(b) An Immediate Need Profile; and ¶~~
- ~~(c) A Risk Assessment. ¶~~
- (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, including, where applicable, ASAM Level of Care recommendations and placement decisions 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

RULE SUMMARY: Clarification to expectations around documenting each change of level of care

CHANGES TO RULE:

309-019-0140

Service Plan and Service Notes ¶

(1) In addition to any program specific service delivery requirements, the service plan shall be an individualized plan designed to improve the individual's condition to the point where the individual's continued participation in the program is no longer necessary. The service plan is included in the individual's service record and shall: ¶

- (a) Be completed prior to the start of services; ¶
- (b) Reflect the full assessment and the ~~level~~, as applicable, the ASAM Level of care to be provided; ¶
- (c) Include a safety plan when the assessment indicates risk to the health and safety of the individual or to others and be updated as circumstances change. The safety plan may be a separate document from the service plan; ¶
- (d) Include the participation of the individual and family members, as applicable; ¶
- (e) Be completed and signed by qualified program staff as follows: ¶
 - (A) A QMHP in mental health programs; ¶
 - (B) Supervisory or treatment staff in substance use disorders treatment programs; and ¶
 - (C) Supervisory or treatment staff in problem gambling treatment programs. ¶
- (f) For mental health services, a QMHP who meets the qualifications of a Clinical Supervisor shall recommend the services and supports by signing the service plan within ten business days of the start of services; and ¶
- (g) A QMHP who meets the qualifications of a Clinical Supervisor shall approve the service plan at least annually for each individual receiving mental health services for one or more continuous years. ¶

(2) At minimum, each service plan shall include: ¶

- (a) Treatment objectives that are: ¶
 - (A) Individualized to meet the assessed needs of the individual; ¶
 - (B) Measurable for the purpose of evaluating individual progress, including a baseline evaluation. ¶
- (b) The specific services and supports indicated by the assessment that shall be used to meet the treatment objectives; ¶
- (c) ~~A projected schedule for service and support delivery, including the expected frequency and duration of each type of planned service or support; ¶~~
- (d) ~~The credentials of the personnel providing each service and support; and ¶~~
- (e) ~~A schedule for re-evaluating the service plan. ¶~~
- (e3) A projected schedule for re-evaluating the service plan. Service plan reviews shall be documented at each level of care change. ¶

(34) Providers shall document each service and support in a service note to include: ¶

- (a) The specific services rendered; ¶
- (b) The specific service plan objectives being addressed by the services provided; ¶
- (c) The date, time of service, and the actual amount of time the services were rendered; ¶
- (d) The relationship of the services provided to the treatment objective described in the service plan; ¶
- (e) The personnel rendering the services, including their name, credentials, and signature; ¶
- (f) The setting in which the services were rendered; and ¶
- (g) Periodic updates describing the individual's progress. ¶

(45) Decisions to transfer individuals shall be documented including: ¶

- (a) The reason for the transfer; ¶
- (b) For substance use disorder and co-occurring services, The ASAM Criteria level of care recommendation and risk assessment at the time of transfer; ¶
- (c) Referrals to follow up services and other behavioral health providers; and ¶
- (ed) Outreach efforts made, as applicable and as defined in these rules.

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

ADOPT: 309-019-0181

RULE SUMMARY: New rule set consistent with ASAM level of care and program expectations for level 0.5

CHANGES TO RULE:

309-019-0181

Early Intervention ASAM Level 0.5

Programs that render ASAM Level 0.5 services shall be certified to do so by the Division and shall meet the following standards: ¶

(1) Screening or assessment documentation that identifies risk factors for developing a substance use disorder. ¶

(2) Program staff include those who meet the Substance Use Disorders Staff credentialing. ¶

(3) Offer the following services: ¶

(a) Individual, group and family counseling: ¶

(b) Motivational Interventions: ¶

(c) Education; and ¶

(d) Referrals, to relevant community social services, healthcare and behavioral healthcare. ¶

(4) When it is determined an individual meets criteria for a higher ASAM Level of Care, care coordination shall be provided to assist the individual in transitioning to the identified services and higher ASAM level of care.

Statutory/Other Authority: ORS 161.390, 413.042, 430.256, 430.640

Statutes/Other Implemented: ORS 161.390, 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

ADOPT: 309-019-0182

RULE SUMMARY: New rule set consistent with ASAM level of care and program expectations for level 1.0

CHANGES TO RULE:

309-019-0182

Outpatient Substance Use Disorder Services ASAM Level 1.0

(1) Programs that render ASAM Level 1.0 services shall be certified to do so by the Division and shall meet the following standards: ¶

(a) Offer up to 9 hours of services and supports weekly; ¶

(b) The number of hours and type of services and supports are designed to meet the needs of the individual and their clinical severity; ¶

(c) Services shall: ¶

(A) Address lifestyle, thinking, belief, and behavioral patterns that are identified as barriers to the improvement of functioning; ¶

(B) Offer education, monitoring and disease management; ¶

(C) Offer or coordinate access to medical, psychiatric, including medication management, psychological services in a timeframe that matches the severity of the need; ¶

(D) Offer or coordinate access to urinalysis testing and other toxicology and laboratory testing services; and ¶

(E) Have direct affiliation or referral relationship with higher levels of care and medication management. ¶

(d) Program staff: ¶

(A) Are primarily credentialed substance use disorders treatment program staff; and ¶

(B) The Medical Director or an LMP addiction specialist is available for complex case consultation. ¶

(2) Outpatient Substance Use Disorder Services ASAM Level 1.0 Co-occurring Enhanced Programs shall also be certified to render services and maintain compliance in accordance with OAR 309-019-0145 Intensive Co-occurring Disorders Services.

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

ADOPT: 309-019-0183

RULE SUMMARY: New rule set consistent with ASAM level of care and program expectations for level 2.1

CHANGES TO RULE:

309-019-0183

Intensive Outpatient Substance Use Disorder Services ASAM Level 2.1

(1) Programs that render ASAM Level 2.1 services shall be certified to do so by the Division and shall meet the following standards:

- (a) Program services and supports may be rendered within the ASAM Level 3.1 service setting;
- (b) Arrange transfer of individuals to all other ASAM Levels of Care as indicated;
- (c) Provide instruction on accessing emergency services by telephone 24 hours per day, 7 days per week; and
- (d) A Medical Director or LMP with specialty credentialing, training or experience in addiction medicine or addiction psychiatry.

(2) Level 2.1 services shall offer 9-19 hours of structured services and supports per week, including:

- (a) Services rendered by the program:
 - (A) Individual, Group and Family therapy;
 - (B) Psychoeducation and Motivational strategies;
- (b) Services rendered by the program or coordinated through consultation and referral:
 - (A) Urinalysis testing;
 - (B) Psychiatric and medical services;
 - (C) Medication management;
 - (D) Occupational or recreational;
 - (E) Skill-building;
 - (F) Case management; and
 - (G) Peer delivered services.

(c) If an individual no longer requires 9 or more hours of structured programming per week and is not yet stable enough to transition to ASAM Level 1.0, the program may lessen the hours per week for up to two weeks while focusing on stabilization and transition to Level 1.0.

(3) Programs certified to render Co-occurring Capable ASAM Level 2.1 services shall also:

- (a) Be certified to render services and maintain compliance in accordance with OAR 309-019-0145 Intensive Co-occurring Disorders Services;
- (b) Are appropriate for individuals with co-occurring disorders when the services are integrated into the program; and
- (c) Arrange medical and psychiatric consultation and medication management.

(4) Programs certified to render Co-occurring Enhanced ASAM Level 2.1 services shall maintain compliance in accordance with OAR 309-019-0145 Intensive Co-occurring Disorders Services, and:

- (a) Have access to consult with an LMP; and
- (b) Render a comprehensive assessment with history and examination by an LMP within a reasonable timeframe given the current risk assessment and immediate needs profile.

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

RULE SUMMARY: New rule set consistent with ASAM level of care and program expectations for level 2.5

CHANGES TO RULE:

309-019-0184

Partial Hospitalization or Day Treatment Substance Use Disorder Services ASAM Level 2.5

(1) Programs that render ASAM Level 2.5 services shall be certified to do so by the Division and shall meet the following standards: ¶

(a) Program services and supports may be rendered within the ASAM Level 3.1 service setting; and ¶

(b) Program Staff shall be a team comprised mainly of credentialed substance use disorders treatment program staff. ¶

(2) ASAM Level 2.5 services shall be: ¶

(a) A minimum of 20 hours of structured services and supports per week; ¶

(b) Offered in a planned format; ¶

(c) Adapted to the individual's developmental stage and comprehension level; and ¶

(d) On-site services shall include: ¶

(A) Individual, Group and Family therapy; ¶

(B) Psychoeducation and Motivational strategies; ¶

(C) Skill-building; and ¶

(D) Case management. ¶

(e) The following services shall be offered on-site or coordinated through consultation and referral: ¶

(A) Urinalysis testing; ¶

(B) Medical consultation and examination, laboratory and toxicology services; ¶

(C) Occupational therapy; ¶

(D) Recreational therapy; and ¶

(E) Peer delivered services; ¶

(f) Psychiatric services are available within a timeframe reflective of the urgency of the symptoms. ¶

(2) Programs certified to render Co-occurring Capable ASAM Level 2.5 services shall also: ¶

(a) Be certified to render services and maintain compliance in accordance with OAR 309-019-0145 Intensive Co-occurring Disorders Services; ¶

(b) Include program staff working within their scope to document the mental health conditions, the relationship between the mental and substance use disorders, and the individual's current level of functioning; ¶

(c) Include intensive case management; and ¶

(d) Offer on-site, or coordinated through consultation and referral, medication management and psychotherapy. ¶

(3) Programs certified to render Co-occurring Enhanced Programs ASAM Level 2.5 shall also: ¶

(a) Offer all that is required of ASAM Level 2.5 Co-occurring Capable Programs; ¶

(b) Have the capacity to effectively treat individuals who have complex co-occurring conditions. These programs shall provide: ¶

(A) Psychiatric services; ¶

(B) Medication management; ¶

(C) A review of the recent psychiatric history; ¶

(D) A mental status examination; and ¶

(E) A comprehensive psychiatric history examination and assessment are performed within a timeframe determined by the individual's psychiatric condition.

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

RULE SUMMARY: Clarification added regarding documentation needed at time of entry and changed child care to childcare

CHANGES TO RULE:

309-019-0185

Outpatient Substance Use Disorders Treatment and Recovery Programs

(1) Programs approved to provide outpatient substance use disorders treatment services shall meet the following standards:

(a) ~~The assessment~~ Documentation at the time of entry shall contain an evaluation that identifies and assesses needs such as social isolation, self-reliance, parenting issues, domestic violence, physical health, housing, and financial considerations;

(b) The service plan shall address all areas of concern identified in the assessment that the individual agrees to address, and applicable service coordination details to address the identified needs;

(c) The program shall provide or coordinate services and supports that meet special access needs such as childcare, mental health services, and transportation; and

(d) The program shall provide or coordinate the following services and supports:

(A) Gender-specific services and supports;

(B) Family services, including therapeutic services for children in the custody of women in treatment;

(C) Reintegration with family; or community;

(D) Peer delivered services;

(E) Smoking cessation;

(F) Housing;

(G) Transportation; and

(H) Housing and Employment support services for those who qualify under OAR 309-0190-0105.

(2) Services shall include the participation of family and other agencies as appropriate, such as social service, child welfare, or corrections agencies.

(3) The program shall coordinate referral services with the following:

(a) Agencies providing services to individuals who have experienced physical abuse, sexual abuse, or other types of domestic violence;

(b) Parenting training;

(c) Continuing care treatment services shall be consistent with ~~the~~ The ASAM Criteria and shall include referrals to support groups where available.

(4) Programs that receive SAPT block grant funding shall provide or coordinate the following services for individuals:

(a) Primary medical care, including referral for prenatal care if applicable, and child-care and transportation where needed;

(b) Primary pediatric care, including immunizations for their children;

(c) Gender specific substance use disorders treatment and other therapeutic interventions that may include but are not limited to:

(A) Relationship issues;

(B) Sexual and physical abuse;

(C) Parenting;

(D) Access to child-care and transportation while receiving these services; and

(E) Therapeutic interventions for children in the custody of women or men in treatment that may include but are not limited to:

(i) Their developmental needs;

(ii) Any issues concerning sexual and physical abuse and neglect; and

(iii) Sufficient case management and transportation to ensure that individuals and their children have access to services.

(5) Providers that deliver adolescent substance use disorders treatment services or those with adolescent-designated service funding shall meet the following standards:

(a) Development of service plans and case management services shall include participation of parents, other family members, schools, children's services agencies, and juvenile corrections;

(b) Services or appropriate referrals shall include:

(A) Family counseling;

(B) Community and social skills training; and

(C) Smoking cessation service.

(6) Continuing care services shall be of appropriate duration and designed to maximize recovery opportunities.

The services shall include:¶¶

(a) Reintegration services and coordination with family and schools;¶¶

(b) Youth dominated self-help groups where available;¶¶

(c) Referral to emancipation services when appropriate;¶¶

(d) Referral to physical or sexual abuse counseling and support services when appropriate; and¶¶

(e) Referral for peer delivered services.

Statutory/Other Authority: ORS 161.390, 413.042, 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

RULE SUMMARY: Added ASAM Levels of care applicable to DUII Levels 0.5 and 1.0 for outpatient and education.

CHANGES TO RULE:

309-019-0195

DUII Services Providers ¶¶

(1) Outpatient Substance Use Disorders (SUD) Treatment Programs approved by the Division as DUII Services Providers and for ASAM Levels of Care 0.5 and 1.0, shall provide DUII Education and DUII Rehabilitation as outlined in this rule.¶¶

(2) A DUII Services Provider may not provide Alcohol and Other Drug Screening Specialist (ADSS) services except as allowed in OAR 415-054-0545 through 415-054-0570.¶¶

(3) DUII Services Providers shall assess, as outlined in OAR 309-019-0135(3), all individuals seeking DUII services. Level of care, diagnosis, frequency of contact, and duration of treatment services shall be consistent with the current DSM diagnostic and The ASAM Criteria.¶¶

(4) DUII Education shall be provided for individuals who:¶¶

(a) Do not currently meet DSM diagnostic criteria for a SUD; and¶¶

(b) Meet The ASAM Criteria for Level of Care 0.5; and¶¶

(c) Have never been diagnosed with a SUD; and¶¶

(d) Have never been enrolled in a DUII or SUD treatment program.¶¶

(5) DUII Education shall include a minimum of four sessions over a four-week period and include the provision of a minimum of 12 hours of didactic education. The minimum 12 hours does not include diagnostic assessment, service planning, or transfer planning. DUII Education shall include but is not limited to:¶¶

(a) Completion of a Division approved DUII Education Pre and Post Test;¶¶

(b) DUII Laws and Consequences in Oregon;¶¶

(c) Use of alcohol and other drugs, and their effects on driving;¶¶

(d) Physical and psychological effects of alcohol and other drugs of abuse;¶¶

(e) SUD signs and symptoms;¶¶

(f) SUD recovery support services; and¶¶

(g) Alternatives to intoxicated driving.¶¶

(6) No more than four of the 12 minimum hours shall be conducted utilizing educational films or pre-recorded audio-visual presentations.¶¶

(7) DUII Rehabilitation shall be provided for individuals who:¶¶

(a) Meet DSM diagnostic criteria for a SUD; or¶¶

(b) Meet The ASAM Criteria for Level ~~4~~ of Care 1.0 or higher; or¶¶

(c) Have been previously diagnosed with a SUD; or¶¶

(d) Have previously been enrolled in a DUII or SUD treatment program.¶¶

(8) DUII Rehabilitation shall include:¶¶

(a) DUII Education as described in section (5) of this rule; and¶¶

(b) SUD treatment services as outlined in the individual's service plan.¶¶

(9) DUII Service Providers shall use urinalysis testing for use of substances of abuse following procedures in OAR 309-019. Urinalysis tests shall be conducted as deemed clinically appropriate, but no less than:¶¶

(a) At the time of assessment; and¶¶

(b) Twice per calendar month with no more than 14 calendar days between tests; and¶¶

(c) Within two weeks prior to completion; and¶¶

(d) Within 72 hours of receipt of laboratory results indicating that a urinalysis sample was identified as out of range for Creatinine, pH, or Specific Gravity as defined by the urinalysis laboratory results;¶¶

(10) Urinalysis shall, at a minimum, test for the following substances of abuse:¶¶

(a) Alcohol;¶¶

(b) Marijuana;¶¶

(c) Cocaine;¶¶

(d) Amphetamines;¶¶

(e) Opiates; and¶¶

(f) Benzodiazepines.¶¶

(11) In addition to the substances of abuse outlined in section (10), an EtG/EtS test for alcohol shall be conducted, at a minimum, at the time of assessment and within two weeks prior to completion.¶¶

(12) Individuals enrolled in DUII Education are expected to demonstrate abstinence from use of intoxicants as evidenced by negative urinalysis reports, except as allowed in ORS 813.200. Individuals who provide a positive

urinalysis test or who self-report use of a substance shall be required to complete DUII Rehabilitation.¶

(13) Individuals enrolled in DUII Rehabilitation are expected to maintain abstinence from use of intoxicants as evidenced by negative urinalysis tests, except as allowed in ORS 813.200, while outside of a controlled environment for no less than the final 90 days of the DUII Rehabilitation program.¶

(14) Notwithstanding sections (9)-(11), DUII Services Providers may issue a DUII Treatment Completion Certificate for individuals convicted of DUII or proof of completion for individuals under a diversion agreement, if the individual has fulfilled all other requirements of this rule except for submission of urinalysis testing as required due to a state of emergency declared by the state or county in which the individual or DUII Services Provider is located. The individual's service record must clearly document the reason the state of emergency prevented submission of urinalysis as required in sections (9)-(11).¶

(15) Division approved DUII Services Providers shall issue a DUII Treatment Completion Certificate (DTCC) for individuals convicted of a DUII using Division approved forms and procedures after:¶

(a) Receipt of referral from an ADSS; and¶

(b) Completion of DUII Education or DUII Rehabilitation, including applicable abstinence requirements, as outlined in these rules; and¶

(c) Compliance with the terms of the fee agreement between the provider and the individual.¶

(16) The Division shall issue a DTCC for individuals completing an out-of-state intoxicated driving program after:¶

(a) Documentation of the individual's residency in a state other than Oregon; and¶

(b) Receipt of a copy of the individual's referral from an ADSS; and¶

(c) Documentation of completion of an intoxicated driving program as allowed for the equivalent conviction in the individual's state of residence. Residents of states that do not require DUII treatment shall complete a program that is substantially equivalent to Oregon's standards.¶

(17) Division approved DUII Services Providers must report:¶

(a) To the Division using the mandated state data system; and¶

(b) To the referring ADSS as allowed by HIPPA and 42 CFR Part 2:¶

(A) No later than 30 calendar days from the date of referral;¶

(B) Every 30 calendar days while enrolled in DUII Rehabilitation;¶

(C) No later than 14 calendar days from the date of discharge;¶

(D) No later than seven calendar days from the written request of the ADSS.¶

(18) The individual's Service Record must include all information necessary to document the individual's successful or unsuccessful completion of DUII Services.

Statutory/Other Authority: ORS 413.042, ORS 430.640, ORS 430.254, ORS 430.256, ORS 430.357

Statutes/Other Implemented: ORS 430.010, ORS 743A.168, ORS 430.030, ORS 430.254-430.640