Authorization Page

Generated on June 21, 2017 4:31PM

PERMANENT ADMINISTRATIVE RULES

Oregon Health Authority, Health Systems Division: Mental Health Services	309
Agency and Division	Administrative Rules Chapter Number
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Upon filing.

Adopted on

06/23/2017

Effective date

RULE CAPTION

Rules Revisions Required to Comply with the Oregon Performance Plan

Not more than 15 words

RULEMAKING ACTION

ADOPT:

AMEND: 309-032-0311,309-032-0850,309-032-0860,309-032-0870,309-032-0890

REPEAL:

RENUMBER:

AMEND & RENUMBER:

Stat. Auth.: ORS 413.042 & 430.640

Other Auth.:

Stats. Implemented: ORS 430.610 - 430.695

RULE SUMMARY

The Authority needs to amend OAR 309, division 32 in order to comply with the Oregon Performance Plan

Authorized Signer	Printed Name	Date
[signature]	Chris Norman	6/26/17

Authorization Page replaces the ink signature on paper filings. Have your authorized signer sign and date, then scan and attach it to your filing. You must complete this step before submitting your Permanent and Temporary filings.

309-032-0311

Definitions

(1) “Co-Occurring Disorders” (COD) means the existence of at least one diagnosis of a substance use disorder and one diagnosis of a serious mental illness.

(2) “Community Mental Health Program” (CMHP) means an entity that is responsible for planning and delivery of services for individuals with substance use or mental illness diagnoses operated in a specific geographic area of the state under an intergovernmental agreement or a direct contract with the Health Systems Division (Division).

(3) “Division” means the Health Systems Division (Division) of the Oregon Health Authority (OHA).

(4) “Eligible Individual” means an individual who, as defined in these rules:

(a) Is homeless or at imminent risk of becoming homeless; and

(b) Has or is reasonably assumed to have a serious mental illness;

(c) May also have a co-occurring substance use disorder.

(5) “Enrolled” means an eligible individual who:

(a) Receives services supported at least partially with PATH funds; and

(b) Has an individual service record that indicates enrollment in the PATH program.

(6) “Homeless Individual” means an individual who:

(a) Lacks housing without regard to whether the individual is a member of a family and whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations; or

(b) Is a resident in transitional housing that carries time limits.

(7) “Individual” means an individual potentially eligible for or who has been enrolled to receive services described in these rules.

(8) “Individual Service and Support Plan” (ISSP) means a comprehensive plan for services and supports provided to or coordinated for an eligible individual that is reflective of the intended outcomes of service.

(9) “Imminent Risk of Homelessness” means that an individual is:

(a) Living in a doubled-up living arrangement where the individual’s name is not on the lease;

(b) Living in a condemned building without a place to move;

(c) In arrears in their rent or utility payments;

(d) Subject to a potential eviction notice without a place to move; or

(e) Being discharged from a health care or criminal justice institution without a place to live.

(10) "Individual Service Record" means the written or electronic documentation regarding an enrolled individual that summarizes the services and supports provided from point of entry to service conclusion.

(11) "Literally Homeless Individual" means an individual who lacks housing without regard to whether the individual is a member of a family, including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations.

(12) "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 of a federally recognized tribe of Native Americans that elects to enter into an agreement to provide mental health services; or

(c) A regional LMHA comprised of two or more boards of county commissioners.

(13) "Outreach" means the process of bringing individuals into treatment who do not access traditional services.

(14) "Person with serious mental illness" has the meaning given that term in OAR 309-036-0105.

(15) "Projects for Assistance in Transition from Homelessness" (PATH) means the Formula Grants, 42 U.S.C. 290cc-21 to 290-cc-35.

(16) "Qualified Mental Health Professional" (QMHP) means any person who meets one of the following minimum qualifications as authorized by the LMHA or designee:

(a) A Licensed Medical Practitioner;

(b) A graduate degree in psychology, social work, or recreational, art, or music therapy;

(c) A graduate degree in a behavioral science field;

(d) A bachelor's degree in occupational therapy and licensed by the State or Oregon; or

(e) A bachelor's degree in nursing and licensed by the State of Oregon.

(17) "Secretary" means the Secretary of the U.S. Department of Health and Human Services.

Stat. Auth.: ORS 413.042 & 430.640
Stats. Implemented: ORS 430.610 – 430

309-032-0850

Purpose

These rules prescribe standards and procedures for regional acute care psychiatric services for adults.

Stat. Auth.: ORS 413.042 & 430.640
Stats. Implemented: ORS 430.630 & 430.640

309-032-0860

Definitions

As used in these rules:

(1) "Adult" means an individual age 18 years or older.

(2) "Certificate" means the document issued by the Division that identifies and declares certification of a provider pursuant to OAR 309-008-0100 to 309-008-1600. A letter accompanying issuance of the certificate shall detail the certificate's scope and approved service delivery locations.

(3) "Clinical Record" means a separate file established and maintained under these rules for each patient.

(4) "Community Mental Health Program" or "CMHP" means the organization of all services for individuals with mental or emotional disturbances, substance use problems, and developmental disabilities, operated by or contractually affiliated with a local mental health authority and operated in a specific geographic area of the state under an omnibus contract with the Division.

(5) "Council" means an organization of individuals with a mission statement and by-laws, comprised of representatives of the regional acute care psychiatric service, state hospital, community mental health programs served, consumers, and family members. The Council is advisory to the regional acute care facility for adults.

(6) "Diagnosis" means a DSM diagnosis determined through the mental health assessment and any examinations, laboratory, medical or psychological tests, procedures, or consultations suggested by the assessment.

(7) “Division” means the Health Systems Division of the Oregon Health Authority.

(8) “DSM” means the current edition of the “Diagnostic and Statistical Manual of Mental Disorders” published by the American Psychiatric Association.

(9) “Goal” means the broad aspirations or outcomes toward which the patient is striving and toward which all services are intended to assist the patient.

(10) “Guardian” means an individual appointed by a court of law to act as a guardian of a legally incapacitated person.

(11) “Independent Medical Practitioner” means a medically trained individual licensed to practice independently in the State of Oregon and has one of the following degrees: MD (Medical Doctor), DO (Doctor of Osteopathy), or NP (Nurse Practitioner).

(12) “Legally Incapacitated” means having been found by a court of law under ORS 126.103 or ORS 426.295 to be unable, without assistance, to properly manage or take care of one’s personal affairs.

(13) “Linkage Agreement” means a written agreement between regional acute care psychiatric facilities and other entities involved in patient care that includes, but is not limited to, CCOs, CMHPs, and state hospitals that describes the roles and responsibilities each entity assumes in order to assure that the goals of the regional acute care psychiatric services are achieved.

(14) “Medical Director” means a board eligible psychiatrist who oversees the patient care program. The medical director shall have the final authority concerning inpatient medical care including admissions, continuing care, and discharges.

(15) “Medical History” means a review of the patient’s current and past state of health as reported by the patient or other reliable sources, including, but not limited to:

(a) History of any significant illnesses, injuries, allergies, or drug sensitivities; and

(b) History of any significant medical treatments, including hospitalizations and major medical procedures.

(16) “Mental Health Assessment” means a process in which the individual’s need for mental health services is determined through evaluation of the individual’s strengths, goals, needs, and current level of functioning.

(17) “Mental Status Examination” means an overall assessment of an individual’s mental functioning that includes descriptions of appearance, behavior, speech, and mood, and affect suicidal or homicidal ideation, thought processes and content, and perceptual difficulties including hallucinations and delusions. Cognitive abilities are also assessed and include

orientation, memory, concentration, general knowledge, abstraction abilities, judgment, and insight.

(18) “Objective” means an interim level of progress or a component step the specification of which is necessary or helpful in moving toward a goal.

(19) “OPRCS” means the Oregon Patient/Resident Care System. OPRCS is a Division operated, on-line computerized information system that accepts, stores, and returns information about patients from state operated institutions and other designated inpatient services.

(20) “Patient” means an individual who is receiving care and treatment in a regional acute care psychiatric service.

(21) “Person Committed to the Division” means a patient committed under ORS 161.327 or 426.130.

(22) “Person with Serious and Persistent Mental Illness (SPMI)” means, for the purposes of a warm handoff, an individual age 18 or older who meets the current DSM diagnostic criteria for at least one of the following conditions as a primary diagnosis:

(a) Schizophrenia and other psychotic disorders;

(b) Major depressive disorder;

(c) Bipolar disorder;

(d) Anxiety disorders, limited to OCD and PTSD;

(e) Schizotypal personality disorder;

(f) Borderline personality disorder.

(g) The applicable ICD 9 & 10 codes for SPMI diagnoses can be found at https://www.oregon.gov/oha/HPA/CSI-BHP/Pages/Oregon-Performance-Plan.aspx.

(23) “Program Administrator” means an individual with appropriate professional qualifications and experience appointed by the governing body to manage the operation of the regional acute care psychiatric services.

(24) “Psychiatrist” means a physician licensed pursuant to ORS 677.010 to 677.492 by the Board of Medical Examiners for the State of Oregon and who has completed an approved residency training program in psychiatry.

(25) “Qualified Mental Health Professional” or “QMHP” means an individual who is one of the following:

(a) Psychiatrist or physician licensed to practice in the State of Oregon; an individual with a graduate degree in psychology, social work, or other mental health related field; a registered nurse with a graduate degree in psychiatric nursing licensed in the State of Oregon; an individual with registration as an occupational therapist; an individual with a graduate degree in recreational therapy; or

(b) Any other individual whose education, experience, and competence have been documented by the CMHP director or designee as able to identify precipitating events; gather histories of mental and physical disabilities, alcohol and drug use, past mental health services, and criminal justice contacts; assess family, social, and work relationships; conduct a mental status assessment; document a DSM diagnosis; write and supervise a rehabilitation plan; and provide individual, family, or group therapy.

(26) "Regional Acute Care Psychiatric Service" or "Service" means a Division funded service provided under contract with the Division or county and operated in cooperation with a regional or local council.

(27) "Supervisor" means an individual with two years of experience as a qualified mental health professional and who, in accordance with OAR 309-032-0870, reviews the services provided to patients by qualified individuals.

(28) <u>"Telehealth" means a technological solution that provides two-way, video-like communication on a secure line.</u>

(29) "Treatment Plan" means an individualized, written plan defining specific rehabilitation objectives and proposed service interventions derived from the patient's mental health assessment.

(30) "Warm Handoff" means the process of transferring a patient from one provider to another prior to discharge from an acute care psychiatric hospital that involves face-to-face meetings with the patient, either in person or through the use of telehealth, and that coordinates the transfer of responsibility for the patient's ongoing care and continuing treatment and services. A warm handoff shall be offered to individuals with SPMI, defined in OAR 309-032-0860(22), as part of the discharge planning process.

Stat. Auth.: ORS 413.042 & 430.640
Stats. Implemented: ORS 430.630 & 430.640

309-032-0870

Standards for Approval of Regional Acute Care Psychiatric Service

(1) The facility in which a regional acute care psychiatric service is provided shall maintain state certificates and licenses as required by Oregon law for the health, safety, and welfare of the

individuals served. Non-hospital facilities shall be licensed by the Division as required by ORS 443.410. Non-hospital facilities shall be certified by the Division as required by OAR 309-008-0100 to 1600. The facility shall also be approved under OAR 309-033-0530 (Approval of Hospitals and Nonhospital Facilities that Provide Services to Committed Persons and to Persons in Custody or on Diversion) and OAR 309-033-0540 (Administrative Requirements for Hospitals and Nonhospital Facilities Approved to Provide Services to Persons in Custody, Psychiatric Hold or Certified for 14 Days of Intensive Treatment).

(2) A regional acute care psychiatric service shall include 24-hours a day psychiatric, multi-disciplinary, inpatient or residential stabilization care and treatment for adults ages 18 and older with severe psychiatric disabilities in a designated region of the state. For the purpose of these rules, a state hospital is not a regional acute care psychiatric service. The goal of a regional acute care service is the stabilization, control, and amelioration of acute dysfunctional symptoms or behaviors that result in the earliest possible return of the individual to a less restrictive environment.

(3) A regional acute care psychiatric service shall maintain clinical records as follows:

(a) Except as otherwise applicable, clinical records are confidential as set forth in ORS 179.505 and 192.502 and any other applicable state or federal law. For the purposes of disclosure from non-medical individual records, both the general prohibition against disclosure of "information of a personal nature" and limitations to the prohibition in ORS 192.502 shall apply;

(b) Clinical records shall be secured, safeguarded, stored, and retained in accordance with OAR 166-030-1015;

(c) Clinical record entries required by these rules shall be signed by the staff providing the service and making the entry. Each signature shall include the individual's academic degree or professional status and the date signed.

(4) The clinical record shall contain:

(a) Identifying demographic information including, if available, who to contact in an emergency and the names of individuals who encompass the support system of the patient;

(b) Consent to release information and explanation of fee policies. At the time of admission, staff shall present the patient with forms for obtaining consent so that information may be shared with family and others. An explanation of fee policies shall also be provided in written form at the earliest time possible. The patient shall be asked to sign each. If the patient is unwilling or unable to sign, staff shall record that the patient is unable or unwilling to do so;

(c) An admitting mental health assessment shall be completed by or under the supervision of an independent medical practitioner with supervised training or experience in a mental health related setting within 24 hours of admission. The admitting mental health assessment shall

include a description of the presenting problem, a mental status examination, an initial DSM diagnosis, and an assessment of the resources currently available to the individual. The assessment shall result in a plan for the initial services to be provided. The admitting mental health assessment shall also include documentation that a medical history and physical examination of the individual has been performed within 24 hours after admission by a physician, physician assistant, or nurse practitioner. If the independent medical practitioner believes a new medical history and physical examination are not necessary and if within 30 days of admission a complete physical history has been recorded and a complete physical examination has been performed, the signed report of the history and examination may be placed in the clinical record and may be considered to constitute an appropriate physical health assessment;

(d) A psycho-social assessment shall be completed for each patient within 72 hours of admission. If the patient stays less than 72 hours, a psycho-social assessment need not be written. The assessment must be completed by a qualified mental health professional or supervisor. The assessment does not need to be a single document but shall include the following elements:

(A) A description of events precipitating admission and any goals of the patient in seeking or entering services;

(B) When relevant to the patient's service needs, historical information including: a current Declaration for Mental Health Treatment; mental health history; medical history; substance use history; developmental history; social history including family and interpersonal history; sexual and other abuse history; educational, vocational, and employment history; and legal history;

(C) An identification of the patient's need for assistance in maintaining financial support, employment, housing, and other support needs;

(D) Recommendations for discharge planning and any additional services, interventions, additional examinations, tests, and evaluations that are needed;

(E) A copy of the patient's Declaration for Mental Health Treatment if the patient elected to complete or provided one.

(e) A treatment plan individually developed with the patient from the findings of the admitting mental health assessment and psycho-social assessment must be completed by a QMHP or supervisor within 72 hours of the person's admission. The plan must be written at a level of specificity that will permit its subsequent implementation to be efficiently monitored and reviewed. The recorded plan shall contain the following components:

(A) The rehabilitation and other goals, including those articulated by the patient;

(B) Specific objectives, including discharge objectives and the measurable or observable criteria for determining when each objective is attained;

(C) Specific services to be used to achieve each objective;

(D) The projected frequency and duration of services;

(E) Identification of the QMHP or supervisor assigned to the patient who is responsible for coordinating services;

(F) The signature of the patient indicating they have participated in the development of the plan to the degree possible. If the patient is unwilling or unable to sign the plan, staff shall record on the plan that the patient is unable or unwilling to do so;

(G) The plan must be reviewed weekly and updated with the participation of the patient when needed to reflect significant changes in the patient's status and when significant new goals are identified;

(H) The patient's anticipated continuing care needs, including need for housing, and for individuals with SPMI, the coordination needs for a warm handoff process.

(f) Progress notes shall document observations, treatment rendered, response to treatment, changes in the patient's condition, and other significant information relating to the patient. All entries involving subjective interpretation of the patient's progress shall be supplemented by a description of the actual behavior observed;

(g) Reports of medication administration, medical treatments, and diagnostic procedures;

(h) Telephone communications about the patient, releases of information, and reports from other sources;

(i) The record shall contain medical and mental health advance directives or note that the patient has been provided this information;

(j) The record shall contain documentation that the patient has been provided information on patient rights, grievance procedure, and abuse reporting;

(k) The record shall contain documentation including physician's orders and reasons for all restraint and seclusion episodes;

(L) The discharge planning process shall begin at the time of admission with the participation of the patient and, when indicated, the family, guardian, or family of choice, and shall include, but is not limited to:

(A) An assessment of continuing care needs, including prescribed medications, behavioral and primary health care needs, and housing needs;

(B) Consultation with the individual's CCO to address continuing care needs upon discharge, when applicable, and;

(C) Planning a follow-up visit with a community mental health provider within seven days of the anticipated discharge date.

(m) A warm handoff shall be offered to individuals with SPMI as part of the discharge planning process that involves a face-to-face meeting, either in person or through the use of telehealth, and includes either:

(A) A community provider, the patient, and if possible hospital staff, or;

(B) A transitional team, the patient, and if possible hospital staff to support the patient, to serve as a bridge between hospital staff and a community provider, and to ensure the patient connects with a community provider.

(n) The discharge plan shall be based on the patient's treatment goals, clinical needs, and informed choice and shall include the results of the admitting mental health assessment, DSM diagnoses, summary of the course of treatment including prescribed medications, final assessment of the individual's condition, a summary of continuing care needs including prescribed medications, behavioral and primary health care needs, and housing needs. Documentation to support linkages to timely and appropriate community services upon discharge shall be detailed in the discharge plan including, but not limited to:

(A) The plan to address the patient's need for immediate housing upon discharge, when applicable, including notifying the patient's community provider regarding the need for housing; and

(B) The plan to address the patient's need for a follow-up visit with a community mental health provider within seven days of the anticipated discharge date;

(C) For individuals with SPMI, the discharge plan shall also include:

(i) Whether a warm handoff occurred and the community provider or transitional team involved in the warm handoff process, when applicable; or

(ii) Whether the patient declined a warm handoff.

(5) The regional acute care psychiatric service shall supply the Division, using the Division's on-line OPRCS via computer and modem, information about individuals admitted to and discharged from the service. The information shall include the patient's name, DSM diagnosis, admission date, discharge date, legal status, Medicaid eligibility, Medicaid Prime Number, and various patient demographics. The information shall be entered on the day of admission and updated on the day of discharge.

(6) The regional acute care psychiatric service shall:

(a) Have sufficient appropriately qualified professional, administrative, and support staff to assess and address the identified clinical needs of individuals served, provide needed services, and coordinate the services provided;

(b) Designate a program administrator to oversee the administration of the services and carry out these rules;

(c) Designate a medical director to oversee the patient care program. The medical director shall have the final authority concerning inpatient medical care including admissions, continuing care, and discharges;

(d) Designate an individual responsible for maintaining, controlling, and supervising medical records and be responsible for maintaining the quality of clinical records;

(e) Designate an individual responsible for the development, implementation, and monitoring of a written safety management plan and program who shall keep records of identified concerns and problems and actions taken to resolve them;

(f) Designate an individual responsible for the development, implementation, and monitoring of a written infection control plan and program who shall keep records of identified concerns and problems and action taken to resolve them;

(g) Designate or contract with a licensed pharmacist to be responsible for the development of pharmacy policies and procedures and to assure that the service adheres to standards of practice and applicable state and federal laws and regulations;

(h) Maintain a schedule of unit staffing that shall be readily available to the Division for a period of at least the three previous years;

(i) Have on duty at least one registered nurse at all times;

(j) Maintain a personnel file for each patient care staff that includes a written job description; the minimum level of education or training required for the position; copies of applicable licenses, certifications, or degrees granted; annual performance appraisals; a biennial, individualized staff development plan signed by the staff; documentation of CPR training; documentation of annual training and certification in managing aggressive behavior, including seclusion and restraint; and other staff development and skill training received;

(k) A physician shall be available, at least on-call, at all times.

(7) The regional acute care psychiatric service shall have a policy and procedure manual. The policy and procedure manual must be made available to any individual upon request. The manual shall describe:

(a) The following policies and procedures:

(A) Governance and management, including a table of organization describing the agency structure and lines of authority, a plan for professional services, and a plan for financial management and accountability;

(B) Procedures for the management of disasters, fire, and other emergencies;

(C) Policies and procedures required under OAR 309-033-0700 through 0740, Standards for the Approval of Community Hospitals and Nonhospital Facilities to Provide Seclusion and Restraint to Committed Persons and to Persons in Custody or on Diversion, addressing seclusion and restraint;

(D) Patient rights, including informed consent, access to records, and grievance procedures. The manual shall assure rights guaranteed by ORS 426.380 to 426.395 for committed persons and ORS 430.205 to 430.210 for those not committed. The grievance procedure shall be in writing and include written responses, time limits for responses, use of a neutral party, and a method of appeal. Programs shall post copies of the rights and grievance procedures in places accessible to all individuals. Programs shall provide written copies of the rights and grievance procedures upon request;

(E) Abuse reporting for mentally ill or developmentally disabled as required by ORS 430.731 through 430.768;

(F) Clinical record content and management policies and procedures, including the requirements of these rules;

(G) Psychiatric, medical, and dental emergency services policies and procedures;

(H) Pharmacy services policies and procedures approved by a licensed pharmacist;

(I) Quality assessment and improvement processes;

(J) Procedures for documenting privileges granted by the service in personnel records or other records;

(K) Policies and procedures for transfer of patients to other hospitals.

(b) The following policies and procedures, developed and amended in consultation with the council:

(A) Patient admission and discharge criteria. Unless the service has a policy and procedure recommended by the council and approved by the Division, the service shall only admit individuals age 18 and older;

(B) Quality assessment and improvement processes relating to regional admissions and discharges;

(C) Patient admission, discharge, and aftercare planning, including scheduling and planning for transportation of patients to the service by the referring county and from the service to the county of residence;

(D) Procedures for admission and discharge of geropsychiatric patients and individuals with physical disabilities, including designation of a county or regional geropsychiatric liaison staff member;

(E) Linkage agreements with entities involved in patient care; (F) Medical and emergency care procedures approved by the Division;

(G) Criteria for accepting pre-admission medical screening;

(H) Billing and collecting reimbursement from patients and third-party payers.

(8) The service shall have an adequate number of hold rooms, but at least one holding room, and hold a current Certificate of Approval to hold and treat individuals alleged to be mentally ill under OAR 309-033-0500 through 0560, (Approval of Hospital and Nonhospital Facilities that Provide Services to Committed Persons or to Persons in Custody or on Diversion).

(9) The facility in which a service is operated shall comply with all applicable federal rules and regulations.

(10) If the facility in which the regional acute care psychiatric service is operated is not in a general hospital, it shall have a letter of agreement with a general hospital for both emergency and medical care that shall be renewed every two years.

(11) The regional acute care psychiatric service shall have an ongoing quality assessment and improvement program to objectively and systematically monitor and evaluate the quality of care provided to patients served, pursue opportunities to improve care, and correct identified problems. The program shall include:

(a) Policies and procedures that describe the quality assessment and improvement program's objectives, organization, scope, and mechanisms for improving services;

(b) A written annual plan to monitor and evaluate services. The written plan shall result in reports of findings, conclusions, and recommendations. Reports shall address:

(A) The care of patients served, including admission and discharge planning;

(B) Resource utilization, including the appropriateness and clinical necessity of admissions and continued stay, services provided, staffing levels, space, and support services;

(C) Quality and content of clinical records;

(D) Medication usage, including records, adverse reactions, and medication errors;

(E) Accidents, injuries, safety of patients, and safety hazards; and

(F) Uses of seclusion and restraint;

(G) An annual needs assessment survey of individuals that have received services.

(c) A report to the governing board and council, at least annually, addressing:

(A) Findings and conclusions from studies;

(B) Recommendations, action taken, and results of the action taken; and

(C) An assessment of the effectiveness of the quality assessment and improvement program, including a review of the program's objectives, scope, organization and effectiveness.

(12) The regional acute care psychiatric service shall have a council to ensure appropriate and effective care and treatment. The council shall meet to assess and collaboratively plan for improving care and treatment to patients, including patient transitions into and out of the service.

Stat. Auth.: ORS 413.042 & 430.640
Stats. Implemented: ORS 430.630 & 430.640

309-032-0890

Variances

(1) The Division may grant variances to a regional acute care psychiatric service if implementation of the proposed alternative services, methods, concepts, or procedures would result in services or systems that meet or exceed the standards in these rules.

(2) Application for a variance to these or other applicable rules shall be obtained pursuant to the process governed by OAR 309-008-1600.

Stat. Auth.: ORS 413.042 & 430.640
Stats. Implemented: ORS 430.630 & 430.640