OFFICE OF THE SECRETARY OF STATE
SHEMIA FAGAN
SECRETARY OF STATE

CHERYL MYERS
DEPUTY SECRETARY OF STATE

ARCHIVES DIVISION
STEPHANIE CLARK
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 415
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: ADDICTION SERVICES

FILED
01/20/2023 9:37 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.

CONTACT: Dana Peterson
503-569-6760
dana.c.peterson@dhsoha.state.or.us

500 Summer St NE
Salem,OR 97301

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: 02/22/2023
TIME: 9:05 AM - 10:30 AM
OFFICER: Kalina Bathke

HEARING LOCATION
ADDRESS: Dana Peterson, Due to COVID-19 hearings are virtual, Salem, OR 97301
SPECIAL INSTRUCTIONS:
https://www.zoomgov.com/j/1608292421?pwd=UjFWcVJVTU5oQ3dDcllhdDVxUGtiQT09
Meeting ID: 160 829 2421
Passcode: 158158
+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@dhsoha.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:
415-050-0015, 415-050-0030, 415-050-0040, 415-050-0050, 415-050-0055, 415-050-0060, 415-050-0065, 415-050-0100, 415-050-0105, 415-050-0110, 415-050-0115, 415-050-0120, 415-050-0125, 415-050-0130, 415-050-0135, 415-050-0140, 415-050-0145, 415-050-0150, 415-050-0155, 415-050-0160, 415-050-0165, 415-050-0170, 415-050-0175, 415-050-0180, 415-050-0185, 415-050-0190, 415-050-0195

REPEAL: 415-050-0015

RULE SUMMARY: Moving language to 415-050-0115 Policies, Procedures and Protocols and 415-050-0125 Personnel Records

CHANGES TO RULE:

~~415-050-0015~~
~~Management of Detoxification Centers~~
~~(1) Compliance with the sections of OAR 309-013, which address general administrative standards for community mental health contractors.I. In addition to the policy issues required in OAR 309-014, the program's personnel policies must include:¶~~
~~(a) The Program's philosophical approach to stablization;¶~~
~~(b) Rules of employee conduct, including ethical standards; and¶~~
~~(c) Standards for employee use and abuse of alcohol and other drugs.¶~~
~~(2) Compliance with the Civil Rights Act of 1964, as amended in 1972, the Equal Pay Act of 1963, Age Discrimination in Employment Act of 1967, and any subsequent amendments.¶~~
~~(3) Implementation of a policy and procedure prohibiting client abuse which is consistent with OAR 407-045.¶~~
~~(4) Implementation of a policy and procedure for resolving employee performance problems, which must specify the sequence of steps to be taken when performance problems arise, and identify the resources to be used in assisting employees to deal with problems which interfere with job performance.¶~~
~~(5) Maintenance of personnel records for each member of the Program's staff. The personnel record must:¶~~
~~(a) Contain the employee's resume and/or employment application, wage and salary information, and the employee's formal performance appraisals;¶~~
~~(b) Contain documentation of training/development needs of the employee and identify specific methods for meeting those needs;¶~~
~~(c) Contain documentation of any formal corrective actions taken due to employee performance problems;¶~~

~~(d) Contain documentation of any actions of commendation taken for the employee; and¶~~
~~(e) Be maintained and utilized in such a way as to insure employee confidentiality. Records must be retained for a period of three years following the departure of an employee.¶~~
~~(6) Implementation of personnel performance appraisal procedures that must:¶~~
~~(a) Be based on pre-established performance criteria in terms of specific responsibilities of the position as stated in the job description;¶~~
~~(b) Be conducted at least annually;¶~~
~~(c) Require employees to review and discuss their performance appraisals with their supervisors, as evidenced by their signature on the appraisal document;¶~~
~~(d) Require that when the results of performance appraisal indicates there is a discrepancy between the actual performance of an employee and the criteria established for optimum job performance, the employee must be informed of the specific deficiencies involved, in writing; and¶~~
~~(e) Require documentation that when deficiencies in employee performance have been found in an appraisal, a remedial plan is developed and implemented with the employee.¶~~
~~(7) Implementation of a development plan which addresses continuing training for staff members.~~
~~Statutory/Other Authority: ORS 413.042, 430.256~~
~~Statutes/Other Implemented: ORS 430.306, 430.345 - 430.375~~

REPEAL: 415-050-0030

RULE SUMMARY: Combining Language from 415-050-0040 Medical Services and 415-050-0030 Individual Assessment and Evaluation to 415-050-0145 Medical Services

CHANGES TO RULE:

~~415-050-0030~~
~~Individual Assessment and Evaluation~~
~~Each Program must meet the following standards pertaining to Individual assessment and evaluation:¶~~
~~(1) The program must develop and implement a written procedure for assessing medical and psycho-social factors and evaluating each individual's stabilization needs as soon as the individual is able.¶~~
~~(2) The procedure must specify that the assessment and evaluation be the responsibility of a member of the treatment staff.~~
~~Statutory/Other Authority: ORS 413.042, 430.256~~
~~Statutes/Other Implemented: ORS 430.306, 430.345 - 430.375~~

REPEAL: 415-050-0040

RULE SUMMARY: Combining Language from 415-050-0040 Medical Services and 415-050-0030 Individual Assessment and Evaluation to 415-050-0145 Medical Services

CHANGES TO RULE:

~~415-050-0040~~
~~Medical Services~~
~~Each Program must meet the following standards for medical services:¶~~
~~(1) The Program must have written procedures for providing immediate transportation for individuals to a general hospital in case of a medical emergency.¶~~
~~(2) The Program must have a written description of its medical policies and procedures. The description must:¶~~
~~(a) Specify the level of medical care provided; and¶~~
~~(b) Include a written policy and procedure, developed by the Medical Director, for determining the individual's need for medical evaluation.¶~~
~~(3) The Medical Director's involvement in the development and review of medical operating procedures, quarterly reviews of physicians' standing orders, and consultation in any medical emergencies must be documented.¶~~
~~(4) In clinically managed environments, individuals must have access to intensive inpatient treatment services, as follows:¶~~
~~(a) Transfer to medically monitored services as necessary;¶~~
~~(b) Medical evaluation and consultation is available 24 hours a day by appropriately credentialed persons who are trained and competent to implement physician-approved protocols.;¶~~
~~(c) Medical evaluation and consolation must be available 24 hours a day, in accordance with treatment/transfer practice guidelines;¶~~
~~(d) The initial assessment must be conducted by appropriately credentialed personnel.¶~~
~~(e) Appropriately licensed and credentialed staff must be available to administer medications in accordance with physician orders. (5) In medically monitored environments, individuals must have access to services which provide intensive inpatient treatment services, as follows:¶~~
~~(f) LMPss must be available 24 hours a day by telephone;¶~~
~~(g) An individual must be seen by an LMP within 24 hours of admission, or sooner if medically necessary;¶~~
~~(h) An LMP must be available to provide onsite monitoring of care and further evaluation on a daily basis;¶~~
~~(i) The initial assessment must be conducted by a skilled nursing staff.¶~~
~~(j) On-site skilled nursing care must be provided twenty-four (24) hours per day, seven (7) days per week; and¶~~
~~(k) Appropriately licensed and credentialed staff must be available to administer medications in accordance with physician orders.~~
~~Statutory/Other Authority: ORS 413.042, 430.256~~
~~Statutes/Other Implemented: ORS 430.306, 430.345 - 430.375~~

REPEAL: 415-050-0050

RULE SUMMARY: Moving Language to 415-050-0165 Medically Monitored Inpatient Withdrawal Management, ASAM Level of Care 3.7-WM

CHANGES TO RULE:

~~415-050-0050~~
~~Staffing Pattern~~
~~(1) Each Program must be in staffing compliance with ASAM Patient Placement Criteria 2R as follows:¶~~
~~(a) Clinically Managed Programs must be staffed by:¶~~
~~(A) Appropriately credentialed personnel who are trained and competent to implement physician-approved protocols for patient observation and supervision, determination of appropriate level of care, and facilitation of patient's transition to continuing care;¶~~
~~(B) Medical evaluation and consultation must be available 24 hours a day, in accordance with stabilization and transfer practice guidelines; and¶~~
~~(C) Staff who assess and treat patients must be able to obtain and interpret information regarding the needs of these patients. Such knowledge includes the signs and symptoms of alcohol and other drug intoxication and withdrawal, as well as the appropriate stabilization and monitoring of those conditions and how to facilitate entry into ongoing care.¶~~
~~(b) Medically Monitored Programs must be staffed by:¶~~
~~(A) LMPs who are available 24 hours a day by telephone, available to assess the patient within 24 hours of admission, or earlier, (if medically necessary), and available to provide on-site monitoring of care and further evaluation on a daily basis;¶~~
~~(B) A licensed and credentialed nurse must be available to conduct a nursing assessment upon admission and to oversee the monitoring of the patient's progress and medication administration on an hourly basis, if needed;¶~~
~~(C) Appropriately licensed and credentialed staff must be available to administer medications in accordance with physician orders; and¶~~
~~(D) The level of nursing care must be appropriate to the severity of patient needs.¶~~
~~(2) The Program must maintain a minimum ratio of paid full-time staff to bed capacity as follows:¶~~
~~(a) 1 through 8 beds - 1 staff person on duty;¶~~
~~(b) 9 through 18 beds - 2 staff persons on duty;¶~~
~~(c) 19 through 30 beds - 3 staff persons on duty;¶~~
~~(d) 31 beds and above - One additional staff person beyond the three staff required above for each additional 15 beds or part thereof.¶~~
~~(3) The Program's must written staffing plan must address the provision of appropriate and adequate staff coverage during emergency and high demand situations.¶~~
~~(4) The Program must provide a minimum of one hour per month of personal clinical supervision and consultation for each staff person and volunteer who is responsible for the delivery of treatment services. The clinical supervision must relate to the individual's skill level with the objective of assisting staff and volunteers to increase their treatment skills and quality of services to individuals.~~
~~Statutory/Other Authority: ORS 413.042, 430.256~~
~~Statutes/Other Implemented: ORS 430.306, 430.345 - 430.375~~

REPEAL: 415-050-0055

RULE SUMMARY: Combining language from 415-050-0055 Management Staff Qualifications, 415-050-0060 Staff Qualifications and 415-050-0065 Use of Volunteers to 415-050-0130 Staffing Standards.

CHANGES TO RULE:

~~415-050-0055~~
~~Management Staff Qualifications~~
~~Each Program must be directed by a person with the following qualifications at the time of hire:¶~~
~~(1) For an individual recovering from a substance-use disorder, continuous sobriety for the immediate past two years.¶~~
~~(2) Education and/or work experience as follows:¶~~
~~(a) Five years of paid full-time experience in the field of substance use disorders, with at least one year in a paid administrative capacity; or¶~~
~~(b) A Bachelor's degree in a relevant field and four years of paid full-time experience with at least one year in a paid administrative capacity; or¶~~
~~(c) A Master's degree in a relevant field and three years of paid full-time experience with at least one year in a paid administrative capacity.¶~~
~~(3) Knowledge and experience demonstrating competence in planning and budgeting, fiscal management, supervision, personnel management, employee performance assessment, data collection, and reporting.~~
~~Statutory/Other Authority: ORS 413.042, 430.256~~
~~Statutes/Other Implemented: ORS 430.306, 430.345 - 430.375~~

REPEAL: 415-050-0060

RULE SUMMARY: Combining language from 415-050-0055 Management Staff Qualifications, 415-050-0060 Staff Qualifications and 415-050-0065 Use of Volunteers to 415-050-0130 Staffing Standards.

CHANGES TO RULE:

~~415-050-0060~~
~~Staff Qualifications~~
~~Each Program must have:¶~~
~~(1) An identified clinical supervisor who has the following qualifications at the time of hire:¶~~
~~(a) For an individual recovering a substance-use disorder, continuous sobriety for the immediate past two years;¶~~
~~(b) Education and/or work experience as follows:¶~~
~~(A) Five years of paid full-time experience in the field of substance use with a minimum of two years of direct substance use treatment experience; or¶~~
~~(B) A Bachelor's degree in a relevant field and four years of paid full-time experience, with a minimum of two years of direct substance abuse treatment experience; or¶~~
~~(C) A Master's degree in a relevant field and three years of paid full-time experience with a minimum of two years of direct substance use treatment experience.¶~~
~~(c) Knowledge and experience demonstrating competence in the treatment of the disease of substance use, including the management of substance withdrawal, individual evaluation; motivational, individual, group, family and other counseling techniques; clinical supervision, including staff development, service planning and case management; and utilization of community resources including Alcoholics Anonymous, Al-Anon, and Alateen.¶~~
~~(2) If the Program's director meets the qualifications of the clinical supervisor, the director may be the Program's clinical supervisor.¶~~
~~(3) The Program's treatment staff must:¶~~
~~(a) For individuals recovering from a substance-use disorder, have maintained continuous sobriety for the immediate past two years at the time of hire;¶~~
~~(b) Have training knowledge and/or experience demonstrating competence in the treatment of the disease of substance use, including the management of substance withdrawal; individual evaluation; motivational counseling techniques; and the taking and recording of vital signs;¶~~
~~(c) Within six weeks of employment, be currently certified or in process of certification in first aid methods including cardiopulmonary resuscitation.¶~~
~~(4) The Program's medical staff must:¶~~
~~(a) For an individual recovering a substance-use disorder, continuous sobriety for the immediate past two years;¶~~
~~(b) Operate within the scope of their practice;¶~~
~~(c) Be appropriately credentialed and certified by the appropriate board or body; and¶~~
~~(d) Knowledge and experience treating the disease of substance abuse.¶~~
~~(5) Detoxification Technicians, when employed by a program, must:¶~~
~~(a) For an individual recovering a substance-use disorder, continuous sobriety for the immediate past two years; and¶~~
~~(b) Knowledge and experience treating the disease of substance abuse.~~
~~Statutory/Other Authority: ORS 413.042, 430.256~~
~~Statutes/Other Implemented: ORS 430.306, 430.345 - 430.375~~

REPEAL: 415-050-0065

RULE SUMMARY: Combining language from 415-050-0055 Management Staff Qualifications, 415-050-0060 Staff Qualifications and 415-050-0065 Use of Volunteers to 415-050-0130 Staffing Standards.

CHANGES TO RULE:

~~415-050-0065~~
~~Use of Volunteers~~
~~Each Program utilizing volunteers must have the following standards for volunteers:¶~~
~~(1) A written policy regarding the use of volunteers that must include:¶~~
~~(a) Philosophy, goals, and objectives of the volunteer program;¶~~
~~(b) Specific responsibilities and tasks of volunteers;¶~~
~~(c) Procedures and criteria used in selecting volunteers, including sobriety requirements for individuals recovering from a substance use disorder;¶~~
~~(d) Terms of service of volunteers;¶~~
~~(e) Specific accountability and reporting requirements of volunteers;¶~~
~~(f) Specific procedure for reviewing the performance of volunteers and providing direct feedback to them; and¶~~
~~(g) Specific procedure for discontinuing a volunteer's participation in the program.¶~~
~~(2) There must be documentation that volunteers complete an orientation and training program specific to their responsibilities before they participate in assignments. The orientation and training for volunteers must:¶~~
~~(a) Include a thorough review of the Program's philosophical approach to stabilization;¶~~
~~(b) Include information on confidentiality regulations and individual's rights;¶~~
~~(c) Specify how volunteers are to respond to and follow procedures for unusual incidents;¶~~
~~(d) Explain the Program's channels of communication and reporting requirements and the accountability requirements for volunteers;¶~~
~~(e) Explain the procedure for reviewing the volunteer's performance and providing feedback to the volunteer; and¶~~
~~(f) Explain the procedure for discontinuing a volunteer's participation.~~
~~Statutory/Other Authority: ORS 413.042, 430.256~~
~~Statutes/Other Implemented: ORS 430.306, 430.345 - 430.375~~

AMEND: 415-050-0100

RULE SUMMARY: Additions and Amendments are related to Substance Use Withdrawal Management 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:

415-050-0100
Purpose ¶

These rules prescribe standards for the development and operation of ~~substance use detoxification programs and services approved by the Addictions and Mental Health~~withdrawal management programs approved by the Division.
Statutory/Other Authority: ORS 413.042, 430.~~256~~345 - 430.375
Statutes/Other Implemented: 430.~~345 - 430.375~~256, ORS 430.306

AMEND: 415-050-0105

RULE SUMMARY: 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:

415-050-0105
Definitions ¶

(1) "~~Alcohol and Other Drug Treatment Staff" means a person certified or licensed by a health or allied provider agency to provide alcohol and other drug treatment services that include assessment, development of an Individual Service and Support Plan (ISSP), and individual, group and family counseling.¶~~
~~(a) For treatment staff holding certification in addiction counseling, qualifications for the certificate must have included at least:¶~~
~~(A) 750 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 examination or portfolio review by the certifying body.¶~~
~~(b) For treatment staff holding a health or allied provider license, the license or registration must have been issued by one of the following state bodies and the person must possess documentation of at least 60 contact hours of academic or continuing professional education in alcohol and other drug treatment:¶~~
~~(A) Board of Medical Examiners;¶~~
~~(B) Board of Psychologist Examiners;¶~~
~~(C) Board of Licensed Social Workers;¶~~
~~(D) Board of Licensed Professional Counselors and Therapists; or¶~~
~~(E) Board of Nursing.¶~~
~~(2) "ASAM PPC-2R" means American Society of Addictions Medicine (ASAM) Patient Placement Criteria for the Treatment of Substance Related Disorders, Second Edition. ASAM PPC-2R is a multidimensional clinical guide to be used in matching patients to appropriate levels of care. (4) "Biennial Plan" means the document prepared by the Community Mental Health Program (CMHP) or direct contractor and submitted to the Division.¶~~
~~(3) "Client" means a person receiving services under these rules.¶~~
~~(4) "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 Addictions and Mental Health Division (AMH).¶~~
~~(5) "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 Oregon Health 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.¶~~
~~(6) "County" means the board of county commissioners or its representatives.¶~~
~~(7) "Detoxification Technician" means a person who supports program staff in the promotion of maintaining a safe and orderly subacute environment and may include direct patient care.¶~~
~~(8) "Division" means the Addictions and Mental Health Division of the Oregon Health Authority.¶~~
~~(9) "Clinically Managed Residential Detoxification" means clinically managed residential detoxification in a non-medical or social detoxification setting. This level emphasizes peer and social support and is intended for individuals whose intoxication is sufficient to warrant 24-hour support or whose withdrawal symptoms are sufficiently severe to require primary medical nursing care services.¶~~
~~(10) "Individual" means a person receiving services under these rules.¶~~
~~(11) "Licensed Medical Practitioner (LMP)" means a person who meets the following minimum qualifications as documented by the Local Mental Health Authority (LMHA) or designee:¶~~
~~(a) Physician licensed to practice in the State of Oregon; or¶~~
~~(b) Nurse practitioner licensed to practice in the State of Oregon; or¶~~
~~(c) Physician's Assistant licensed to practice in the State of Oregon; and¶~~
~~(d) Whose training, experience and competence demonstrate the ability to conduct a mental health assessment and provide medication management.¶~~
~~(e) For ICTS and ITS providers, LMP means a board-certified or board-eligible child and adolescent psychiatrist licensed to practice in the State of Oregon.¶~~
~~(12) "Local Alcohol and Drug Planning Committee " (LADCP) means a committee appointed or designated by a board of county commissioners. The committee must identify needs and establish priorities for substance use services in the county. Members of the committee must be representative of the geographic area and include a~~

~~number of minority members which reasonably reflect the proportion of the need for substance use treatment and rehabilitation services of minorities in the community.¶~~
~~(13) "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 comprised of two or more boards of county commissioners.¶~~
~~(14) "Medically Monitored Detoxification" means an inpatient setting that provides medically managed intensive inpatient treatment services, labeled by ASAM as "Level III.7-D", and automatically also certifies for the provision of Level III.2.D services.¶~~
~~(15) "Medical Assessment" means a comprehensive survey outlining the information about the individual to aid in proper diagnosing and treatment of his or her presenting physical symptoms.¶~~
~~(16) "Program" means an organized system of services designed to address the treatment needs of patients.¶~~
~~(17) "Psycho-Social Assessment" means an evaluation of an individual's mental, physical, and emotional health.(14) "Rehabilitation" means those services to assist in overcoming problems associated with a substance use disorder that enable the individual to function at his or her highest potential.¶~~
~~(18) "Skilled Nursing Staff" means all nurses working within the scope of their license.¶~~
~~(19) "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; substance-induced disorders, including substance intoxication, withdrawal, delirium, and dementia; as well as substance induced psychotic disorder, mood disorder, etc., as defined in DSM criteria.¶~~
~~(20) "Treatment" means the specific medical and non-medical therapeutic techniques employed to assist the individual in recovering from a substance use disorder.¶~~
~~(21) "Treatment Staff" means paid staff directly responsible for client care and treatment~~buse of an Adult" means the circumstances defined in ORS 430.735 and OAR Chapter 407, Division 45 for abuse of an adult with mental illness or who is receiving residential substance use disorder treatment or withdrawal management services. ¶
(2) "Active Supervision" means a designated supervisor is physically present who provides direct or indirect observation of the staff or intern, to determine if the service or task is being completed properly and providing intervention and consultation as needed. ¶
(3) "Admission" means the act or process of acceptance and enrollment into services regulated by these rules.¶
(4) "The ASAM Criteria" means the most current 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, which is a clinical guide to develop patient-centered service plans and make objective decisions about admission, continuing care, and transfer or discharge for patient and is incorporated by reference in these rules. ¶
(5) "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.¶
(6) "ASAM Level 3.2-WM Clinically Managed Residential Withdrawal Management (ASAM Level 3.2-WM)" means patients experience moderate withdrawal symptoms and need 24-hour support to complete withdrawal management and increase the likelihood of continuing treatment or recovery. Clinically managed services are directed by non-physician addiction specialists rather than medical and nursing personnel. This level emphasizes peer and social support and is intended for patients whose intoxication is sufficient to warrant 24-hour support or whose withdrawal symptoms are sufficiently severe to require primary medical nursing care services.¶
(7) "ASAM Level 3.7-WM Medically Monitored Withdrawal Management (ASAM Level 3.7-WM)" means a medical, inpatient setting that provides 24-hour medically monitored intensive inpatient treatment services for individuals assessed at ASAM Level 3.7 or lower. Patients experience severe withdrawal syndrome and need 24-hour nursing care and LMP visits as needed. ¶
(8) "Assessment" means the process of obtaining sufficient information through one or more face-to-face interview(s) to determine a diagnosis and to plan individualized services and supports.¶
(9) "Authority" means the Oregon Health Authority. ¶
(10) "Community Mental Health Program" (CMHP) means an entity that is responsible for planning and delivery of services for patients 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 Oregon Health Authority.¶
(11) "Certified Alcohol and Drug Counselor-Registrant (CADC-R)" means a substance use disorders treatment staff that is registered with the Division recognized credentialing body in substance use disorder counseling, is working under a qualified substance use disorders treatment supervisor and obtains the CADC credential within 2 years of registration. ¶

(12) "Care Coordination" means a process-oriented activity to facilitate ongoing communication and collaboration to meet multiple needs. Care coordination includes facilitating communication between the family, natural supports, community resources, and involved providers and agencies; organizing, facilitating, and participating in team meetings; and providing for continuity of care by creating linkages to and managing transitions between levels of care and transitions for young adults in transition to adult services.¶
(13) "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.¶
(14) "Clinical Supervisor" means program staff qualified to oversee and evaluate the rendering of substance use, problem gambling, or mental health services and supports.¶
(15) "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.¶
(16) "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 Oregon Health 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.¶
(17) "County" means the board of county commissioners or its representatives.¶
(18) "Criminal Records Check" means Oregon criminal records check and the processes and procedures documented by the program. ¶
(19) "Cultural Competence" means the process by which people and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, sexual orientations, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each.¶
(20) "Culturally Responsive" means services that are respectful of and relevant to the beliefs, practices, culture and linguistic needs of diverse consumer/client populations and communities whose members identify as having particular cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home. Cultural responsiveness describes the capacity to respond to the issues of diverse communities. It thus requires knowledge and capacity at different levels of intervention: systemic, organizational, professional, and individual.¶
(21) "Culturally Specific Program" means a program that is designed to meet the unique service needs of a specific culture, that provides services to a majority of patients representing that culture and is designated by the Division. ¶
(22) "Diagnosis" means the principal substance use disorder diagnosis consistent with 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.¶
(23) "Division" means the Health Systems Division of the Oregon Health Authority, or its designee.(24) "DSM" means the of the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition published by the American Psychiatric Association.¶
(25) "Grievance" means a formal complaint submitted to a provider verbally, or in writing, by a patient, or the patient's chosen representative, pertaining to the denial or delivery of services and supports.¶
(26) "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.¶
(27) "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). ¶
(28) "Incident Report" means a written description of any incident involving a patient, program staff or any person, occurring on the premises of the program, including, but not limited to death, injury, major illness or medical event, accident, act of physical aggression, medication error, suspected abuse or neglect, or any other unusual event that presents a risk to the health and/ or safety of any person.¶
(29) "Informed Consent for Services" means that the service options, risks and benefits have been explained to the patient and guardian, if applicable, in a manner and language that they comprehend, and the patient and guardian, if applicable, have consented to the services or prior to the rendering of services, or documentation explains any delay in obtaining such consent prior to service and consent is obtained as soon as the patient is able.¶
(30) "Institutions of Mental Disease" or "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).¶
(31) "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.¶
(32) "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, including withdrawal management services, this also means one of several discrete intensities of services and supports, consistent with The ASAM Criteria settings. ¶
(33) "Licensed Medical Practitioner (LMP)" means a person who meets the following minimum qualifications as documented by the Local Mental Health Authority (LMHA) or designee:¶
(a) Physician licensed to practice in the State of Oregon; or¶
(b) Nurse practitioner licensed to practice in the State of Oregon; or¶
(c) Physician's Assistant licensed to practice in the State of Oregon; and¶
(d) Whose training, experience and competence demonstrate the ability to conduct a mental health assessment and provide medication management.¶
(34) "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 comprised of two or more boards of county commissioners.¶
(35) "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.¶
(36) "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.¶
(37) "Medical Assessment" means a comprehensive survey of the information about the patient to determine the proper diagnosis and guide care.¶
(38) "Medical Director" means a physician licensed to practice medicine in the State of Oregon and who 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.¶
(39) "Medically Appropriate" means services and medical supplies required for prevention, diagnosis or treatment of a physical or behavioral health condition, or injuries, and which are:¶
(a) Consistent with the symptoms of a health condition or treatment of a health condition;¶
(b) Appropriate with regard to 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 a patient or a provider of the service or medical supplies.¶
(40) "Medical Treatment" means the planned, medically appropriate, individualized program of medical procedures and counseling services designed to address symptoms of a DSM diagnosis.¶
(41) "Medical Treatment Staff" means medical and SUD staff directly responsible for client care and treatment who are properly trained, educated, and credentialed to deliver withdrawal management and substance use disorders services.¶
(42) "Medication" means any drug, chemical, compound, suspension, or preparation in suitable form for use as a curative or remedial substance either internally or externally by any patient.¶
(43) "Medication Administration Record (MAR)" means the documentation of the administration of written or verbal orders for medication, laboratory and other medical procedures issued by a LMP acting within the scope of his or her license.¶
(44) "Medications for Assisted Treatment (MAT)" means the use of medication in combination with counseling and behavioral therapies for the treatment of substance use disorders.¶
(45) "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).¶
(46) "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.¶
(47) "Oregon Health Authority" means the Oregon Health Authority of the State of Oregon.¶
(48) "Patient" means a person receiving withdrawal management services under these rules.¶
(49) "Program" means an organized system of services and supports designed to address the treatment needs of patients.¶

(50) "Program Administrator" or "Program Director" means a person with appropriate professional qualifications and experience, who is designated to manage the operation of a program.¶
(51) "Program Staff" means a person who, by employment, contract, volunteer agreement, or internship agreement with the program, provides a service or support and who has the applicable competencies, qualifications, or certification required in this rule to provide the corresponding service or support. ¶
(52) "Peer Support Specialist" or "PSS" means a qualified individual 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:¶
(a) A self-identified individual currently or formerly receiving substance use, problem gambling or mental health 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:¶
(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.¶
(53) "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.¶
(54) "Peer Delivered Services Supervisor" means a qualified individual certified as a PSS or PWS 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.¶
(55) "Peer Wellness Specialist" or "PWS" means an individual 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 under the supervision of a qualified clinical supervisor and a qualified peer delivered services supervisor as resources are made available. A peer wellness specialist shall be:¶
(a) A self-identified individual currently or formerly receiving mental health services; or¶
(b) A self-identified individual in recovery from a substance use or gambling disorders who meets the abstinence requirements for recovering staff in substance use disorders or gambling treatment programs; or¶
(c) A family member of an individual who is a current or former recipient of substance use, mental health, or problem gambling services.¶
(56) "Provider" means an organizational entity licensed by the Division for the delivery withdrawal management services and supports.¶
(57) "Publicly Funded" means financial support, in part or in full, with revenue generated by a local, state or federal government.¶
(58) "Psycho-Social Assessment" means an evaluation of an patient's mental, physical, and emotional health.¶
(59) "Rehabilitation" means those services to assist in overcoming problems associated with a substance use disorder that enable the patient to function at his or her highest potential.¶
(60) "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.¶
(61) "Psychologist" means a psychologist licensed by the Oregon Board of Psychology.¶
(62) "Quality Assessment and Performance Improvement" means the structured, internal monitoring and evaluation of services to improve processes, service delivery, and service outcomes.¶
(63) "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, employee of the Division, attorney, or legal guardian.¶
(64) "Restraints" means any chemical or physical methods or devices that are intended to restrict or inhibit the movement, functioning, or behavior of a patient. ¶
(65) "Screening" means the process to determine whether the patient needs further assessment to identify need for referrals or services and supports.¶
(66) "Seclusion" means placing a patient in a locked room. A locked room includes a room with any type of door-locking device, such as a key lock, spring lock, bolt lock, foot pressure lock, or physically holding the door shut.¶
(67) "Sentinel Event" means any event occurring during the course of a treatment episode that results in death or serious physical or psychological injury.¶
(68) "Service Delivery Rules" means the OAR describing specific regulatory standards for the possible array of

services covered by licenses issued under Chapter 415, Division 012.¶
(69) "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.¶
(70) "Service Record" means the documentation, written or electronic, regarding a patient and resulting from admission, assessment, orientation, services and supports planning, services and supports provided, and transfer.¶
(71) "Services" means those activities and treatments described in the Service Plan that are intended to assist the patient's stabilization, withdrawal management and transition to recovery from a substance use disorder.¶
(72) "Signature" means any written or electronic means of entering the name, date of authentication and credentials of the person providing a specific service, or the person authorizing services and supports. Signature also means any written or electronic means of entering the name and date of authentication of the patient receiving services, the guardian of the patient receiving services, or any authorized representative of the patient receiving services.¶
(73) "Stabilization" means the application of medical and psychosocial services and supports, through a services plan, 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.¶
(74) "Stabilization Plan" means an individualized plan of medical interventions that sufficiently resolve the withdrawal symptoms or syndrome, and identifies the conditions needed for the patient to safely transition to the next identified ASAM Level of Care.¶
(75) "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.¶
(76) "Student Intern" or "Intern" means a program staff who provides a paid or unpaid program service and does not qualify as a Mental Health 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; or¶
(c) The "Intern" program staff shall be working towards obtaining a behavioral health credential.¶
(77) "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.¶
(78) "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; substance-induced disorders, including substance intoxication, withdrawal, delirium, and dementia; as well as substance induced psychotic disorder, mood disorder, etc., as defined in DSM criteria. ¶
(79) "Substance Use Disorders (SUD) Treatment Staff" means one type of program staff certified by a Division-approved certification body to render substance use disorders treatment services. ¶
(a) For SUD treatment staff holding certification in addiction counseling, qualifications for the certificate must have included at least:¶
(A) 750 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 examination or portfolio review by the certifying body.¶
(b) For SUD treatment staff holding a health or allied provider license, the license or registration must have been issued by one of the following state bodies and the person must possess documentation of at least 60 contact hours of academic or continuing professional education in alcohol and other drug treatment:¶
(A) Board of Medical Examiners;¶
(B) Board of Psychologist Examiners;¶
(C) Board of Licensed Social Workers;¶

(D) Board of Licensed Professional Counselors and Therapists; or¶
(E) Board of Nursing.¶
(80) "Supports" means activities, referrals and supportive relationships designed to enhance the services delivered to patients and families for the purpose of facilitating progress toward intended outcomes.¶
(81) "Transfer" means the process of assisting a patient to transition from the current services to the next - identified setting or level of care.¶
(82) "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 and addictions 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 patient direction of services.(83) "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 to 333-024-0365.¶
(84) "Variance" means an exception from a provision of these rules, granted in writing by the Division, upon written application from the provider. Approval and duration of a variance is determined on a case-by-case basis.¶
(85) "Volunteer" means a program staff who provides a program service or who takes part in a program service and who is not an employee of the program and is not paid for services. The services shall be non-clinical unless the program staff has the required credentials to provide a clinical service.¶
(86) "Withdrawal Management Technician" means a person who supports program staff in the promotion of maintaining a safe and orderly subacute environment and may include direct patient care.
Statutory/Other Authority: ORS 413.042, 430.~~256~~345-430.375
Statutes/Other Implemented: 430.~~345 - 430.375~~256, ORS 430.306

AMEND: 415-050-0110

RULE SUMMARY: Added language related to ASAM criteria and program licensing requirements

CHANGES TO RULE:

415-050-0110
Program Approval ¶

(1) ~~Letter of Approval~~license. In order to receive a ~~Letter of Approval~~license from the Division under the process set forth in OAR 415-012, a program~~must must~~ shall meet the standards set forth in these rules~~, those provisions of OAR 309-014 which are applicable, and any other administrative rule applicable to the program. A Letter of Approval~~. A License issued to a program ~~must~~shall be effective for two years from the date of issue and may be renewed or revoked by the Division in the manner set forth in OAR 415-012.¶
(2) ~~A program seek~~The License shall be posted in~~g~~ a~~pproval under these rules must must establish~~ common area, able to be viewed at all times.¶
(3) At least every two ~~the satisfaction of~~years the Division ~~t~~shall ~~the local alcohol and drug planning committee was actively involved in the planning and~~ inspect the facility and conduct a review of the program ~~as it relates to the community mental health program plan.¶~~
~~(3) Inspection of a program. The Division must inspect at least every two years each program under these rul~~.¶
(4) Programs licensed for ASAM Level 3.7-WM services are automatically also licensed for the provision of ASAM Level 3.2-WM services.
Statutory/Other Authority: ORS 430.256
Statutes/Other Implemented: ORS 430.306, 430.345 - 430.375~~, ORS 430.306~~

ADOPT: 415-050-0115

RULE SUMMARY: added language regarding ASAM Criteria and language to further clarify expectations around written policies, procedures, and protocols

CHANGES TO RULE:

415-050-0115
Policies, Procedures and Protocols
(1) All providers shall develop and implement written policies and procedures, compliant with these rules. ¶
(2) Policies shall be available to patients, guardians, and family members upon request. ¶
(3) Providers shall develop and implement written policies and procedures including, but not limited to: ¶
(a) The Program's philosophical approach to withdrawal management; ¶
(b) Code of conduct that includes professional boundaries and ethics; ¶
(d) Personnel Qualifications, Credentialing and Training; ¶
(e) Criminal Records Checks; ¶
(f) Fraud, waste and abuse in Federal Medicaid and Medicare programs compliant with OAR 410-120-1380 and 410-120-1510; ¶
(g) Fee agreements; ¶
(h) Confidentiality and compliance with HIPAA, Federal Confidentiality Regulations (42 CFR, Part 2 and HIPAA), and State confidentiality regulations as specified in ORS 179.505 and 192.518 through 192.530; ¶
(i) Compliance with Title 2 of the Americans with Disabilities Act of 1990 (ADA); ¶
(j) Grievances and Appeals, consistent with these rules; ¶
(k) Policy and procedure containing criteria in accordance with ORS 430.397 through 430.401 for the voluntary admission of patient to a withdrawal management program; ¶
(l) Care coordination and the transition of care; ¶
(m) Patient Rights, consistent with these rules; ¶
(n) Crisis Prevention and Response; ¶
(o) Incident Reporting; ¶
(p) Trauma-informed service delivery, consistent with the Division's Trauma Informed Services Policy; ¶
(q) Provision of culturally and linguistically appropriate services; ¶
(r) Medical Protocols; ¶
(s) Medication Administration, Storage and Disposal; ¶
(t) Delivery of services and supports consistent with these rules and The ASAM Criteria for each licensed Level of Care; ¶
(u) Facility Standards; and ¶
(v) General Safety and Emergency Procedures. ¶
(4) The Program must utilize a written admissions procedure in accordance with these rules: ¶
(a) Providing immediate transportation of a patient to a general hospital in case of a medical emergency; ¶
(b) Screening for admission, including SAPT prioritization when applicable; ¶
(c) Attempting to gain informed consent and documenting accordingly; ¶
(d) Offering individual rights, grievance and notice of privacy practices; ¶
(e) Steps for making referrals for patients not admitted to the Program; ¶
(f) Steps for coordinating care with payers and entities responsible for care coordination; ¶
(g) A history and physical (H&P) assessment; and ¶
(h) A stabilization plan. ¶
(5) Additionally, providers shall establish written policies that: ¶
(a) Prohibit physical or other forms of aversive action to discipline an patient; ¶
(b) Prohibit seclusion, personal restraint, mechanical restraint and chemical restraint; ¶
(c) Prohibit withholding shelter, regular meals, clothing or aids to physical functioning; ¶
(d) Prohibit discipline of one patient receiving services by another; and ¶
(e) Prohibit titration of medications prescribed for the treatment of opioid dependence as a condition of receiving, or continuing to receive, treatment.
Statutory/Other Authority: ORS 413.042, 430.256
Statutes/Other Implemented: ORS 430.306, 430.345-430.375

AMEND: 415-050-0120

RULE SUMMARY: Added language related to program responsibilities and patient rights

CHANGES TO RULE:

415-050-0120
~~Cl~~Patient Rights ¶

~~Each Program must provide individuals the following rights and protection in addition to those described in OAR 309-016-0760.:¶~~
~~(1) Individuals~~In addition to all applicable statutory and constitutional rights, every patient receiving services has the right to:¶
(1) Patient must give written informed consent to treatment. If informed consent is not a possibility due to the inability of the ~~individuals~~patient to understand his or her rights, this fact must be recorded in the ~~individual~~patient's file.¶
(2) The Program must ~~have established and implemented controls on individuals labor within the program. Work done as part of the individual's~~develop, implement and inform patient of a policy and procedure regarding grievances which providing for:¶
(a) Receipt of written grievances from patient or persons acting on their behalf;¶
(b) Investigation of the facts supporting or disproving the written grievance;¶
(c) The taking of necessary action on substantiated grievances within 72 hours; and¶
(d) Documentation in the patient's record of the receipt, investigation, and any action taken regarding the written grievance.¶
(3) In addition to all applicable statutory and constitutional rights, every individual receiving services has the right to:¶
(a) Choose from available services and supports, those that are consistent with the Service Plan, culturally competent, provided in the most integrated setting in the community and under conditions that are least restrictive to the individual's liberty, that are least intrusive to the individual, and that provide for the greatest degree of independence;¶
(b) Be treated with dignity and respect;¶
(c) Participate in the development of a written stabilization ~~p~~Plan ~~or standard program expectations must be agreed to, in writing, by the individuals.~~, receive services consistent with that plan, and participate in periodic review and reassessment of service and support needs, and receive a copy of the written Service Plan;¶
(d) Have all services explained, including expected outcomes and possible risks;¶
(e) Confidentiality, and the right to consent to disclosure in accordance with ORS 107.154, 179.505, 179.507, 192.515, 192.507, 42 CFR Part 2 and 45 CFR Part 205.50;¶
(f) Give informed consent in writing prior to the start of services, except in a medical emergency or as otherwise permitted by law. Minor children may give informed consent to services in the following circumstances:¶
(A) Under age 18 and lawfully married;¶
(~~3~~B) ~~The Program must develop, implement and inform~~Age 16 or older and legally emancipated by the court; or¶
(C) Age 14 or older for outpatient services only. For purposes of informed consent, outpatient service does not include service provided in residential programs or in day or partial hospitalization programs.¶
(g) Inspect their Service Record in accordance with ORS 179.505;¶
(h) Refuse participation in experimentation;¶
(i) Receive medication specific to the individual's ~~of a policy and procedure regarding grievances which providing for:¶~~
~~(a) Receipt of written grievances from individuals or persons acting on their behalf;~~diagnosed clinical needs, including medications used to treat opioid dependence;¶
(j) Receive prior notice of transfer, unless the circumstances necessitating transfer pose a threat to health and safety;¶
(k) Be free from abuse or neglect and to report any incident of abuse or neglect without being subject to retaliation;¶
(l) Have religious freedom;¶
(m) Be free from seclusion and restraint;¶
(n) Be informed at the start of services, and periodically thereafter, of the rights guaranteed by this rule;¶
(o) Be informed of the policies and procedures, service agreements and fees applicable to the services provided, and to have a custodial parent, guardian, or representative assist with understanding any information presented;¶
(p) Have family and guardian involvement in service planning and delivery;¶
(q) File grievances, including appealing decisions resulting from the grievance;¶

(r) Exercise all rights set forth in ORS 109.610 through 109.697 if the individual is a child, as defined by these rules;¶
(s) Exercise all rights set forth in ORS 426.385 if the individual is committed to the Authority; and¶
(t) Exercise all rights described in this rule without any form of reprisal or punishment.¶
(~~b~~4) In~~vestiga~~ addition to the rights specified in section (1) of the~~ facts supporting or disproving the written gis~~ rule, every individual receiving residential services has the right to:¶
(a) A safe, secure, and sanitary environment;¶
(b) A humane service environment that affords reasonable protection from harm, reasonable prievance;¶
~~(c) The taking of necessary action on substantiated grievances within 72 hours; and¶~~
~~(d) Documentation in the individuals's record of the receipt, investigation, and any action taken regarding the written grievance~~cy, and daily access to fresh air and the outdoors;¶
(c) Keep and use personal clothing and belongings and to have an adequate amount of private, secure storage space. Reasonable restriction of the time and place of use of certain classes of property may be implemented if necessary to prevent the individual or others from harm, provided that notice of this restriction is given to individuals and their families, if applicable, upon entry to the program, documented, and reviewed periodically;¶
(d) Express sexual orientation, gender identity, and gender presentation;¶
(e) Have access to and participate in social, religious, and community activities;¶
(f) Not be required to perform labor;¶
(g) Have access to a variety of food choices 24/7 and three meals per day; and¶
(h) A reasonable accommodation or transfer if, due to a disability, services are not sufficiently accessible.¶
(5) The provider shall give to the individual and, if appropriate, the guardian, a document that describes the applicable individual's rights as follows:¶
(a) Information given to the individual shall be in written form or, upon request, in an alternative format or language appropriate to the individual's need;¶
(b) The rights and how to exercise them shall be explained to the individual, and if appropriate, to her or his guardian; and¶
(c) Individual rights shall be posted in writing in a common area.
Statutory/Other Authority: ORS 430.256
Statutes/Other Implemented: ORS 430.306, 430.345 - 430.375~~, ORS 430.306~~

ADOPT: 415-050-0125

RULE SUMMARY: Added language related to program responsibilities for staff record keeping

CHANGES TO RULE:

415-050-0125
Personnel Records
(1) Providers shall maintain personnel records for each program staff that contains all of the following documentation:¶
(a) Verification of a criminal record check;¶
(b) A current job description that includes applicable qualifications, including credentials and competencies;¶
(c) Copies of relevant licensure or certification, diploma, or certified transcripts from an accredited college, indicating that the program staff meets applicable qualifications;¶
(d) Copies of any action on the credentials as reported by the certification or licensing Board or body;¶
(e) Periodic performance appraisals that, when deficiencies are noted, contain a performance improvement and training plan, including completion of any required training(s) and resolution of the performance plan;¶
(f) Staff orientation and trainings required in these rules;¶
(g) Disciplinary documentation; ¶
(h) Active First Aid and CPR certification for non-medical program staff; and¶
(i) Results of a Tuberculosis screening as per OAR 333-071-0057.¶
(2) Providers shall maintain the following documentation for contractors and volunteers, as applicable:¶
(a) A contract or written agreement with the staff and/ or accredited educational program;¶
(b) A description of duties to be performed;¶
(c) A signed confidentiality agreement;¶
(d) Program orientation and trainings required in these rules;¶
(e) Verification of a criminal records check; ¶
(f) Active First Aid and CPR certification for non-medical program staff; and¶
(g) Results of a Tuberculosis screening as per OAR 333-071-0057.¶
(3) Providers shall ensure that program staff receives training applicable to the specific population for whom services are planned, delivered, or supervised. The program shall document orientation training for each program staff or person providing services within 30 days of the hire date. At minimum, orientation 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;¶
(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 procedures; ¶
(i) A review and agreement to abide by the Code of conduct; ¶
(j) Training in de-escalation; and ¶
(k) Training in motivational enhancement.¶
(4) Medical staff and program staff assisting with medical interventions, including interns, shall have the following trainings documented within one week of active employment in such a role:¶
(a) Medical protocols;¶
(b) Use of COWS, CIWA-AR and other evidence-based screening tools.¶
(5) Non-medical program staff shall be certified for first aid/ CPR within 6 weeks of active employment.¶
(6) The Program shall provide a minimum of one hour per month of documented individual clinical supervision and consultation for each non-medical staff, volunteer or intern who is responsible for the delivery of services. Clinical supervision shall assist program staff to increase their skills, improve quality of services to individuals, and address understanding of and adherence to program policies, procedures and code of conduct.
Statutory/Other Authority: ORS 413.042, 430.256
Statutes/Other Implemented: ORS 430.306, 430.345-430.375

ADOPT: 415-050-0130

RULE SUMMARY: Added language related to ASAM criteria and program staffing credentials

CHANGES TO RULE:

415-050-0130
Staffing Standards
Programs shall maintain the following minimum staffing standards:¶
(1) Utilize a written staffing plan that adheres to these rules, reflects the licensed ASAM Level(s) of care, and specifies typical staffing patterns as well as instructions for the addition of staff coverage throughout high acuity and emergency situations and specifies:¶
(a) The level of nursing care is appropriate to the number of patients and severity of patient needs;¶
(b) Staff rendering medical services are credentialed medical personnel who are trained and competent to implement physician-approved protocols for patient observation and supervision, and facilitation of patient's transition to continuing care; and¶
(c) Staff who assess and treat patients must be able to obtain and interpret information regarding the medical presentation and needs of patients. Such knowledge includes the signs and symptoms of alcohol and other drug intoxication and withdrawal, as well as the stabilization and monitoring of those conditions and how to facilitate entry into ongoing care.¶
(2) Each Program shall be managed by a staff with the following qualifications at the time of hire:¶
(a) Program Administrator or Program Director with professional qualifications and experience, who is designated to manage the operation of a withdrawal management program; and¶
(b) A Medical Director with specialty credentialing, training or experience in addiction medicine or addiction psychiatry; and¶
(c) LMP or RN whose credentials are active in the State or Oregon, or verified documentation the following education and/or work experience:¶
(A) Five years of paid full-time experience in withdrawal management, with at least one year in a paid administrative capacity; or¶
(B) A Bachelor's degree in a relevant field and four years of paid full-time experience in withdrawal management with at least one year in a paid administrative capacity; or¶
(C) A Master's degree in a relevant field and three years of paid full-time experience in withdrawal management with at least one year in a paid administrative capacity; and¶
(D) Knowledge and experience demonstrating competence in planning and budgeting, fiscal management, supervision, personnel management, employee performance assessment, data collection, and reporting.¶
(3) A withdrawal management services supervisor possessing the following qualifications at the time of hire, which shall be kept in the personnel file:¶
(a) Knowledge and experience demonstrating competence in the treatment of substance use disorders, including withdrawal management, service planning, care coordination, case management, motivational counseling techniques, and clinical supervision; and¶
(b) Education and/or work experience as follows:¶
(A) Five years of paid full-time experience in the field of substance use with a minimum of two years of direct substance use treatment experience; or¶
(B) A Bachelor's degree in a relevant field and four years of paid full-time experience, with a minimum of two years of direct substance abuse treatment experience; or¶
(C) A Master's degree in a relevant field and three years of paid full-time experience with a minimum of two years of direct substance use treatment experience.¶
(c) If the Program's manager or director meets the qualifications of the clinical supervisor, the qualifying manager or director may be the Program's clinical supervisor.¶
(4) The substance use disorders treatment staff shall:¶
(a) Have training knowledge and/or experience demonstrating competence in the treatment of the disease of substance use, including the management of substance withdrawal; patient evaluation; motivational counseling techniques; de-escalation and the taking and recording of vital signs;¶
(b) Operate within the scope of their practice;¶
(c) Be currently credentialed and certified by the Division recognized credentialing body; and¶
(d) Knowledge and experience treating withdrawal management and/ or substance use disorders.¶
(5) Programs utilizing interns, contractors or volunteers shall have a written, signed contract that includes:¶
(a) Relevant requirements in these rules, including active supervision;¶
(b) Specific responsibilities and tasks, including any limitations;¶
(c) Terms of service, including those for discontinuation of the contract;¶

(d) Review of the performance including providing direct feedback; and¶
(e) Direct communication with the accredited educational program, for interns.¶
(6) The Withdrawal Management Technician staff shall:¶
(a) Have knowledge of and/or experience, or be trained by the Program in the disease of substance use, motivational techniques; de-escalation and the taking and recording of vital signs; and¶
(b) Operate within the scope of their knowledge and assigned duties.¶
(7) Program staff include, but are not limited to the following credentials and titles:¶
(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:¶
(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 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;¶
(D) Certificate of Clinical Social Work Associate issued by the Oregon Board of Licensed Social Workers as described in OAR 877-020-0009.¶
(l) Registered Bachelor of Social Work issued by the Oregon Board of Licensed Social Workers as described in OAR 877-015-0105; or¶
(m) 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);¶
(E) Peer-Support Specialist (PSS) as defined in OAR 410-180-0305;¶
(i) Peer Delivered Services Supervisor;¶
(ii) Peer Wellness Specialist;¶
(iii) Student Intern; ¶
(iv) Withdrawal Management Technician; and¶
(v) Volunteer.
Statutory/Other Authority: ORS 413.042, 430.256
Statutes/Other Implemented: ORS 430.306, 430.345-430.375

ADOPT: 415-050-0135

RULE SUMMARY: Added language related to process improvement expectations and documentation

CHANGES TO RULE:

415-050-0135
Quality Assurance and Performance Improvement
Providers shall develop and implement a structured and ongoing process to assess, monitor, and improve the quality and effectiveness of services provided to patients, including:¶
(1) The program shall document a quality assurance and performance improvement process that occurs at least quarterly and, at a minimum, addresses:¶
(a) Process improvement projects;¶
(b) Incident reports; and¶
(c) Grievances.¶
(2) Sentinel event incident reports shall be submitted to the Division through submission of an incident report and as applicable, to the Office of Training Investigation and Safety (OTIS): ¶
(a) Including but not limited to the following circumstances: ¶
(A) Death; ¶
(B) Severe injury; ¶
(C) Ongoing risk to health, such as black mold; ¶
(D) Extensive damage to the facility or other substantial change in living conditions; and ¶
(E) Where abuse or neglect is suspected. ¶
(b) Within 24 hours of the event; and ¶
(c) On the original, unredacted incident report. ¶
(d) All incident reports shall be maintained on in the corresponding service record and in a common file for quality improvement and review by the Division.¶
(3) The provider shall develop and maintain service records and other documentation for each patient that demonstrates the specific services and supports.¶
(4) The Medical Director shall:¶
(a) Document their involvement in the development and review of medical protocols and operating procedures, quarterly reviews of physicians' standing orders, and consultation in any medical emergencies; and ¶
(b) Review and approve all Medical protocols and standing orders at least every 12 months .¶
(5) The provider shall develop and maintain service records for each patient that demonstrates the specific services and supports, including:¶
(a) The administration of nursing and withdrawal assessments as indicated throughout the episode to safely complete acute withdrawal from each substance of concern;¶
(b) The administration or dispensing of medication in accordance with current orders;¶
(c) All changes to protocol, including medical rationale shall be noted in the service record by the LMP or their designee;¶
(d) Any deviation from protocol, including circumstance or rationale shall be noted in the service record by the responsible program staff;¶
(e) The medical stabilization plan;¶
(f) Care coordination, case management, and referral activities and plans; ¶
(g) The patient's involvement in stabilization activities and progress toward achieving objectives contained in the patient's stabilization plan; and¶
(h) Sentinel Events shall be reported to the Division through submission of an incident report and as applicable, to the Office of Training Investigation and Safety (OTIS), and other authorities:¶
(A) In the following circumstances:¶
(i) Death; ¶
(ii) Severe injury;¶
(iii) Ongoing risk to health, such as black mold; ¶
(iv) Extensive damage to the facility or other substantial change in living conditions; and ¶
(v) Where abuse or neglect is suspected;¶
(B) Within 24 hours of the event; and¶
(C) On the original, unredacted incident report.
Statutory/Other Authority: ORS 413.042, 428.205-428.270, 430.640, 443.450
Statutes/Other Implemented: ORS 430.010, 430.205-430.210, 430.254-430.640, 430.850-430.955, 443.400-443.460, 443.991, 461.549, 743A.168

AMEND: 415-050-0140

RULE SUMMARY: Clarified language regarding documentation of entry into a program, and expectation regarding assessment and the use of ASAM criteria

CHANGES TO RULE:

415-050-0140
Admission ~~of Clients~~ ¶

~~Each P~~The program ~~must meet the following standards pertaining to admission of Individuals~~shall utilize an admission procedure that at a minimum shall ensure the provision and documentation of the following:¶
(1) ~~The~~ Program ~~must have written criteria for admission and for rejecting admission requests which includes observation for symptoms of withdrawal. The criteria must be available to Individuals, staff, and the community and be in compliance with ORS 430.397 through 430.401.¶~~
~~(2) The Program must utilize a written intake procedure. The procedure must include:¶~~
~~(a) A determination that the Program's services are appro~~orientation information shall be offered in written format in a language understood by the patient. The orientation information must include:¶
(a) A written description of the Program's services, including the Program's philosophical approach to stabilization; ¶
(b) Rights and responsibilities;¶
(c) Grievance procedures;¶
(c) Consent to services; and¶
(d) Notice of Privacy Practices.¶
(2) In accordance with ORS 179.505, 42 CFR Part 2, and HIPAA, an authorization for the release of information shall be obtained for any confidential information concerning the patient being considered for, or receiving, services.¶
(3) Screening for admission shall meet the following requirements:¶
(a) Patients shall be considered for admission without regard to race, ethnicity, gender, gender identity, gender presentation, sexual orientation, religion, creed, national origin, age, except when program eligibility is restri~~a~~cted to ~~the needs of the Individual;¶~~
~~(b) Steps for making referrals of individuals not admitted to the Program;¶~~
~~(c) Steps for accept~~children, adults or older adults, familial status, marital status, source of income, and disability;¶
(b) The provider may not deny admission to patients who are prescribed medication to treat opioid dependence, and:¶
(A) Are being tr~~eferrals from outside agencies;¶~~
~~(d) A specific time limit within which the initial client assessment must be completed on each Individual; and~~ated for withdrawal from substance(s) other than the medication prescribed or dispensed to treat opioid dependence; and¶
(B) Shall support the continuation of access to the medication prescribed or dispensed to treat opioid dependence.¶
(e~~c~~) ~~Steps for coordinating care with payers and entities responsible for care coordination.¶~~
~~(3) The Program must make available, for Individuals and others, program orientation information. The orientation information must include:¶~~
~~(a) The Program's philosophical approach to stablization;~~For patients receiving services funded by the SAPT Block Grant, admission of pregnant women to services shall occur no later than 48 hours from the date of first contact, and no less than 14 days after the date of first contact for patients using substances intravenously. If services are not available within the required timeframe, the provider shall document the reason and provide interim referral and informational services as defined in these rules, within 48 hours.¶
(d) Admission of patients whose services are funded by the SAPT Block Grant shall be prioritized prior to admission in the following order through use of a screening that is documented in the service record:¶
(~~b~~A) I~~nformation on Individuals' rights and responsibili~~dividuals who are pregnant and using substances intravenously;¶
(B) Individuals who are pregnant;¶
(C) Patients who are using substances intravenously; and¶
(D) Patients w~~hile receiving services from the Program;¶~~
~~(c) A writt~~ith dependent children.¶
(e) The admission screening service shall be completed prior to ren-de~~scription of the Program's~~ring services and document the need to assess for withdrawal management services~~; and~~.¶
(d4) ~~Information on the rules governing Individual's behavior and those infractions, if any, that may result in~~

~~discharge or other actions.~~Admission documentation shall contain: ¶
(a) Substance use history;¶
(b) Initial CIWA-Ar, COWS and/or other evidence-based measure of the severity of withdrawal symptoms; ¶
(4c) I~~n addi~~dentifica~~t~~tion ~~to~~f the ~~information required by the Division's data system, the following information must be recorded in each Individual's record at the time of admission:¶~~
~~(a) Name, address, and telephone number;¶~~
~~(b) Who to contact in case of an emergency;~~ASAM Level of Care placement through use of the ASAM Dimensional Admission Criteria Decision Rules;¶
(d) Collection and on-site testing of a urinary sample using a testing cup, stick or other on-site method; and¶
(e) Decision by LMP to begin admission or to offer services on another date and/ or care coordination for other services.¶
(~~c~~5) ~~Name of individual completing intake; and¶~~
~~(d) Identification of Individual's family and social support, if any~~The provider shall report the admission and exit status data in the mandated state data system for each patient that is using Medicaid benefits.
Statutory/Other Authority: ORS 413.042, 430.256
Statutes/Other Implemented: ORS 430.3~~45 -~~06, 430.3~~75, ORS~~ 45-430.3~~06~~75

ADOPT: 415-050-0145

RULE SUMMARY: Clarified language regarding medical staffing standards and the use of ASAM level of care

CHANGES TO RULE:

415-050-0145
Medical Services
(1) Medical staffing standards for all withdrawal management programs:¶
(a) The ability to transfer or admit patients to ASAM Level 3.7-WM program or a hospital as necessary;¶
(b) A LMP shall be available daily for onsite evaluation;¶
(c) A LMP shall be available for phone consultation 24 hours a day, 7 days per week; and¶
(d) Credentialed program support staff, onsite and available 24 hours a day, 7 days per week, that are trained and competent to:¶
(A) Recognize the signs and symptoms of intoxication and withdrawal as well as the appropriate treatment and monitoring of those conditions and how to facilitate entry into ongoing care;¶
(B) Make ASAM Level of Care placement determinations;¶
(C) Monitor conditions;¶
(D) Implement LMP-approved protocols for patient observation and supervision;¶
(E) Render treatments Facilitate the transfer of patients to other ASAM Levels of Care;¶
(e) Medications shall be administered in accordance with physician orders by:¶
(A) Credentialed medical staff; or¶
(B) Withdrawal Management Technicians trained to dispense medications in accordance with LMP orders or nursing orders that are in accordance with LMP orders.¶
(2) The medical assessment and examination (H&P) shall be completed:¶
(a) By a LMP within 24 hours of entry for each patient in ASAM Level 3.7-WM programs; or¶
(b) By a medical staff within 24 hours of entry for each patient in ASAM Level 3.2-WM programs; and include:¶
(A) A conclusion that the withdrawal syndrome can be safely managed at the ASAM Level of care placed;¶
(B) A recommended length of stay; ¶
(C) Medication orders; ¶
(D) Current protocols; and¶
(F) Identification of the patient's medical needs relevant to stabilization.¶
(3) A medical stabilization plan shall be informed by the H&P and: ¶
(a) Be completed by a credentialed medical staff;¶
(b) Identify initial orders for the stabilization of each identified substance for withdrawal;¶
(c) Identify criteria for meeting safe completion of medical protocols for acute withdrawal management services per substance being treated, including the recommended length of services;¶
(d) The extent of the patient's participation in developing the content of the stabilization plan and any modifications; and¶
(e) The inclusion or notification of significant others in the stabilization planning process, when applicable.¶
(4) The following information must be recorded in the patient's service record at the time of admission:¶
(a) Name, address, and telephone number;¶
(b) Contact information for person to contact in case of an emergency or unplanned exit of services, when a corresponding release of information, compliant with 42 CFR part 2 and HIPAA, is also on file and valid;¶
(c) Identification of Patient's family and social support, if any;¶
(d) The time and date of admission; and¶
(e) The name and credentials of staff completing the admission documentation.¶
(5) At the time of transition from withdrawal management services, a medical stabilization summary shall be completed by medical staff. The medical stabilization summary shall contain:¶
(a) Final evaluation of the patient's progress toward stabilization for each of the substances treated; ¶
(b) Identification of any unresolved withdrawal symptoms; ¶
(c) List of medications prescribed for continuation following the transition; and¶
(d) Where applicable, a medical opinion of the patient's capacity to resolve the identified issue(s) due to any known or observed cause, such as a co-occurring behavioral or medical condition.
Statutory/Other Authority: ORS 413.042, 430.256
Statutes/Other Implemented: ORS 430.306, 430.345-430.375

AMEND: 415-050-0150

RULE SUMMARY: Clarified expectations for programs to provide stabilization services

CHANGES TO RULE:

415-050-0150
Supportive Stabilization Services ¶

~~Each~~The Program ~~must meet~~shall offer the following s~~tabilization standards:~~¶
~~(1) The Program must provide individual or group motivational counseling sessions and individual advocacy and case management services; all of which must be documented in individual files.~~¶
~~(2) The Program must encourage individuals~~services to support stabilization:¶
(1) Motivational counseling, care coordination and case management services.¶
(2) Information to assist patient choice to remain in services for ~~an appropriat~~he duration ~~as~~ determined by the ~~service plan. Also, the Program must encourage all individuals to enter programs for ongoing recovery.~~tabilization plan, including:¶
(~~3~~a) ~~The Program must refer individuals to self-help groups when clinically indicated and~~Health education applicable to the ~~extent available in the community.~~¶
~~(4) Individuals fluent in the language and sensitive to the special needs of the population served must be provided as necessary to assist in the delivery of services.~~¶
~~(5) The Program must develop an individualized stabilization plan for each individual accepted for stabilization following clinical assessments for substance use and medical needs. The stabilization plan must be appropriate to the length of stay and condition of the individual and consider safe detoxification, care transition, and medical issue to be addressed. The stabilization plan must include progress notes that:~~¶
~~(a) Identify the problems from the individual assessment and evaluation;~~¶
~~(b) Specify objectives for the stabilization of each identified individual problem;~~patient's medical condition, which may include:¶
(A) Information about current medications, side effects of abrupt cessation, and which can be taken with the patient when exiting the program; ¶
(B) Information about the potential danger of continued withdrawal in a non-medical setting;¶
(C) The use of opiates after withdrawal and the use of Naloxone; and¶
(~~c~~D) ~~Specify the stabilization methods and activities to be utilized to achieve the specific objectives desired;~~¶
~~(d) Specify the necessary frequency of contact for the individual services and activities;~~Ability to return to withdrawal management services. ¶
(~~e~~b) ~~Specify the participation of significant others in the stabilization planning process and the specified interventi~~Option to communicate with a support persons ~~whe~~re ~~appropriate;~~¶
~~(f) Document the individual's participation in developing the content of the stabilization plan and any modifications by, at a minimum, including the individual's signature; and~~¶
~~(g) Document any efforts to encourage the individual to remain in the program's services, and efforts to encourage the individual to accept referral for ongoing treatment.~~¶
~~(6) The individual record must document the individual's involvement in stabilization activities and progress toward achieving objectives contained in the individual's stabilization plan. The documentation must be kept current, dated, be legible, and signed by the individual mak~~n a valid release of information is on file; and¶
(c) Care coordination, information and referral resources that match the patient's expressed preferences. ¶
(3) Staff or translators fluent in the language and sensitive to the special needs of the population served shall be provided as necessary to assist ing the ~~entry~~delivery of services.¶
(~~7~~4) ~~The p~~Program ~~must conduct and document in the individual's~~ staff shall document a care coord ~~transi~~ination planning for ~~individuals who complete stabilization. The transition plan must include:~~¶
~~(a) Referrals made to other services or agencies at the time of transition;~~¶
~~(b) The individual's plan for follow-up, aftercare, or other post-stabilization services; and~~each patient that is able to engage in such a process during the episode. When this is not possible, the reason(s) shall be documented. The care coordination plan shall:¶
(~~c~~a) ~~Document participation by the individual in the development of the~~Identify the patient's preferences for transition; ~~plan.~~¶
(~~8~~b) ~~At transition a stabilization summary and final evaluation of the individual's progress toward treatment objectives must be entered in the individual's recor~~Contain contact information for any specific referrals made; and¶
(c) Contain the time, date, contact information and type of appointment for any appointment(s) scheduled.
Statutory/Other Authority: ORS 413.042, 430.256

Statutes/Other Implemented: ORS 430.345 - 06, 430.375, ORS 45-430.30675

AMEND: 415-050-0155

RULE SUMMARY: Clarification added regarding documentation and staffing for client medication services

CHANGES TO RULE:

415-050-0155
Management of Medications ¶

Each Program ~~must~~shall have:¶
(1) A written order signed by a physician, a physician's standing order, or a physician's order received by phone and signed by the physician at the earliest opportunity before any medication is administered or dispensed to~~,~~ or self-administered by any ~~individual~~patient.¶
(2) Assurances that medications prescribed for one ~~individual~~patient must not be administered to~~,~~ or self-administered by another ~~individual~~patient or employee.¶
(3) A policy that no unused, outdated, or recalled drugs ~~must~~shall be kept in the Program. All unused, outdated, or recalled drugs ~~must~~shall be disposed of in a manner that assures that they cannot be retrieved~~, except that drugs under the control of the Food and Drug Administration must be mailed with the appropriate forms by express, prepaid, or registered mail, every 30 days to the Oregon Board of Pharmacy~~. A written record of all disposals of drugs ~~must~~shall be maintained in the Program and must include:¶
(a) A description of the drug, including the amount;¶
(b) The ~~individual~~patient for whom the medication was prescribed;¶
(c) The reason for disposal; and¶
(d) The method of disposal including:¶
(A) Drugs that are outdated, damaged, deteriorated, misbranded, or adulterated shall be quarantined and physically separated from other drugs until they are destroyed or returned to their supplier.~~:~~;¶
(B) Controlled substances which are expired, deteriorated or unwanted shall be disposed of in conformance with 21 CFR 1307.21.~~:~~;¶
(C) Expired, deteriorated, discontinued, or unwanted controlled substances in a long-term care facility shall be destroyed and the destruction jointly witnessed on the premises by any two of the following:¶
(i) The consultant pharmacist or registered nurse designee;¶
(ii) The Director of Nursing Services or supervising nurse designee;¶
(iii) The administrator of the facility or an administrative designee; or¶
(iv) A Registered Nurse employed by the facility.¶
(D) The destruction shall be documented and signed by the witnesses and the document retained at the facility for a period of at least three years.¶
(4) A policy that all prescription drugs stored in the Program ~~must~~shall be kept in a locked ~~stationary~~ container. Only those medications requiring refrigeration must be stored in a refrigerator.¶
(5) A policy for program stored not yet prescribed controlled substance including records and maintain inventories in conformance with 21 U.S.C. Section 827; 21CFR 1304.02 through 1304.11; 1304.21 through 1304.26; 1304.31 through 1304.33; except that a written inventory of all controlled substances shall be taken by registrants annually within 365 days of the last written inventory. All such records shall be maintained for a period of three years.¶
(6) A policy that in the case where a ~~individual~~patient self-administers his or her own medication, self-administration ~~must~~shall be recommended by the Program, approved in writing by the Medical Director, and closely monitored by the treatment staff.¶
(7) ~~Individual~~Patient records which ~~must~~shall be kept for each ~~individual~~patient for any prescription drugs administered to, or self-administered by any ~~individual~~patient. This written record ~~must~~shall include:¶
(a) ~~Individual~~Patient's name;¶
(b) Prescribing physician's name;¶
(c) Description of medication, including prescribed dosage;¶
(d) Verification in writing by staff that the medication was taken and the times and dates administered, or self-administered;¶
(e) Method of administration;¶
(f) Any adverse reactions to the medication; and¶
(g) Continuing evaluation of the ~~individual~~patient's ability to self-administer the medication.
Statutory/Other Authority: ORS 413.042, 430.256
Statutes/Other Implemented: 430.345 - 430.375, ORS 430.306

ADOPT: 415-050-0160

RULE SUMMARY: Clarified language regarding program staffing standards and the use of ASAM level of care

CHANGES TO RULE:

415-050-0160
Clinically Managed Residential Withdrawal Management, ASAM Level 3.2-WM
(1) Clinically Managed Residential Withdrawal Management, ASAM Level 3.2-WM Programs that are co-located within a Residential Substance Use Disorders Treatment and Recovery facility licensed by the Division do not require additional licensure under these rules.¶
(2) In addition to the requirements in this rule, all Clinically Managed Residential Withdrawal Management, ASAM Level 3.2-WM Programs shall:¶
(a) Ensure responsive, on-site staff support is available 24 hours per day, 7 days per week;¶
(b) Safely assist patients through withdrawal without the need for continuous on-site medical personnel; and¶
(c) Medical evaluation and consultation services are available 24 hours a day, 7 days per week.
Statutory/Other Authority: ORS 413.042, 430.256
Statutes/Other Implemented: ORS 430.306, 430.345-430.375

ADOPT: 415-050-0165

RULE SUMMARY: Clarified language regarding medical and program staffing standards and the use of ASAM level of care

CHANGES TO RULE:

415-050-0165
Medically Monitored Inpatient Withdrawal Management, ASAM Level of Care 3.7-WM
In addition to the requirements in this rule, programs licensed to render ASAM Level 3.7-WM shall have:¶
(1) A LMP onsite daily for assessments and to provide monitoring of care and further evaluation. ¶
(2) A LPN onsite and available 24 hours a day, 7 days per week, to oversee the monitoring of the patient's progress and medication administration on an hourly basis, or as needed.¶
(3) Access to specialized clinical consultation and supervision for biomedical, emotional, or behavioral issues related to intoxication and withdrawal management.¶
(4) ASAM Level 3.7-WM Programs must maintain a 24-hour, daily minimum ratio of staff to patients as follows:¶
(a) When 1 through 12 patients are present, programs shall have onsite a minimum of:¶
(A) One medical staff with a minimum credential of LPN; and ¶
(B) One medical, program support or behavioral health staff.¶
(b) When 13 through 24 patients are present, programs shall have onsite a minimum of:¶
(A) One medical staff with a minimum credential of RN;¶
(B) A second medical staff;¶
(C) Either a medical, program support or behavioral health staff;¶
(D) When 25 or more patients are present, programs shall have onsite one additional medical staff beyond the three staff required above for each additional 12 beds or part thereof;¶
(E) The staffing ratio shall increase in the number of staff on-site when an evaluation of the acuity of the patient(s) by a medical staff results in a determination that additional staff are needed to safely monitor and treat the patients.
Statutory/Other Authority: ORS 413.042, 430.256
Statutes/Other Implemented: ORS 430.306, 430.345-430.375

AMEND: 415-050-0170

RULE SUMMARY: Clarified language regarding requirements for physical location of withdrawal management programs

CHANGES TO RULE:

415-050-0170
Building Requirements ¶

In addition to the building requirements for outpatient Alcohol and Other Drug treatment programs, ~~detoxification~~withdrawal management programs ~~must~~shall meet the following standards:¶
(1) Prior to construction of a new building or major alteration of or addition to an existing building:¶
(a) One set of plans and specifications ~~must~~shall be submitted to the State Fire Marshal for approval;¶
(b) Plans ~~must~~shall be in accordance with the State of Oregon Structural Specialty Code and Fire and Life Safety Regulations;¶
(c) Plans for construction containing 4,000 square feet or more ~~must~~shall be prepared and bear the stamp of an Oregon licensed architect or engineer; and¶
(d) The water supply, sewage, and garbage disposal system ~~must~~shall be approved by the agency having jurisdiction.¶
(2) Interiors: All rooms used by ~~individuals must~~patient shall have floors, walls, and ceilings that meet the interior finish requirements of the State of Oregon Structural Specialty Code and Fire and Life Safety Regulations:¶
(a) A separate dining room or area ~~must~~shall be provided for exclusive use of ~~individuals~~patient, program staff, and invited guests, and must:¶
(A) Seat at least one-half of the ~~individuals~~patient at a time with a minimum of 15 square feet per occupant; and¶
(B) Be provided with adequate ventilation.¶
(b) A separate living room or lounge area ~~must~~shall be provided for the exclusive use of ~~individuals~~patient, program staff, and invited guests and must:¶
(A) Provide a minimum of 15 square feet per occupant; and¶
(B) Be provided with adequate ventilation.¶
(c) Sleeping areas ~~must~~shall be provided for all ~~individuals and must~~patient and shall:¶
(A) Be separate from the dining, living, multi-purpose, laundry, kitchen, and storage areas;¶
(B) Be an outside room with a window that can be opened, and is at least the minimum required by the State Fire Marshal;¶
(C) Have a ceiling height of at least seven feet, six inches;¶
(D) Provide a minimum of 60 square feet per ~~individual~~patient, with at least three feet between beds;¶
(E) Provide permanently wired light fixtures located and maintained to give light to all parts of the room; and¶
(F) Provide a curtain or window shade at each window to assure privacy.¶
(d) Bathrooms ~~must~~shall be provided and conveniently located in each building containing a bedroom and ~~must~~shall:¶
(A) Provide a minimum of one toilet and one hand-washing sink for each eight ~~individuals~~patient, and one bathtub or shower for each ten ~~individuals~~patient;¶
(B) Provide one hand-washing sink convenient to every room containing a toilet;¶
(C) Provide permanently wired light fixtures located and maintained to give adequate light to all parts of the room;¶
(D) Provide arrangements for personal privacy for ~~individuals~~patient;¶
(E) Provide a privacy screen at each window;¶
(F) Provide a mirror; and¶
(G) Be provided with adequate ventilation.¶
(e) A supply of hot and cold water installed and maintained in compliance with rules of, the Authority-, Health Services, Office of Public Health Systems, ~~must~~shall be distributed to taps conveniently located throughout the ~~detoxification~~withdrawal management program;¶
(f) All plumbing must comply with applicable codes;¶
(g) Laundry facilities, when provided, must be separate from:¶
(A) Resident living areas, including bedrooms;¶
(B) Kitchen and dining areas; and¶
(C) Areas used for the storage of unrefrigerated perishable foods.¶
(h) Storage areas ~~must~~shall be provided appropriate to the size of the ~~detoxification~~withdrawal management program. Separate storage areas ~~must~~shall be provided for:¶
(A) Food, kitchen supplies, and utensils;¶

(B) Clean linens;¶
(C) Soiled linens and clothing;¶
(D) Cleaning compounds and equipment; and¶
(E) Poisons, chemicals, insecticides, and other toxic materials, which must be properly labeled, stored in the original container, and kept in a locked storage area.¶
(i) Effective July 1, 2012, programs both licensed and funded by AMH must not allow tobacco use in program facilities and on program grounds.¶
[Publications: Publications referenced are available from the agency.]
Statutory/Other Authority: ORS 413.042, 430.256
Statutes/Other Implemented: ORS 430.345 - 06, 430.375, ORS 45-430.30675

AMEND: 415-050-0175

RULE SUMMARY: Clarified language regarding requirements for linens and storage for clients of withdrawal management programs

CHANGES TO RULE:

415-050-0175
~~Client~~ Furnishings and Linens ¶

(1) Each Program ~~must~~shall provide furniture for each ~~individual~~patient which must include:¶
(a) A bed with a frame and a clean mattress and pillow;¶
(b) A private dresser or similar storage area for personal belongings which is readily accessible to the ~~individual~~patient; and¶
(c) Access to a closet or similar storage area for clothing and¶
(2) Linens ~~must~~shall be provided for each ~~individual~~patient and must include:¶
(a) Sheets and pillowcases;¶
(b) Blankets, appropriate in number and type for the season and the ~~individual~~patient's comfort; and¶
(c) Towel and washcloth.¶
(3) A locked area not readily accessible to ~~individuals~~patient for safe storage of such items as money and jewelry.
Statutory/Other Authority: ORS 413.042, 430.256
Statutes/Other Implemented: ORS 430.3~~45 -~~06, 430.3~~75, ORS~~ 45-430.3~~06~~75

AMEND: 415-050-0180

RULE SUMMARY: Clarified language regarding safety requirements for withdrawal management programs, including capacity and evacuation

CHANGES TO RULE:

415-050-0180
Safety ¶

The program must ~~meet~~shall the following safety requirements:¶
(1) At no time ~~must~~shall the number of ~~individuals~~patient served exceed the approved capacity;¶
(2) A written emergency plan ~~must~~shall be developed and posted next to the telephone used by program staff and must include:¶
(a) Instructions for the program staff or designated resident in the event of fire, explosion, accident, death, or other emergency and the telephone numbers of the local fire department, law enforcement agencies, hospital emergency rooms, and the ~~detoxification~~withdrawal management program's designated physician and on-call back-up program staff;¶
(b) The telephone number of the administrator or clinical supervisor and other persons to be contacted in case of emergency; and¶
(c) Instructions for the evacuation of ~~individuals~~patient and program staff in the event of fire, explosion, or other emergency.¶
(3) The ~~detoxification~~withdrawal management program ~~must~~shall provide fire safety equipment appropriate to the number of ~~individuals~~patient served, and meeting the requirements of the State of Oregon Structural Specialty Code and Fire and Life Safety Regulations:¶
(a) ~~F~~The facility and the fire detection and protection equipment ~~must~~shall be inspected as required by the State Fire Marshal, and current documentation shall be maintained;¶
(b) All flammable and combustible materials ~~must~~shall be properly labeled and stored in the original container in accordance with the rules of the State Fire Marshal; and¶
(c) The ~~detoxification~~withdrawal management program ~~must~~shall conduct unannounced fire evacuation drills at least monthly. At least once every three months the monthly drill must occur between 10 p.m. and 6 a.m. Written documentation of the dates and times of the drills, time elapsed to evacuate, and program staff conducting the drills must be maintained.¶
(4) At least one program staff who is trained in First Aid and CPR ~~must~~shall be onsite at all times¶
[Publications: Publications referenced are available from the agency.]
Statutory/Other Authority: ORS 430.256, ORS 430.306
Statutes/Other Implemented: 430.345 - 430.375~~, ORS 430.306~~

AMEND: 415-050-0185

RULE SUMMARY: Clarified language regarding sanitation requirements for withdrawal management programs,

CHANGES TO RULE:

415-050-0185
Sanitation ¶

Each Program must comply with the following sanitation standards:¶
(1) All floors, walls, ceilings, window, furniture, and equipment must be kept in good repair, clean, neat, orderly, and free from odors~~;~~.¶
(2) Each bathtub, shower, hand-washing sink, and toilet must be kept clean and free from odors~~;~~.¶
(3) The water supply in the ~~detoxification~~withdrawal management program must meet the requirements of the rules of the Health Division governing domestic water supplies~~;~~.¶
(4) Soiled linens and clothing must be stored in an area separate from kitchens, dining areas, clean linens and clothing and unrefrigerated food~~;~~.¶
(5) All measures necessary to prevent the entry into the program of mosquitoes and other insects must be taken~~;~~.¶
(6) All measures necessary to control rodents must be taken~~;~~.¶
(7) The grounds of the program must be kept orderly and free of litter, unused articles, and refuse~~;~~.¶
(8) Garbage and refuse receptacles must be clean, durable, water-tight, insect- and rodent proof and kept covered with a tight-fitting lid~~;~~.¶
(9) All garbage solid waste must be disposed of at least weekly and in compliance with the rules of the Department of Environmental Quality~~; and~~.¶
(10) Sewage and liquid waste must be collected, treated and disposed of in compliance with the rules of the Department of Environmental Quality.
Statutory/Other Authority: ORS 413.042, 430.256
Statutes/Other Implemented: ORS 430.3~~45 -~~06, 430.3~~75, ORS~~ 45-430.3~~06~~75

AMEND: 415-050-0190

RULE SUMMARY: Clarified language regarding safe food handling practices and food options for withdrawal management programs,

CHANGES TO RULE:

415-050-0190
Food Service ¶

The ~~detoxification~~withdrawal management program ~~must~~shall meet the requirements of the State of Oregon Sanitary Code for Eating and Drinking Establishments relating to the preparation, storage, and serving of food. At minimum:¶
(1) Menus ~~must~~shall be prepared in advance to provide a sufficient variety of foods served in adequate amounts for each resident at each meal~~;~~.¶
(2) Records of menus as served ~~must~~shall be filed and maintained in the ~~detoxification~~withdrawal management program records for at least 30 days~~;~~.¶
(3) All modified or special diets ~~must~~shall be ordered by an LMP~~;~~.¶
(4) At least three meals must be provided daily~~;~~.¶
(5) A variety of snack food options shall be accessible to the patients 24 hours per day, 7 days per week.¶
(6) Supplies of staple foods for a minimum of one week and of perishable foods for a minimum of a two-day period ~~must~~shall be maintained on the premises~~;~~.¶
(~~6~~7) Food must be stored and served at proper temperature~~;~~.¶
(~~7~~8) All utensils, including dishes, glassware, and silverware used in the serving or preparation of drink or food for ~~individuals must~~the patient shall be effectively washed, rinsed, sanitized, and stored after each ~~individual~~patient use to prevent contamination in accordance with Health Division standards~~; and~~.¶
(~~8~~9) Raw milk and home-canned vegetables, meats, and fish must not be served or stored in a residential program.¶
[Publications: Publications referenced are available from the agency.]
Statutory/Other Authority: ORS 430.256, ORS 430.306
Statutes/Other Implemented: 430.345 - 430.375~~, ORS 430.306~~

AMEND: 415-050-0195

RULE SUMMARY: Note of location of variance information for withdrawal management programs,

CHANGES TO RULE:

415-050-0195
Variances ¶

Requirements and standards for requesting and granting variances or exceptions are found in OAR 415-012-0090.
Statutory/Other Authority: ORS 413.042, 430.256
Statutes/Other Implemented: ORS 430.345 - 06, 430.375, ORS 45-430.30675