OFFICE OF THE SECRETARY OF STATE
BEV CLARNO
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A. RICHARD VIAL
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

FILED
10/31/2019 10:06 AM
ARCHIVES DIVISION
SECRETARY OF STATE

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

FILING CAPTION: Revisions-BH Rules to align with CCO2.0 contract, improve readability/minimize repetition-18

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 11/21/2019 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: Wanda Davis
503-945-6579
wanda.davis@dhsoha.state.or.us

500 Summer St NE
Salem,OR 97301

Filed By:
Wanda Davis
Rules Coordinator

HEARING(S)

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

DATE: 11/19/2019
TIME: 8:30 AM - 12:00 PM
OFFICER: Wanda Davis
ADDRESS: Barbara Roberts Human
Services Building
500 Summer St NE, Room 137 C-D
Salem, OR 97301
SPECIAL INSTRUCTIONS:
Limited space - capacity of 45 in room.

Call in information: 888-363-4734;
Participant Code: 6567654#

Send written public comments to:
bhrulemaking@dhsoha.state.or.us

NEED FOR THE RULE(S):

The Oregon Health Authority (OHA) is revising the Oregon Administrative Rules (OARs) that govern coordinated care organizations, to align with the CCO 2.0 contracts effective January 1, 2020, and to improve readability and minimize repetition in the rules. OHA is also repealing rules that did not appear to serve a clear purpose distinct from the other rules. In those situations, OHA is repealing the rule(s) and relocating any necessary material elsewhere.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

The Oregon Performance Plan https://www.oregon.gov/oha/HSD/BHP/Pages/Oregon-Performance-Plan.aspx
CCO 2.0 https://www.oregon.gov/oha/OHPB/Pages/CCO-2-0.aspx

FISCAL AND ECONOMIC IMPACT:

None

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) 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) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). None
(2) Effect on Small Businesses:
(a) Estimate the number and type of small businesses subject to the rule(s); Indeterminate
(b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); HSD does not expect administrative costs associated with these rules.
(c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s). None.

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

Small business representatives are invited to engage through the RAC and public comment processes.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:
309-018-0100, 309-018-0105, 309-018-0107, 309-018-0110, 309-018-0115, 309-018-0125, 309-018-0130, 309-018-0135, 309-018-0140, 309-018-0145, 309-018-0150, 309-018-0155, 309-018-0160, 309-018-0165, 309-018-0170, 309-018-0180, 309-018-0181, 309-018-0182, 309-018-0185, 309-018-0190, 309-018-0200, 309-018-0205, 309-018-0210, 309-018-0215

AMEND: 309-018-0100

RULE SUMMARY: Administrative rules are being revised to
1. Update language to bring to current
2. To align with CCO 2.0

CHANGES TO RULE:

309-018-0100
Purpose and Scope ¶

(1) ~~Purpose:~~ These rules prescribe minimum standards for services and supports provided by addictions and

mental health providers ~~approv~~licensed by the Health Systems Division of the Oregon Health Authority.~~¶~~
~~(2) Scope:~~ in accordance with OAR Chapter 415, division 012.¶
(2) In addition to applicable requirements in OAR 410-120-0000 through 410-120-1980~~ and~~, 943-120-0~~0~~100 through 943-120-15~~5~~05, and 410-141-3000 through 410-141-4120, these rules specify standards for services and supports provided in:¶
(a) Residential Substance Use Disorders Treatment and Recovery Services;~~ and~~¶
(b) Residential ~~Problem~~ Gambling Disorder Treatment and Recovery Services; and¶
(c) Medically Monitored and Clinically Managed Withdrawal Management Services.
Statutory/Other Authority: ORS 161.390, 413.042, 430.256, 428.205 - 428.270, 430.640, 443.450
Statutes/Other Implemented: ORS 109.675, 179.505, 413.520 - 413.522, 430.010, 430.205 - 430.210, 430.254 - 430.640, 430.850 - 430.955, 443.400 - 443.460, 443.991, 461.549, 743A.168, 813.010 - 813.055, 813.200 - 813.270

REPEAL: 309-018-0105

RULE SUMMARY: The agency is repealing this rule because definitions for chapter 309 have been moved to chapter 309 division 001.

CHANGES TO RULE:

~~309-018-0105~~
~~Definitions ¶~~

~~(1) "Abuse of an Adult" means the circumstances defined in OAR 407-045-0260 for abuse of an adult with mental illness.¶~~
~~(2) "Abuse of a Child" means the circumstances defined in ORS 419B.005.¶~~
~~(3) "Health Systems Services and Supports" means all services and supports including but not limited to Outpatient Community Mental Health Services and Supports for Children and Adults, Intensive Treatment Services for Children, Outpatient and Residential Substance Use Disorders Treatment Services, and Outpatient and Residential Problem Gambling Treatment Services.¶~~
~~(4) "Adolescent" means an individual from 12 through 17 years of age or those individuals who are determined to be developmentally appropriate for youth services.¶~~
~~(5) "Adult" means a person 18 years of age or older or an emancipated minor. An individual with Medicaid eligibility, who is in need of services specific to children, adolescents, or young adults in transition, shall be considered a child until age 21 for the purposes of these rules. Adults who are between the ages of 18 and 21, who are considered children for purposes of these rules, shall have all rights afforded to adults as specified in these rules.¶~~
~~(6) "Assessment" means the process of obtaining sufficient information through a face-to-face interview to determine a diagnosis and to plan individualized services and supports.¶~~
~~(7) "ASAM Criteria" means the most current edition of the American Society of Addiction Medicine (ASAM) for the Treatment of Addictive, Substance-related, and Co-Occurring Conditions, which is a clinical guide to develop patient-centered service plans and make objective decisions about admission, continuing care, and transfer or discharge for individuals and is incorporated by reference in these rules.¶~~
~~(8) "Authority" means the Oregon Health Authority.¶~~
~~(9) "Behavioral Health Treatment" means treatment for mental health, substance use disorders, and problem gambling.¶~~
~~(10) "Case Management" means the services provided to assist individuals who reside in a community setting, or are transitioning to a community setting in gaining access to needed medical, social, educational, entitlement, and other applicable services.¶~~
~~(11) "Certificate" means the document or documents issued by the Division, which identifies and declares certification of a provider pursuant to OAR 309-008-0100 to 309-008-1600. A letter accompanying issuance of the certificate shall detail the scope and approved service delivery locations of the certificate.¶~~
~~(12) "Child" means an individual under the age of 18. An individual with Medicaid eligibility, who is in need of services specific to children, adolescents, or young adults in transition, shall be considered a child until age 21 for purposes of these rules.¶~~
~~(13) "Chief Officer" means the Chief Health Systems Officer of the Health Systems Division or designee.¶~~
~~(14) "Clinical Supervision" means oversight by a qualified clinical supervisor of substance use, problem gambling, or mental health services and supports provided according to this rule, including ongoing evaluation and improvement of the effectiveness of those services and supports.¶~~
~~(15) "Clinical Supervisor" means a person qualified to oversee and evaluate substance use, problem gambling, or mental health services and supports.¶~~
~~(16) "Co-occurring Substance Use and Mental Health Disorders (COD)" means the existence of a diagnosis of both a substance use disorder and a mental health disorder.¶~~
~~(17) "Court" means the last convicting or ruling court unless specifically noted.¶~~

(18) "Criminal Records Check" means the Oregon Criminal Records Check and the processes and procedures required by OAR 943-007-0001 through 943-007-0501.¶
(19) "Crisis" means either an actual or perceived urgent or emergent situation that occurs when an individual's stability or functioning is disrupted and there is an immediate need to resolve the situation to prevent a serious deterioration in the individual's mental or physical health or to prevent referral to a significantly higher level of care.¶
(20) "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.¶
(21) "Culturally Specific Program" means a program that is designed to meet the unique service needs of a specific culture and that provides services to a majority of individuals representing that culture.¶
(22) "Diagnosis" means the principal mental health, substance use or problem gambling diagnosis listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM). The diagnosis is determined through the assessment and any examinations, tests, or consultations suggested by the assessment and are 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 most recent version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.¶
(25) "Emergent" means the onset of symptoms requiring attention within 24 hours to prevent serious deterioration in mental or physical health or threat to safety.¶
(26) "Entry" means the act or process of acceptance and enrollment into services regulated by this rule.¶
(27) "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.¶
(28) "Family" means the biological or legal parents, siblings, other relatives, foster parents, legal guardians, spouse, domestic partner, caregivers, and other primary relations to the individual whether by blood, adoption, legal, or social relationships. Family also means any natural, formal, or informal support persons identified as important by the individual.¶
(29) "Gender Identity" means a person's self-identification of gender without regard to legal or biological identification, including but not limited to persons identifying themselves as male, female, transgender, and transsexual.¶
(30) "Gender Presentation" means the external characteristics and behaviors that are socially defined as either masculine or feminine, such as dress, mannerisms, speech patterns, and social interactions.¶
(31) "Grievance" means a formal complaint submitted to a provider verbally or in writing by an individual or the individual's chosen representative, pertaining to the denial or delivery of services and supports.¶
(32) "Guardian" means an individual appointed by a court of law to act as guardian of a minor or a legally incapacitated person.¶
(33) "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).¶
(34) "Incident Report" means a written description of any incident involving an individual or child of an individual receiving services occurring on the premises of the program or involving program staff or a Service Plan activity including but not limited to injury, major illness, accident, act of physical aggression, medication error, suspected abuse or neglect, or any other unusual incident that presents a risk to health and safety.¶
(35) "Individual" means any individual being considered for or receiving services and supports regulated by these rules.¶
(36) "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, if applicable, have consented to the services on, or prior to, the first date of service.¶

(37) "Interim Referral and Information Services" means services provided by a substance use disorders treatment provider to individuals on a waiting list and whose services are funded by the Substance Abuse Prevention and Treatment (SAPT) Block Grant to reduce the adverse health effects of substance use, promote the health of the individual, and reduce the risk of disease transmission.¶
(38) "Intern" or "Student" means an individual who provides a paid or unpaid program service to complete a credentialed or accredited educational program recognized by the State of Oregon.¶
(39) "Level of Care" means the range of available services provided from the most integrated setting to the most restrictive and most intensive in an inpatient setting.¶
(40) "Licensed Health Care Professional" means a practitioner of the healing arts acting within the scope of his or her practice under State law who is licensed by a recognized governing board in Oregon.¶
(41) "Licensed Medical Practitioner (LMP)" means an individual 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.¶
(42) "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.¶
(43) "Medicaid" means the federal grant-in-aid program to state governments to provide medical assistance to eligible persons under Title XIX of the Social Security Act.¶
(44) "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.¶
(45) "Medically Appropriate" means services and medical supplies required for prevention, diagnosis, or treatment of a physical or behavioral health condition or injuries and that 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;¶
(c) Not solely for the convenience of an individual or a provider of the service or medical supplies; and¶
(d) The most cost effective of the alternative levels of medical services or medical supplies that can be safely provided to an individual.¶
(46) "Medication Administration Record" means the documentation of the administration of written or verbal orders for medication, laboratory, and other medical procedures issued by an LMP acting within the scope of his or her license.¶
(47) "Medication Assisted Treatment (MAT)" means the use of medication in combination with counseling and behavioral therapies for the treatment of substance use disorders.¶
(48) "Oregon Health Authority" means the Oregon Health Authority of the State of Oregon.¶
(49) "Outreach" means the delivery of behavioral health services, referral services, and case management services in non-traditional settings, including but not limited to the individual's residence, shelters, streets, jails, transitional housing sites, drop-in centers, single room occupancy hotels, child welfare settings, educational settings, or medical settings. It also refers to attempts made to engage or re-engage an individual in services by such means as letters or telephone calls.¶
(50) "Peer" means any individual supporting an individual or the individual's family member who has similar life experience, either as a current or former recipient of substance use, problem gambling, or mental health services, or as a family member of an individual who is a current or former recipient of substance use, problem gambling, or

~~mental health services.¶~~
~~(51) "Peer-Delivered Services" are community-based services and supports provided by peers and peer support specialists to individuals or family members with similar lived experience. These services are intended to support individuals and families to engage individuals in ongoing treatment and to live successfully in the community. ¶~~
~~(52) "Peer Support Specialist" 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" 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) "Problem Gambling Treatment Staff" means a person certified or licensed by a health or allied provider agency to provide problem gambling treatment services that include assessment, development of a Service Plan, group and family counseling.¶~~
~~(57) "Program" means a particular type or level of service that is organizationally distinct.¶~~
~~(58) "Program Administrator" or "Program Director" means a person with appropriate professional qualifications and experience who is designated to manage the operation of a program.¶~~
~~(59) "Program Staff" means an employee or person who, by contract with the program, provides a service and who has the applicable competencies, qualifications, or certification required in this rule to provide the service.¶~~
~~(60) "Provider" means an organizational entity or qualified individual that is operated by or contractually affiliated with a community mental health program or contracted directly with the Division for the direct delivery of substance use, problem gambling, or mental health services and supports.¶~~
~~(61) "Publicly Funded" means financial support, in part or in full, with revenue generated by a local, state, or federal government.¶~~
~~(62) "Quality Assessment and Performance Improvement" means the structured, internal monitoring and~~

evaluation of services to improve processes, service delivery, and service outcomes.¶
(63) "Recovery" means a process of healing and transformation for a person to achieve full human potential and personhood in leading a meaningful life in communities of his or her choice.¶
(64) "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.¶
(65) "Resilience" means the universal capacity that a person uses to prevent, minimize, or overcome the effects of adversity. Resilience reflects a person's strengths as protective factors and assets for positive development.¶
(66) "Residential Substance Use Disorders Treatment Program" means a publicly or privately operated program as defined in ORS 430.010 that provides assessment, treatment, rehabilitation, and twenty-four hour observation and monitoring for individuals with substance use dependence, consistent with Level III of ASAM PCC.¶
(67) "Residential Problem Gambling Treatment Program" means a publicly or privately operated program that is licensed in accordance with OAR 415-012-0000 through 415-012-0090 that provides assessment, treatment, rehabilitation, and twenty-four hour observation and monitoring for individuals with gambling related problems.¶
(68) "Screening" means the process to determine whether the individual needs further assessment to identify circumstances requiring referrals or additional services and supports.¶
(69) "Service Delivery Rules" means the OAR describing specific regulatory standards for the possible array of services covered by certificates issued under chapter 309, division 8.¶
(70) "Service Plan" means a comprehensive plan for services and supports provided to or coordinated with an individual and his or her family, as applicable, that is reflective of the assessment and the intended outcomes of service.¶
(71) "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.¶
(72) "Service Record" means the documentation, written or electronic, regarding an individual and resulting from entry, assessment, orientation, services and supports planning, services and supports provided, and transfer.¶
(73) "Services" means those activities and treatments described in the Service Plan that are intended to assist the individual's transition to recovery from a substance use disorder, problem gambling disorder, or mental health condition and to promote resiliency and rehabilitative and functional individual and family outcomes.¶
(74) "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 individual receiving services, the guardian of the individual receiving services, or any authorized representative of the individual receiving services.¶
(75) "Skills Training" means providing information and training to individuals and families designed to assist with the development of skills in areas including but not limited to anger management, stress reduction, conflict resolution, self-esteem, parent-child interactions, personal relationships, drug and alcohol awareness, behavior support, symptom management, accessing community services, and daily living.¶
(76) "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.¶
(77) "Substance Use Disorders" means disorders related to the taking of a drug of abuse including alcohol to the side effects of a medication and to a toxin exposure. The disorders include substance use disorders such as substance dependence and substance abuse and substance-induced disorders, including substance intoxication, withdrawal, delirium, and dementia, as well as substance induced psychotic disorder, mood disorder, etc., as defined in DSM criteria.¶
(78) "Substance Use Disorders Treatment and Recovery Services" means outpatient, intensive outpatient, and residential services and supports for individuals with substance use disorders.¶
(79) "Substance Use Disorders Treatment Staff" means a person certified or licensed by a health or allied provider agency to provide substance use disorders treatment services that include assessment, development of a Service Plan, and individual, group, and family counseling.¶

(80) "Supports" means activities, referrals, and supportive relationships designed to enhance the services delivered to individuals and families for the purpose of facilitating progress toward intended outcomes.¶
(81) "Transfer" means the process of assisting an individual to transition from the current services to the next appropriate 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, substance use, or problem gambling services, including recognition of the traumatic effect of misdiagnosis and coercive treatment. Services are responsive to the vulnerabilities of trauma survivors and are delivered in a way that avoids inadvertent re-traumatization and facilitates individual direction of services.¶
(83) "Treatment" means the planned, medically appropriate, individualized program of medical, psychological, and rehabilitative procedures, experiences and activities designed to remediate symptoms of a DSM diagnosis that are included in the Service Plan.¶
(84) "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.¶
(85) "Urgent" means the onset of symptoms requiring attention within 48 hours to prevent a serious deterioration in an individual's mental or physical health or threat to safety.¶
(86) "Variance" means an exception from a provision of these rules, granted in writing by the Division, upon written application from the provider. Duration of a variance is determined on a case-by-case basis.¶
(87) "Volunteer" means an individual 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 individual has the required credentials to provide a clinical service.¶
(88) "Wellness" means an approach to healthcare that emphasizes good physical and mental health, preventing illness, and prolonging life.
Statutory/Other Authority: ORS 413.042, 430.256, 428.205 - 428.270, 430.640, 443.450
Statutes/Other Implemented: ORS 109.675, 179.505, 413.520 - 413.522, 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: 309-018-0107

RULE SUMMARY: Administrative rules are being revised to

1. Update language to bring to current

2. To align with CCO 2.0

CHANGES TO RULE:

309-018-0107
Certification Required~~¶~~
for Outpatient Services
~~E~~If an entit~~ies~~y providing or seeking to provide residential treatment services under these rules ~~shall also hold or successfully~~in addition to providing outpatient behavioral health services regulated by OAR chapter 309, division 019, the entity shall hold or obtain from the Division a certificate to provide ~~behavioral health tre~~outpat~~m~~ient services ~~under~~pursuant to OAR 309-008-0100 to 309-008-1600~~if they intend to provide an outpatient service regulated by the Division's service delivery rules~~.
Statutory/Other Authority: ORS 413.042, 428.205 - 428.270, 430.640, 443.450
Statutes/Other Implemented: ORS 109.675, 161.390 - 161.400, 179.505, 430.010, 430.205 - 430.210, 430.240 - 430.640, 430.850 - 430.955, 443.400 - 443.460, 443.991, 461.549, 743A.168

AMEND: 309-018-0110

RULE SUMMARY: Administrative rules are being revised to

1. Update language to bring to current

2. To align with CCO 2.0

CHANGES TO RULE:

309-018-0110
Provider Policies ¶

(1) All providers shall develop and implement written personnel policies and procedures compliant with th~~ese rules.¶~~
~~(2) Policies shall be available to individuals, guardians, and family members upon request.¶~~
~~(3) Providers shall develop and implement written policies and procedures including but not limited to~~is OAR chapter 309, division 018. These policies shall include:¶
(a) Personnel qualifications, credentialing and training;¶
(b) ~~C~~CA criminal ~~R~~records ~~C~~checks~~, compliant with ORS 181.533 through 181.575 and OAR 943-007-0001 - 0501; and~~ or background check, as required under OAR chapter 407, division 007;¶
(c) Fraud, waste and abuse in Federal Medicaid and Medicare programs, co~~mplia~~nsistent with OAR 410-120-1380 and 410-120-1510;¶
(d) Drug~~-~~ and gambling-free workplace; and¶
(e) Mandatory abuse reporting, consistent with ORS 430.735 through 430.768.¶
(2) All providers shall develop and implement written service delivery policies and procedures compliant with this OAR chapter 309, division 018. These policies shall be available to individuals, guardians, and family members upon request, and shall include:¶
(a) Fee agreements;¶
(~~f~~b) Confidentiality and compliance with HIPAA, Federal Confidentiality Regulations (42 CFR, Part 2), and state confidentiality regulations as specified in ORS 179.505 and 192.518 through 192.530;¶
(~~g~~c) Compliance with Title 2 of the Americans with Disabilities Act of 1990 (ADA);¶
(~~h~~d) Grievances and appeals;¶
(~~i~~e) Individual rights;¶
(~~j~~f) Quality assessment and performance improvement;¶
(~~k~~g) Crisis and suicide prevention and response;¶
(~~l~~h) Incident ~~r~~Reporting, including a process to notify the Authority within 24 hours of serious incidents;¶
(~~m~~i) Family involvement;¶
(~~n~~j) Trauma~~-~~ informed service delivery, consistent with both the Division's Trauma Informed Services Policy and any applicable Authority policies;¶
(~~o~~k) Provision of culturally and linguistically ~~appropriate services;¶~~
~~(p) Medical protocol~~responsive services; and¶
(L) Peer delivered services.¶
(m) Urinalysis testing. Any urinalysis test shall include an initial test and, if positive, a confirmatory test. These tests shall comply with the following requirements:¶
(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.¶
(3) Residential programs shall comply with the requirements articulated in sections (1) and (2), above, and shall

also develop and implement written policies and procedures for the following, consistent with this OAR chapter 309, division 018:¶
(a) Medical protocols and medical emergencies;¶
(~~q~~b) Medication administration, storage, and disposal;¶
(~~r~~c) Facility standards; and¶
(~~s~~d) General safety and emergency procedures ~~to include~~applicable to staff, individuals, and children of individuals, including an evacuation plan and emergency plan in case of fire, explosion, accident, death, or other emergencies. The evacuation and emergency procedures and plans shall be kept current and posted in a common area.¶
(4) ~~Additionally, p~~Providers shall establish written policies that~~:~~¶
~~(a) Prohibit psychological~~ prohibit:¶
(a) Psychological, emotional, sexual, financial, and physical ~~disciplin~~abuse of an individual;¶
(b) ~~Prohibit~~The use of seclusion, personal restraint, mechanical restraint, and chemical restraint;¶
(c) ~~Prohibit withholding~~Withholding, for non-medical reasons, shelter, regular meals, medication, clothing, or supports for physical functioning;¶
(d) ~~Prohibit discipline of~~Allowing one individual receiving services ~~by~~to discipline another; and¶
(e) ~~Prohibit t~~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, 428.205 - 428.270, 430.640, 443.450
Statutes/Other Implemented: ~~ORS~~ 109.675, 161.390 - 161.400, 179.505, 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: 309-018-0115

RULE SUMMARY: Administrative rules are being revised to

1. Update language to bring to current

2. To align with CCO 2.0

CHANGES TO RULE:

309-018-0115
Individual Rights ¶

(1) 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 ~~S~~service ~~P~~plan, culturally ~~competent~~responsive, 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 ~~S~~service ~~P~~plan, receive services consistent with that plan, and participate in periodic review and reassessment of service and support needs, assist in the development of the plan, and receive a copy of the written ~~S~~service ~~P~~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,~~and 192.517; 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;¶
(B) 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 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~~or safety;¶
(k) Be free from abuse ~~or~~and 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 ~~s~~Residential Service ~~p~~Plan~~ning~~ and delivery;¶
(q) ~~Have an opportunity to m~~Make a declaration for mental health treatment, ~~when~~if legally an adult;¶
(r) File grievances, including appealing decisions resulting from the grievance;¶
(s) Exercise all rights set forth in ORS 109.610 through 109.697 if the individual is a child, as defined by these rules;¶
(t) Exercise all rights set forth in ORS 426.385 if the individual is committed to the Authority; and¶
(u) Exercise all rights described in this rule without any form of reprisal or punishment.¶
(2) In addition to the rights specified in section (1) of this rule, every individual receiving residential services has

the right to:¶
(a) A safe, secure, and sanitary living environment;¶
(b) A humane service environment that affords reasonable protection from harm, reasonable privacy, 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) Private and uncensored communications by mail, telephone, and visitation, subject to the following restrictions:¶
(A) This right may be restricted only if the provider documents in the individual's record that there is a court order to the contrary or that in the absence of this restriction, significant physical or clinical harm will result to the individual or others. The nature of the harm shall be specified in reasonable detail, and any restriction of the right to communicate shall be no broader than necessary to prevent this harm~~; and.~~¶
(B) The individual and his or her guardian, if applicable, shall be given specific written notice of each restriction of the individual's right to private and uncensored communication. The provider shall ensure that correspondence can be conveniently received and mailed, that telephones are reasonably accessible and allow for confidential communication, and that space is available for visits. Reasonable times for the use of telephones and visits may be established in writing by the provider.¶
(g) Communicate privately with public or private rights protection programs or rights advocates, clergy, and legal or medical professionals;¶
(h) Have access to and receive available and applicable educational services in the most integrated setting in the community;¶
(i) Participate regularly in indoor and outdoor recreation;¶
(j) Not be required to perform labor;¶
(k) Have access to adequate food and shelter; and¶
(L) A reasonable accommodation if, due to a disability, the housing and services are not sufficiently accessible.¶
(3) ~~T~~Notification of individual rights.¶
(a) Consistent with OAR 309-018-0135(2), the provider shall give to the individual and, if app~~ropriat~~licable, the guardian, a document that describes the ~~applicable~~ individual~~'s~~ rights ~~as follows:¶~~
~~(a) Information given to~~defined in this rule, as well as how to exercise those rights. Upon request, the~~is~~ in~~dividual~~ formation shall be ~~in written form or, upon request,~~explained verbally, and shall be made available in an alternative format or language appropriate to the individual or guardian's need~~;~~s.¶
(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~~provider shall post, in a common area, a document describing the rights enumerated in this rule.
Statutory/Other Authority: ~~ORS~~ 413.042, 430.256, 428.205 - 428.270, 430.640, 443.450
Statutes/Other Implemented: ~~ORS~~ 109.675, 161.390 - 161.400, 179.505, 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: 309-018-0125

RULE SUMMARY: Administrative rules are being revised to

1. Update language to bring to current

2. To align with CCO 2.0

CHANGES TO RULE:

309-018-0125
Specific Staff Qualifications and Competencies ¶

Program staff in the following positions must meet applicable credentialing or licensing standards, including those set forth in these rules:¶
(1) Program administrators ~~or~~and program directors shall demonstrate competence in leadership, program planning and budgeting, fiscal management, supervision of program staff, personnel management, program staff performance assessment, use of data, reporting, program evaluation, quality assurance, and developing and coordinating community resources.¶
(2) Clinical supervisors in all programs shall demonstrate competence in leadership, wellness, oversight and evaluation of services, staff development, ~~sper vice~~son-centered treatment planning, case management and coordination, utilization of community resources, group, family and individual therapy or counseling, documentation and rationale for services to promote intended outcomes and implementation of all provider policies.¶
(3) Clinical supervisors in substance use disorders treatment and recovery programs shall be certified or licensed by a health or allied provider agency as follows:¶
(a) For supervisors holding a certification or license in substance use counseling, qualifications for the certificate or license shall have included at least:¶
(A) 4000 hours of supervised experience in substance use counseling;¶
(B) 300 contact hours of education and training in substance use related subjects; and¶
(C) Successful completion of a written objective examination or portfolio review by the certifying body.¶
(b) For supervisors holding a health or allied provider license, the license or registration shall have been issued by one of the following state bodies, and the supervisor shall possess documentation of at least 120 contact hours of academic or continuing professional education in the treatment of substance use disorders:¶
(A) Oregon Medical Board;¶
(B) Board of Psychologist Examiners;¶
(C) Board of Licensed Social Workers;¶
(D) Board of Licensed Professional Counselors and Therapists; or¶
(E) Oregon State Board of Nursing.¶
(c) Additionally, clinical supervisors in substance use disorders programs shall have one of the following qualifications:¶
(A) Five years of paid full-time experience in the field of substance use disorders counseling; or¶
(B) A Bachelor's degree and four years of paid full-time experience in the social services field with a minimum of two years of direct substance use disorders counseling experience; or¶
(C) A Master's degree and three years of paid full-time experience in the social services field with a minimum of two years of direct substance use disorders counseling experience.¶
(4) Clinical supervisors in ~~problem~~ gambling disorder treatment and recovery programs shall meet the requirements for clinical supervisors in either mental health or substance use disorders treatment and recovery programs and have completed ten hours of problem gambling specific training within ~~two year~~six months of designation as a ~~problem~~ gambling disorder services supervisor.¶
(5) Peer Delivered Services Supervisors shall be a certified Peer Support Specialist (PSS) or Peer Wellness Specialist (PWS) with at least one year's experience as a PSS or PWS in behavioral health treatment services.¶
(6) Substance use disorders treatment staff shall:¶

(a) Demonstrate competence in treatment of substance- use disorders including individual assessment to include identification of health and safety risks to self or others; individual, group, family and other counseling techniques; program policies and procedures for service delivery and documentation and identification; development of a safety plan; implementation and coordination of services identified to facilitate intended outcomes; and¶
(b) Be certified or licensed by a health or allied provider agency, as defined in these rules, to provide substance use treatment within two years of the first hire date and shall make application for certification no later than six months following that date:.¶
(A) Clinical supervision shall document progress toward certification; and¶
(B) The two years is not renewable if the individualIf, during the first two years of employment, the person has not yet been certified or licensed, and the person ends employment with athe provider and becomes re-employed with the same provider or another provider, the person's two-year window for securing certification or licensure remains the same. The person is not required to begin a new two-year period by virtue of having re-initiated or changed employment;¶
(c) For treatment staff holding certification in substance use counseling, qualifications for the certificate shall have included at least:¶
(A) 751,000 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.¶
(d) For treatment staff holding a health or allied provider license, the license or registration shall have been issued by one of the following state bodies and the person shall possess documentation of at least 60 contact hours of academic or continuing professional education in substance use disorders treatment:¶
(A) Oregon Medical Board;¶
(B) Board of Psychologist Examiners;¶
(C) Board of Licensed Social Workers;¶
(D) Board of Licensed Professional Counselors and Therapists; or¶
(E) Oregon State Board of Nursing.¶
(7) Problem gamblingGambling disorder treatment staff shall:¶
(a) Demonstrate competence in treatment of problem gambling disorder including individual assessment to include identification of health and safety risks to self or others; individual, group, family and other counseling techniques; program policies and procedures for service delivery and documentation and identification; implementation and coordination of services identified to facilitate intended outcomes;¶
(b) Be certified or licensed by a health or allied provider agency, as defined in these rules, to provide problem gambling disorder treatment within two years of the first hire date and shall make application for certification no later than six months of the first hire date;¶
(A) Clinical supervision shall document progress toward certification; and¶
(B) The two years is not renewable if the individualIf, during the first two years of employment, the person has not yet been certified or licensed, and the person ends employment with athe provider and becomes re-employed with the same provider or another provider, the person's two-year window for securing certification or licensure remains the same. The person is not entitled to begin a new two-year period by virtue of having re-initiated or changed employment.¶
(c) For treatment staff holding certification in problem gambling addiction counseling, qualifications for the certificate shall have included at least:¶
(A) 500 hours of supervised experience in problem gambling counseladdiction counselor domaings;¶
(B) 60 contact hours of education and training in problem gambling related subjects;¶
(C) 24 hours of face-to-face, telephone, email or other electronic communication, of clinical supervision from a qualified problem gambling treatment certification clinical supervisor; and¶
(CD) Successful completion of a written objective examination or portfolio review by the certifying body.¶
(d) For treatment staff holding a health or allied provider license, the license or registration shall have been issued by one of the following state bodies, and the person shall possess documentation of at least 60 contact hours of

academic or continuing professional education in problem gambling treatment:¶
(A) Oregon Medical Board;¶
(B) Board of Psychologist Examiners;¶
(C) Board of Licensed Social Workers;¶
(D) Board of Licensed Professional Counselors and Therapists; or¶
(E) Oregon State Board of Nursing.¶
(8) Peer support specialists and peer wellness specialists, including family and youth support and wellness specialists, shall meet the requirements in OAR 410-180-0300 to 0380 for certification and continuing education, and shall demonstrate:¶
(a) The ability to support others in their recovery or resiliency; and¶
(b) Personal life experience and tools of self-directed recovery and resiliency.¶
(9) ~~Program staff, contractors, volunteers, and interns recovering from a~~Substance use disorders treatment staff in withdrawal management programs must:¶
(a) Have training, knowledge and experience demonstrating competence in the treatment of substance use disorders, ~~providing treatment services or peer support services~~ including the management of substance withdrawal; individual evaluation; motivational counseling techniques; and the taking and recording of vital signs; and¶
(b) Be certified in first aid methods, including CPR, within six weeks of beginning employment.¶
(10) Medical staff in withdrawal management programs must:¶
(a) Operate within the scope of their practice;¶
(b) Be credentialed and certified by the appropriate board or body; and¶
(c) Demonstrate knowledge and experience treating substance use disorders ~~treatment programs, must be able to document continuous abstinence under independent living conditions or recovery hous~~.¶
(11) Withdrawal management technicians support program staff in withdrawal management programs in the promotion of maintaining a safe and orderly subacute environment, may provide direct patient care, as appropriate. Withdrawal management technicians must:¶
(a) Have knowledge and experience treating substance use disorders; and¶
(b) Be certified in first aid methods, including CPR, within six weeks of employment.¶
(12) Program staff, contractors, volunteers, and interns providing treatment services or peer delivered services in substance use disorders, problem gambling ~~for the immediate past two years~~gambling disorder, or mental health treatment programs shall be trained in and familiar with strategies for delivery of trauma informed and culturally responsive treatment services. All treatment services shall be provided in a trauma informed and culturally responsive manner.
Statutory/Other Authority: ~~ORS~~ 413.042, 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: 309-018-0130

RULE SUMMARY: Administrative rules are being revised to

1. Update language to bring to current

2. To align with CCO 2.0

CHANGES TO RULE:

309-018-0130
Personnel Documentation, Training, and Supervision ¶

(1) Providers shall maintain personnel records for each program staff member that contains all ~~of~~ the following documentation:¶
(a) Where required, verification of a criminal records check ~~consistent with OAR 943-007-0001 through 943-007-0501~~or background check, consistent with OAR chapter 407, division 007;¶
(b) A current job description that includes applicable 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) Periodic performance appraisals;¶
(e) Staff orientation documentation;¶
(f) Disciplinary documentation; and¶
(g) Results of a Tuberculosis screening as per OAR 333-071-0057.¶
(2) Providers shall maintain the following documentation for contractors, interns, or volunteers, as applicable:¶
(a) A contract or written agreement;¶
(b) A signed confidentiality agreement;¶
(c) Orientation documentation;¶
(d) For subject individuals, verification of a criminal records check ~~consistent with OAR 943-007-0001 through 943-007-0501~~or background check, as required under OAR chapter 407, division 007; and¶
(e) Results of a Tuberculosis screening as per OAR 333-071-0~~057~~460.¶
(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 appropriate 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; ~~and~~¶
(h) A review of care coordination procedures;¶
(i) Positive behavior support training;¶
(j) A review of cultural responsiveness and linguisticallyappropriate services;¶
(k) A review of trauma informed care services, including any specific educational materials that may be required by the Authority;¶
(L) Medication administration, storage and disposal; and¶
(m) Incident reporting, including the process to notify the Authority within 24 hours of serious incidents.¶
(4) Persons providing direct services shall receive supervision by a qualified clinical supervisor, as defined in these rules, related to the development, implementation, and outcome of services. Clinical supervision shall be provided to assist program staff and volunteers to increase their skills, improve quality of services to individuals, and supervise program staff and volunteers' compliance with program policies and procedures, including:¶

(a) Documentation of two hours per month of supervision for each person supervised. The two hours shall include one hour of individual face-to-face contact for each person supervised, or a proportional level of supervision for part-time program staff. Individual face-to-face contact may include real time, two-way audio visual conferencing; or¶
(b) Documentation of two hours of quarterly supervision for program staff holding a health or allied provider license, including at least one hour of individual face-to-face contact for each person supervised;¶
(c) For persons providing direct ~~P~~peer ~~D~~delivered ~~S~~services, one of the two hours of required supervision shall be provided by a qualified ~~P~~peer ~~D~~delivered ~~S~~services ~~S~~supervisor as resources are made available.
Statutory/Other Authority: ~~ORS~~ 413.042, 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: 309-018-0135

RULE SUMMARY: Administrative rules are being revised to

1. Update language to bring to current

2. To align with CCO 2.0

CHANGES TO RULE:

309-018-0135
Entry ¶

(1) The program shall utilize an entry procedure to ensure the following:¶
(a) Individuals shall be considered for entry without regard to race, ethnicity, gender, gender identity, gender presentation, sexual orientation, religion, creed, national origin, ~~age,~~ familial status, marital status, source of income, disability, or age (except when program eligibility is restricted to children, adults or older adults~~, familial status, marital status, source of income, and disability~~);¶
(b) Individuals shall receive services in the ~~most~~ timel~~y~~iest manner feasible consistent with the presenting circumstances;¶
(c) The provider may not ~~solely deny entry to~~deny entry solely on the basis that an individual~~s who are~~ has been prescribed medication to treat opioid dependence.¶
(~~2~~d) The provider may not use lack of medical history records as a reason to delay or deny an assessment or entry to a program. Self-report of medical history is sufficient for an individual to enter services. The provider will offer support to an individual in gaining necessary records.¶
(e) Written informed consent for services shall be obtained from the individual or guardian, if applicable, prior to the start of services. If such consent is not obtained, the reason shall be documented, and further attempts to obtain informed consent shall be made as appropriate.¶
~~(3) The provider shall develop and maintain service records and other documentation for each individual that demonstrates the specific services and supports.¶~~
(~~4~~f) The provider shall report the entry of all individuals on the mandated state data system.¶
(~~5~~g) In accordance with ORS 179.505, HIPAA and 42 CFR Part 2, an authorization for the release of information shall be obtained for any confidential information concerning the individual being considered for or receiving services.¶
(~~6~~2) At the time of entry, the program shall offer to the individual and guardian, if applicable, written program orientation information. The written information shall be in ~~a~~the language ~~understoo~~preferred by the individual and shall include:¶
(a) A description of individual rights consistent with these rules;¶
(b) Policies concerning grievances and appeals consistent with these rules, including an example grievance form;¶
(c) ~~Notice of privacy practices; and¶~~
~~(d) An opportunity to register to vote~~Policies concerning confidentiality;¶
(d) An opportunity to register to vote;¶
(e) Notice of the individual's right to consent to an abuse investigation conducted by the Office of Training, Investigation and Safety (OTIS), including the opportunity to sign a release of information to authorize OTIS to access patient-identifying information, record or protected health information in the event of a screening or abuse investigation; and¶
(f) OTIS pamphlet and/or other documents explaining abuse investigations in SUD residential programs.¶
(~~7~~3) Entry requirements for providers that receive the Substance Abuse Prevention Treatment (SAPT) Block Grant:¶
(a) Individuals shall be prioritized in the following order:¶
(A) Women who are pregnant and using substances intravenously;¶
(B) Women who are pregnant;¶
(C) Individuals who are using substances intravenously; and¶

(D) Individuals with dependent children.¶
(b) Entry of pregnant women shall occur ~~no later than 48 hours from the date of~~immediately upon first contact~~ and e~~. Entry of individuals using substances intravenously shall occur no later than ~~14 day~~72 hours after the date of first contact. If services are not available within the required timeframes, the provider shall document the reason and provide interim referral and informational services, as defined ~~in these rules~~below, within 48 hours;¶
(c) Individuals using substances intravenously shall receive interim referrals and information prior to entry to reduce the adverse health effects of substance use, promote the health of the individual, and reduce the risk of transmission of disease. At a minimum, interim referral and informational services shall include:¶
(A) Counseling and education about blood borne pathogens including Hepatitis, HIV, STDs, and Tuberculosis (TB); the risks of needle and paraphernalia sharing; and the likelihood of transmission to sexual partners and infants;¶
(B) Counseling and education about steps that can decrease the likelihood of Hepatitis, HIV, STD, and TB transmission;¶
(C) Referral for Hepatitis, HIV, STD, and TB testing, vaccine, or care services if necessary; and¶
(D) For pregnant women~~, c~~:¶
(i) Counseling on the likelihood of blood-borne pathogen transmission as well as the effects of alcohol, tobacco, and other drug use on the fetus; and¶
(ii) A referral for prenatal care, if the woman is not already receiving adequate prenatal care.
Statutory/Other Authority: ~~ORS~~ 413.042, 428.205 - 428.270, 430.640, 443.450
Statutes/Other Implemented: ~~ORS~~ 109.675, 161.390 - 161.400, 179.505, 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: 309-018-0140

RULE SUMMARY: Administrative rules are being revised to

1. Update language to bring to current

2. To align with CCO 2.0

CHANGES TO RULE:

309-018-0140
Assessment ¶

(1) At the time of entry, an ~~a~~initial Assessment shall be completed prior to development of the treatment plan.¶
(2) The assessment shall be completed and signed by qualified program staff as follows:¶
(a) Supervisory or treatment staff in substance use disorders treatment and recovery programs, and¶
(b) Supervisory or treatment staff in ~~problem~~ gambling disorder treatment and recovery programs.¶
(3) Each assessment shall include:¶
(a) ~~Sufficient i~~This Initial Assessment shall include: Information and documentation to justify the presence of a DSM diagnosis that is the medically appropriate reason for services~~;~~,¶
(b) ~~Sc~~A Comprehen~~ing for the presence of substance use, problem gambling, m~~sive Assessment, within 14 calendar days of entry, including:¶
(A) Presenting problem(s) and precipitating event(s);¶
(B) Recent History including duration, frequency, intensity, and circumstances of symptoms;¶
(C) Current level of functioning at home, work, school or child care;¶
(D) Psychiatric History including previous interventions to treat psychiatric and substance use related conditions (medical and non-medical);¶
(E) Medical history including current primary care provider;¶
(F) Family History including Mental ~~h~~Health ~~conditions, and chronic medical condi~~and Substance Use;¶
(G) Social history including family relationships, school functioning, peer relationships, substance use history, experience in the criminal justice system;¶
(H) Trauma History, including exposure to trauma, resiliency strategies and loss of key relationships;¶
(~~c~~I) ~~Screening for the presence of symptoms related to psychological and physical trauma;~~Developmental status/history;¶
(J) Declaration for Mental Health Treatment¶
(K) Developmentally appropriate mental status exam (MSE) including evaluation of risk of harm to self. This must include use of an evidence based suicide screening tool; and¶
(L) Clinical formulation which identifies strengths, justifies the diagnosis, provides service recommendations, prognosis and anticipated duration of treatment. When the MSE screens positive for risk of suicide, a risk assessment, safety planning and lethal means counseling must be documented.¶
(~~d~~M) ~~S~~An assessment of suicide potential shall be assessed, and ~~individual~~ service records shall contain follow-up actions and referrals when and, if an individual reports symptoms indicating risk of suicide.~~¶~~
~~(~~4, appropriate follow-up actions and referrals, which shall be documented in the service record;(B) Screening for the presence of co-occurring disorders and chronic medical conditions;¶
(N) An identification of the individual's need for assistance in maintaining financial support, employment, housing, and other support needs; and¶
(O) Recommendations for transfer/discharge/discharge planning and any other needed services, interventions, examinations, tests, and evaluations.¶
(P) Screening for the presence of co-occurring disorders and chronic medical conditions;¶
(Q) Assessment shall be provided in a trauma informed manner.¶
(3) For substance use disorder services, each assessment shall be consistent with the dimensions described in ~~t~~The ASAM ~~PPC~~Criteria and shall document a diagnosis and level of care determination consistent with the DSM-V and The ASAM ~~PPC~~Criteria.¶

(~~5~~4) When the assessment process determines the presence of co-occurring substance use, gambling disorder, or and mental health disorders or any significant risk to health and safety:¶
(a) Additional assessments shall be used to determine the need for additional services and supports and the level of risk to the individual or to others; and¶
(b) All providers shall document and assist as needed in referral for further assessment, planning, and intervention from an appropriate professional, either with the same provider or with a collaborative community provider.¶
(~~6~~5) Providers shall update assessments when there are changes in clinical circumstances.
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: 309-018-0145

RULE SUMMARY: Administrative rules are being revised to

1. Update language to bring to current

2. To align with CCO 2.0

CHANGES TO RULE:

309-018-0145

~~S~~P~~er~~~~vice Plan~~ son-Centered Treatment Pl~~d~~an, Service Notes and Care Coordination ¶

(1) The ~~S~~p~~er~~~~vice Plan~~son-centered treatment shall be a written, individualized plan to improve the individual's condition to the point where the individual's continued participation in the program is no longer necessary. The ~~S~~p~~er~~~~vice Plan is included in the individual's service records and~~son-centered treatment planning process shall:¶

(a) Be completed prior to the start of services~~;~~.¶

(b) Reflect the ~~full a~~Comprehensive Assessment and the level of care to be provided~~;~~.¶

(c) ~~Include a safety plan when the assessment indicates risk to the health and safety of t~~Reflect barriers related to discharge;¶

(d) Include the individual as an active participant in the creation and implementation of their person-centered treatment plan, unless:¶

(A) The individual ~~or to others and be updated as circumstances change. The safety plan may be a separate document from the Service Plan;¶~~

~~(d) Include the participation of the individual;~~does not wish to participate; or¶

(B) Seeking the individual's participation would be significantly detrimental to the individual's care or health, based on evidence documented in the service record.¶

(e) Include the participation of family members, as applicable~~;~~ and¶

~~(f) Be completed and signed by qualified program staff as follows:¶~~

~~(A) Supervisory or treatment staff in substance use disord~~ as the individual's choice indicates, which may include dual generation work, with caregiver/parent and child, when a caregiver's ~~treatment and recovery programs, and~~ behavioral health is impacting a child's behavioral health.¶

(B~~f~~) ~~Supervisory or treatment staff in problem gambling treatment and recovery programs.¶~~

~~(2) At minimum, each service~~The person-centered treatment plan must be written at a level of specificity that will permit its implementation to be efficiently monitored and reviewed.¶

(2) At minimum, each person-centered treatment plan shall include:¶

(a) Treatment objectives that are:¶

(A) Individualized to meet the assessed needs of the individual; and¶

(B) Measurable ~~for the purpose of evaluating, including a baseline evaluation~~, to facilitate a baseline evaluation and evaluation of progress.¶

(b) The specific services and supports that will be used to meet the treatment objectives;¶

(c) A projected schedule for service delivery, including the expected frequency and duration of each type of ~~planned therapeutic session or encounter;¶~~

~~(d) The type of personnel furnishing the services; and~~service or support;¶

(d) The credentials of the personnel furnishing each service; and¶

(e) Proactive safety and crisis planning;¶

(A) If the assessment indicates risk to the health and safety of the individual or to others, the person-centered treatment plan shall include a safety plan, which may be a separate document from the person-centered treatment plan;¶

(B) The safety plan shall be updated as necessary to reflect changing circumstances;¶

(f) A projected schedule for re-evaluating the person-centered treatment plan.¶

(g) The signature of the individual indicating they have participated in the development of the person-centered treatment plan to the degree possible. If the individual is unwilling or unable to sign the plan, staff shall record on

the plan that the patient is unable or unwilling to do so;¶
(h) Reports of medication administration, medical treatments, and diagnostic procedures;¶
(ei) ~~A projected schedule for re-evaluating the service plan~~Telephone communications about the individual, releases of information, and reports from other sources;¶
(j) Medical and behavioral health advance directives or note that the individual has been provided this information;¶
(k) Documentation that the individual has been provided information on individual rights, grievance procedure, and abuse reporting.¶
(3) The person-centered treatment plan shall be completed and signed by qualified supervisory or treatment staff in the relevant treatment and recovery program, whether for substance use disorders or gambling disorder.¶
(~~3~~4) Providers shall document each service and support in a service note to include:¶
(a) The specific services rendered;¶
(b) The specific ~~service~~person-centered treatment plan objectives being addressed by the services provided;¶
(c) The date, time of service, and the actual amount of time during which the services were rendered;¶
(d) The personnel rendering the services, including the name, credentials, and signature;¶
(e) The setting in which the services were rendered; and¶
(f) Periodic updates describing the individual's progress.¶
(~~4) The transfer of individuals shall be documented in the service notes and in accordance with OAR 309-018-0155~~5) Transfers shall be documented in the service notes in accordance with OAR 309-018-0155.¶
(6) The transfer/discharge planning process shall begin at the time of admission with the participation of the individual and, when applicable, the guardian or the family of choice, and shall include, but is not limited to:¶
(a) An assessment of continuing care needs, including prescribed medications, behavioral and primary health care needs, and housing needs;¶
(b) If applicable, consultation with the individual's Coordinated Care Organization and/or Community Mental Health Provider to address continuing care needs upon transfer/discharge, and coordination with the individual's intensive care coordinator and;¶
(c) The transfer/discharge plan shall be based on the individual's treatment goals, clinical needs, and informed choice and shall include the results of the comprehensive assessment, DSM diagnoses, summary of the course of treatment including prescribed medications, final assessment of the individual's condition, a summary of continuing care needs including prescribed medications, behavioral and primary health care needs, and housing needs.¶
(d) Documentation to support linkages to timely and appropriate community services upon transfer/discharge shall be detailed in the transfer/discharge plan including, but not limited to coordination with the CCOs and CMHPs to assess the individual's need for immediate housing upon transfer/discharge.¶
(e) Decisions to transfer individuals shall be documented including:¶
(A) The date and reason for the transfer;¶
(B) Referral, including warm hand off as indicated, to follow-up services and other behavioral health providers and;¶
(C) Outreach efforts made, as defined in these rules.¶
(7) Care coordination for all individuals.¶
(a) Providers shall collaborate with community partners to coordinate or deliver services and supports identified in the person-centered treatment plan.¶
(b) Providers shall collaborate to exchange information with any applicable physical, behavioral, or oral health care providers for the individual to promote regular and adequate health care.¶
(8) Care coordination for individuals who are members of coordinated care organizations (CCOs).¶
(a) If individual is enrolled in a coordinated care organization, is not receiving intensive care coordination services, and demonstrates potential eligibility for intensive care coordination based on the factors enumerated at OAR 410-141-3870(2), the provider shall refer the individual to the CCO for assessment and screening for intensive care coordination services.¶

(b) If the individual has been assigned an intensive care coordinator (ICC) through a CCO:¶
(A) Providers shall support the ICC in developing an intensive care coordination plan, participate in care coordination meetings, follow up and engage the individual in agreed-upon care plan responsibilities, and provide feedback on treatment status to the ICC.¶
(B) Providers shall facilitate and support connection between the individual and the ICC.¶
(C) Providers shall support the ICC's efforts to coordinate interdisciplinary team meetings, which shall be held monthly, or sooner as indicated by the individual's needs, as described in OAR 410-141-3870(7)(e).¶
(i) In connection with these meetings, providers shall, as necessary, provide information on the individual's progress in treatments, test results, lab reports, medications, and other care information to promote optimal outcomes and reduce risks, duplication of services, or errors.¶
(ii) All relevant providers shall be available for these meetings or provide individual treatment status updates for these meetings.¶
(D) Providers must notify the ICC of:¶
(i) The initiation of services;¶
(ii) Any referrals, change of condition, or assessments completed; and¶
(iii) Changes in treatment, provider, or acuity of health care needs.¶
(E) Providers must track the reassessment triggers enumerated in OAR 410-141-3870(3)(b) and report any identified triggers to the ICC.¶
(F) Providers must notify the ICC if the provider becomes aware of any changes in the individual's eligibility status for covered benefits.¶
(8) All person-centered treatment plan, care coordination and service note information shall be gathered in a trauma informed manner.
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: 309-018-0150

RULE SUMMARY: Administrative rules are being revised to

1. Update language to bring to current

2. To align with CCO 2.0

CHANGES TO RULE:

309-018-0150
Service Record ¶

(1) All providers shall develop and maintain a Service Record for each individual upon entry. Documentation shall be appropriate in quality and quantity to meet professional standards applicable to the provider and any additional standards for documentation in the provider's policies and ~~any~~ pertinent contracts.~~¶~~
~~(2) All providers shall develop and maintain a Service Record for each individual upon entry. The record shall, at a minimum, includ~~ with public entities, including Medicaid managed care entities. The service record shall include, as applicable:¶
(a) Identifying information, or documentation of attempts to obtain th~~e~~is information, including:¶
(A) The individual's name, address, telephone number, date of birth, gender, and, for adults, marital status and military status;¶
(B) Name, address, and telephone number of the parent or legal guardian, primary care-giver, or emergency contact; and¶
(C) Contact information for medical ~~and dental~~, oral, behavioral, and ancillary service providers.¶
(b) Informed ~~C~~consent for ~~S~~services, including medications, or documentation specifying why the provider could not obtain consent ~~by~~from the individual or guardian ~~as applicable~~;¶
(c) Written refusal of any services and supports offered, including medications;¶
(d) A signed fee agreement~~, when applicable~~;¶
(e) Assessment and updates to the assessment;¶
(f) A ~~service plan;¶~~
~~(g) Service notes;¶~~
~~(h) Transfer documentation;¶~~
~~(i) Other plans as made available, such as but not limited to recovery plans, wellness action plans, education plans, and advance directives for physical and mental health care;¶~~
~~(j) Applicable s~~person-centered treatment plan, including related documentation such as recovery plans, wellness action plans, education plans, behavior support plans, crisis intervention plans, safety plans, and advance directives for physical and mental health care;¶
(g) Service notes;¶
(h) Transfer documentation;¶
(i) A copy of the record the provider submitted to the Authority's Measures and Outcomes Tracking System.¶
(j) Signed consents for release of information;¶
(k) A ~~personal belongings inventory created upon entry and updated whenever an item of significant value is added or removed or on the date of transfer~~n inventory of all personal property held by the provider during treatment, must be itemized in writing with an accompanying description, including all information required to request for reimbursement of lost property;¶
(L) Documentation indicating that the individual and guardian~~,~~ was ~~applicable, were~~ provided with the required orientation information upon entry;¶
(m) Background information including strengths and interests, all available previous mental health, problem gambling, or substance use assessments, previous living arrangements, service history, behavior support considerations, education ~~sp~~er~~vice plans if applicable~~son-centered treatment plans, and family and other support resources;¶
(n) Medical information including a brief history of any health conditions, documentation from a LMP or other

qualified health care professional of the individual's current physical health, and a written record of any prescribed or recommended medications, services, dietary specifications, and aids to physical functioning;¶
(o) Copies of documents relating to guardianship or ~~any~~ other relevant legal considerations~~, as applicable~~;¶
(p) A copy of the individual's most recent ~~service plan, if applicable~~person-centered treatment plan, or in the case of an emergency or crisis-respite entry, a summary of current ~~substance use or ment~~behavioral health services;¶
(q) Documentation of the individual's ability to evacuate the home consistent with the program's evacuation plan developed in accordance with the Oregon Structural Specialty Code and Oregon Fire Code;¶
(r) Documentation of any safety risks;¶
(s) ~~Documentation of follow-up actions and referrals when an individual reports symptoms indicating risk of suicide; and~~¶
~~(t) Incident~~For individuals identified as being at risk of suicide, whether during the assessment or during the provision of services, the service notes shall contain documented evidence that suicide risk is continually assessed, that follow-up safety plan activities are being monitored, and that lethal means counseling has been conducted; and¶
(t) Incident reports, including:¶
(A) The date of the incident, the persons involved, the details of the incident, and the quality and performance actions taken to initiate investigation of the incident and correct any identified deficiencies; and¶
(B) Any child abuse reports made by the provider to law enforcement or to the Department's Child Welfare Programs documenting the date of the incident, the individuals involved and, if known, the outcome of the reports.¶
(~~3~~2) When medical services are provided, the following documents shall be part of the Service Record as applicable:¶
(a) Medication administration records as per these rules;¶
(b) Laboratory reports; and¶
(c) LMP orders for medication, protocols or procedures.
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: 309-018-0155

RULE SUMMARY: Administrative rules are being revised to

1. Update language to bring to current

2. To align with CCO 2.0

CHANGES TO RULE:

309-018-0155
Transfer and Continuity of Care ¶

(1) Prior to transfer, providers shall:¶
(a) ~~When applicable, c~~Coordinate and provide appropriate referrals for medical care and medication management. The transferring provider shall assist the individual to identify the medical provider who provides continuing care and to arrange an initial appointment with that provider~~;~~.¶
(b) Complete a transfer summary~~;~~ and;¶
(c) Report all ~~instances of~~ transfers on the mandated state data system.¶
(2) A transfer summary shall include:¶
(a) The date~~;¶~~
~~(b) The~~ and reason for the transfer;¶
(~~c~~b) ~~C~~Be consistent with The ASAM ~~c~~Criteria as established in the assessment and throughout treatment;¶
(~~d~~c) A summary statement that describes the effectiveness of services received in assisting the individual and his or her family to achieve the treatment objectives identified in the ~~service~~person-centered treatment plan;¶
(~~e~~d) Where appropriate, a plan for personal wellness and resilience, including relapse prevention;¶
(~~f~~e) Identification of resources to assist the individual and family, if applicable, in accessing recovery and resiliency services and supports;¶
(~~g~~f) Referrals to follow up services and other behavioral health providers; and¶
(~~h~~g) When services are transferred due to the absence of the individual, the provider shall document outreach efforts made to re-engage the individual~~,~~ or document the reason why such efforts were not made.¶
(3) Notification of transfer and exchange of transfer documentation.¶
(a) If the transfer is to services with another provider~~, all~~;¶
(A) If the receiving provider requests any documentation contained in the ~~S~~service ~~R~~record ~~requested by the receiv~~, the transferring provider shall ~~be~~ furnish~~ed~~ that documentation, compliant with applicable confidentiality policies and procedures, within 14 days of recei~~pt of a~~ving the written request ~~for the documentation~~.¶
(4B) A complete transfer summary shall be sent to the receiving provider within 30 days of the transfer.¶
(b) If the individual has been assigned an intensive care coordinator (ICC) through a CCO under OAR 410-141-3870, the provider must notify the ICC when the individual is within 45 days of a scheduled transfer or discharge, or as soon as clinically indicated based on change in acuity of health care needs.
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: 309-018-0160

RULE SUMMARY: Administrative rules are being revised to

1. Update language to bring to current

2. To align with CCO 2.0

CHANGES TO RULE:

309-018-0160
Co-Occurring ~~Mental Health and Substance Use~~ Disorders (COD) ¶

Providers ~~approved under OAR 309-008-0100 to 309-008-1600~~licensed under OAR chapter 415, division 012, certified under OAR chapter 309, division 008, and designated to provide services and supports for individuals diagnosed with COD shall provide concurrent service and support planning and delivery for substance use disorders, gambling disorder, and mental health diagnos~~i~~es, including integrated assessment addressing co-occurring behavioral health diagnoses, ~~S~~service ~~P~~planning, and ~~S~~service ~~R~~records.
Statutory/Other Authority: ~~ORS~~ 413.042, 430.640, 443.450
Statutes/Other Implemented: ~~ORS~~ 743A.168, ~~ORS~~ 430.010, 430.205 - 430.210, 430.254 - 430.640, 430.850 - 430.955, 443.400 - 443.460, 443.991, 461.549

AMEND: 309-018-0165

RULE SUMMARY: Administrative rules are being revised to

1. Update language to bring to current

2. To align with CCO 2.0

CHANGES TO RULE:

309-018-0165
Residential Problem Gambling Treatment Services ¶

Residential ~~problem~~ gambling disorder treatment services shall include group, individual, and family treatment. These services shall be provided consistent with the following requirements:¶
(1) Service sessions shall address the ~~challenges of the individual~~individual's challenges as they relate, directly or indirectly, to the problem gambling behavior.¶
(2) Providers may provide tele~~phone counsel~~-health involving ~~w~~then ~~person-to-person contact involves an unwise delay~~ individual, the family, or impacted others, as follows:¶
(a) Individuals shall be currently enrolled in the ~~problem~~ gambling disorder treatment program;¶
(b) ~~Phone~~ Tele-counseling shall be provided by a qualified program staff within their scope of practice;¶
(c) Service notes for ~~phone counseling~~ telehealthshall follow the same criteria as face-to-face counseling and identify the session was conducted by ~~phone~~telehealth and the clinical rationale for the ~~phone~~telehealth session;¶
(d) Tele~~phone counseling~~health shall meet HIPAA and ~~42 CFR~~other applicable federal standards for privacy; and¶
(e) ~~T~~For telehealth involving the individual, there shall be an agreement of informed consent for ~~phone counseling~~ telehealth that is discussed with the individual and documented in the individual's service record.¶
(3) Family or impacted other counseling includes face-to-face or ~~non-face-to-face service sessions~~telehealth between a program staff member delivering the service and a family member or impacted other whose life has been negatively impacted by gambling~~:~~.¶
(a) Service ~~session~~s shall address the problems of the family member or impacted other as they relate directly or indirectly to the problem gambling behavior; and¶
(b) Services to the family or impacted other shall be offered even if the individual identified ~~as a problem gambl~~ with a gambling disorder is unwilling or unavailable to accept services.¶
(4) Twenty-four-~~-~~hour crisis response shall be accomplished through agreement with other crisis services, on-call program staff, or other arrangement acceptable to the Division.¶
(5) ~~A financial~~The assessment ~~shall be included in the entry process and documented in the assessment.¶~~
~~(6) The service plan shall include a financial component, consistent with the financial assessment.¶~~
~~(7) A risk assessment for suicide ideation shall be included in the entry process and documented in the assessment as well as appropriate referrals made.¶~~
~~(8) The service plan shall address suicidal risks if determined within the assessment process or throughout services.¶~~
~~(9) For individuals at risk, the service notes shall contain documented evidence that sui~~and person-centered treatment plan shall expressly address the individual's financial situation.¶
(6) The person-centered treatment plan shall include a financial component, consistent with the financ~~id~~al ~~risk is continually assessed and that follow-up safety plan activities are being monitored~~assessment.
Statutory/Other Authority: ~~ORS~~ 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, 813.010 - 813.055, 813.200 - 813.270

AMEND: 309-018-0170

RULE SUMMARY: Administrative rules are being revised to

1. Update language to bring to current

2. To align with CCO 2.0

CHANGES TO RULE:

309-018-0170

Culturally Specific Substance Use Disorders and Problem Gambling Treatment and Recovery Services ¶

Culturally specific programs are designed to meet the unique service needs of a specific culture. Programs approved and designated as culturally specific programs shall meet the following criteria:¶

(1) ~~Serve~~At any given time, a majority of the individuals re~~presenting~~ceiving treatment must be members of the culturally specific populations~~;~~¶

(2) Maintain and keep current a written demographic and cultural profile of the community;¶

(3) Develop and implement written cultural and linguistic responsiveness policies relating to staffing, service delivery, and facilities, as outlined in this rule;¶

(4) Ensure that individuals from the ~~identified cultural~~culturally specific group receive effective and respectful care that is provided in a manner compatible with their cultural health beliefs, practices, and preferred language, and that is trauma informed;¶

(45) Ensure that a majority of the treatment staff be representative of the culturally specific population being served. Implement strategies to recruit, retain, and promote ~~a diverse~~ staff at all levels of the organization that are representative of the population ~~being~~ served;¶

(56) Ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically ~~appropriat~~responsive service delivery;¶

~~(6) Ensure that a majority of the substance use disorders treatment staff be representative of the specific culture being served;¶~~

(7) Ensure that individuals are offered customer satisfaction surveys that address all areas of service and that the results of the surveys are used for quality improvement~~;¶~~

~~(8).~~ Consider race, ethnicity, and language data in measuring customer satisfaction;¶

~~(9) Develop and implement cultural competency policies;¶~~

(~~10~~8) Ensure that data on individual~~'~~s' race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated;¶

(~~11~~9) Develop and maintain a governing or advisory board as follows:¶

(a) Have a majority representation of the culturally specific group being served;¶

(b) Receive training concerning the significance of culturally relevant services and supports;¶

(c) Meet at least quarterly; and¶

(d) Monitor agency quality improvement mechanisms and evaluate the ongoing effectiveness and implementation of culturally relevant services ~~(CLAS)~~ and supports within the organization.¶

(1~~2~~0) Maintain accessibility to culturally specific populations including:¶

(a) The physical location of the program shall ~~be within~~have close proximity to at least one area in which the culturally specific population resides;¶

(b) ~~W~~The~~re available, public transportation shall be within close proximity to the program~~ program shall have close proximity to public transportation, where available; and¶

(c) Hours of service, telephone contact, and other accessibility issues shall be appropriate for the population served.¶

(1~~3~~1) The physical facility where the culturally specific services are delivered shall be trauma informed for the ~~group including:~~culturally specific group.¶

(a) Materials displayed shall be culturally relevant; and¶

(b) Mass media programming (radio, television, etc.) shall be sensitive to cultural background.¶

(142) ~~Other cultural differences shall be c~~Considered~~d~~ and accommodated~~d~~ cultural differences whenever possible, such as the need or desire to bring family members to the facility, play areas for small children, and related accommodations; and¶

(15~~3~~) Ensure that grievance processes are culturally and linguistically ~~sensit~~responsive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints.

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: 309-018-0180

RULE SUMMARY: Administrative rules are being revised to

1. Update language to bring to current

2. To align with CCO 2.0

CHANGES TO RULE:

309-018-0180
Residential Substance Use Disorders Treatment and Recovery Programs ¶

(1) Programs approved to provide residential substance use disorders treatment services shall meet the following standards:¶
(a) The assessment shall contain an evaluation that identifies and assesses needs such as social isolation, self-reliance, parenting issues, domestic violence, physical health, housing, and financial considerations;¶
(b) The ~~sper~~~~vice~~son-centered treatment plan shall address all areas identified in the assessment and applicable service coordination details to address the identified needs;¶
(c) The program shall provide or coordinate services and supports that meet the special access needs such as childcare, mental health services, and transportation, as indicated; and¶
(d) The program shall provide or coordinate the following services and supports unless clinically contraindicated:¶
(A) Gender-specific services and supports;¶
(B) Family services, including therapeutic services for children in the custody of individuals in treatment;¶
(C) Reintegration with family;¶
(D) Peer delivered s~~upport~~ervices;¶
(E) Smoking cessation;¶
(F) Housing; and¶
(G) Transportation.¶
(2) Services shall include the participation of family and other agencies as appropriate, such as social service, child welfare, or corrections agencies.¶
(3) The program shall coordinate services with the following, if indicated:¶
(a) Agencies providing services to individuals who have experienced physical abuse, sexual abuse, or other types of domestic violence; and¶
(b) Parenting training; and¶
(c) Continuing care treatment services, which shall be consistent with ~~t~~The ASAM ~~PPC and shall~~Criteria and include referrals to support groups, where available.¶
(4) Providers that receive SAPT block grant funding shall provide or coordinate the following services for pregnant women and individuals with dependent children, including individuals who are attempting to regain custody of their children:¶
(a) Primary medical care, including referral for prenatal care and child care;¶
(b) Primary pediatric care, including immunizations for their children;¶
(c) Gender-specific substance use treatment and other therapeutic interventions for individuals that may include but are not limited to:¶
(A) Relationship issues;¶
(B) Sexual ~~and~~, physical, emotional, and financial abuse;¶
(C) Parenting;¶
(D) Access to child care while the individuals are receiving these services; and¶
(E) Therapeutic interventions for children in the custody of individuals in treatment that may ~~include but are not limited to~~address issues including:¶
(i) Their developmental needs;¶
(ii) Any issues concerning sexual and physical abuse and neglect; and¶
(iii) Sufficient case management and transportation to ensure that individuals and their children have access to

services.¶
(5) Providers who deliver adolescent substance use disorders treatment services or those with adolescent-designated service funding shall meet the following standards:¶
(a) Development of ~~s~~per~~vice~~son-centered treatment plans ~~and,~~ case management, and care coordination services shall include participation of parents, other family members, schools, children's services agencies, and juvenile corrections, as appropriate.¶
(b) Services or appropriate referrals shall include:¶
(A) Family counseling;¶
(B) Education services;¶
(C) Community and social skills training; and¶
(D) Smoking cessation service.¶
(c) Continuing care services shall be of appropriate duration and designed to maximize recovery opportunities. The services shall include:¶
(A) Reintegration services and coordination with family and schools;¶
(B) Youth ~~domina~~-directed self-help groups with a majority of participants being youth, where available;¶
(C) Linkage to emancipation services when appropriate~~; and.~~¶
(D) Linkage to ~~physical or sexu~~sexual, physical, emotional, and financial abuse counseling and support services when appropriate; and¶
(E) Referral for peer delivered services by a youth support specialist.
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

ADOPT: 309-018-0181

RULE SUMMARY: Administrative rules are being revised to

1. Update language to bring to current

2. To align with CCO 2.0

CHANGES TO RULE:

309-018-0181
Withdrawal Management Programs
(1) The program shall have written criteria for entry which shall include a process for determining approval or denial of entry consistent with The ASAM Criteria Levels of Withdrawal Management. An initial assessment shall occur at the time of entry to the program. The assessment need not comply with the requirements of OAR 309-018-0140, and shall instead be conducted as follows:¶
(a) In ASAM Criteria Level 3.2-WM programs, initial assessments shall be documented and conducted by substance use disorders treatment staff and shall include:¶
(A) CIWA-AR and/or COWS (or similar tool);¶
(B) Vital signs including respiration, pulse, blood pressure, temperature, and oxygen level; and¶
(C) The ASAM Criteria Dimensions 1 and 2.¶
(b) In The ASAM Criteria Level 3.7-WM programs, initial assessments shall be documented and conducted by a registered nurse or other licensed and credentialed nurse, and shall include:¶
(A) CIWA and/or COWS (or similar nursing assessment tool); and¶
(B) Vital signs including respiration, pulse, blood pressure, temperature and oxygen level;¶
(C) The ASAM Criteria Dimensions 1 and 2.¶
(c) As soon as the individual is able, but no later than 24 hours after entry, an LMP shall:¶
(A) Conduct a medical history and physical assessment; and¶
(B) Evaluate The ASAM Criteria Dimensions 1, 2, and 3, and determine the appropriate The ASAM Criteria Level of Care placement and the individual's stabilization needs.¶
(d) As soon as the individual is able, at a maxminum of 72 hours, substance use disorders treatment staff shall complete the multi-dimensional assessment, including:¶
(A) The ASAM Criteria Dimensions 3, 4, 5, and 6; and¶
(B) The individual's transition needs.¶
(3) Within 24 hours of entry, the program shall develop an individualized person-centered treatment plan that reflects the individual's anticipated length of stay and the stabilization needs. The assessment need not comply with the requirements of OAR 309-018-0145, and shall instead be conducted as follows:¶
(a) In The ASAM Criteria Level 3.2-WM programs, the person-centered treatment plan shall:¶
(A) Specify medical diagnoses, medications, and symptoms that may impact detoxification;¶
(B) Specify the symptoms identified in the assessment;¶
(C) Specify objective(s) for the stabilization of each symptom;¶
(D) Specify the stabilization services, methods, and activities that will be used to achieve the objectives, as well as the frequency of contact for each service;¶
(E) Document family participation in the stabilization planning process, where appropriate; and¶
(F) Document the individual's participation in developing the person-centered treatment plan.¶
(b) In The ASAM Criteria Level 3.7-WM programs, the person-centered treatment plan shall:¶
(A) Specify medical diagnoses, medications and symptoms that may impact detoxification;¶
(B) Specify the symptoms identified in the assessment;¶
(C) Specify objective(s) for the stabilization of each symptom;¶
(D) Specify the stabilization services, methods, and activities, including medical and nonmedical services, that will be used to achieve the objectives, as well as the frequency of contact for each;¶
(E) Document family participation in the stabilization planning process, where appropriate; and¶
(F) Document the Individual's participation in developing the person-centered treatment plan.¶

(4) The program shall meet the following stabilization standards:¶
(a) Once the individual can participate, the program shall provide:¶
(A) Individual or group motivational counseling sessions; and¶
(B) Individual advocacy, care coordination, and case management services.¶
(b) The program shall encourage individuals to remain in services for the recommended duration included in the person-centered treatment plan, and shall document these efforts.¶
(c) The program shall assist individuals to transition to substance use disorders treatment services and shall document all care coordination in the service record.¶
(5) The program shall document a transition plan in the service record. The assessment need not comply with the requirements of OAR 309-018-0155, and shall instead comply with the following:¶
(a) The transition plan shall 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, including appointment times and contact information; and¶
(C) Participation by the individual in the development of the transition plan.¶
(b) A copy of the transition plan shall be provided to the individual prior to leaving the program.¶
(6) The program shall document a stabilization summary in a progress note prior to the individual leaving the program. The summary shall include:¶
(a) Progress toward person-centered treatment plan objectives;¶
(b) The reason for transition; and¶
(c) The referrals given if a transition plan was not completed.¶
(7) Each program shall meet the following standards for medical services:¶
(a) The program shall have written policy and procedure for providing immediate transportation for individuals to a general hospital in case of a medical emergency.¶
(b) The program shall have a written protocol, developed or approved by the medical director, for determining each individual's need for ongoing medical evaluation.¶
(c) The program shall demonstrate the medical director's involvement in the development and approval of medical protocols, policies and procedures, quarterly reviews of physicians' standing orders, and consultation in any medical emergencies.¶
(d) The program shall have a written staffing plan that demonstrates adequate staff coverage during emergency and high-demand situations.¶
(e) A registered nurse must be on duty at the WM program site at all times.¶
(8) Each program must maintain the following minimum staff ratios:¶
(a) One registered nurse or other licensed and credentialed nurse for every five individuals admitted to the program; and¶
(b) One withdrawal management program staff for every 10 individuals admitted to the program.
Statutory/Other Authority: 413.042
Statutes/Other Implemented: 430.205 - 430.210, 430.254 - 430.640

ADOPT: 309-018-0182

RULE SUMMARY: Administrative rules are being revised to

1. Update language to bring to current

2. To align with CCO 2.0

CHANGES TO RULE:

309-018-0182
General Program Requirements
Service providers of Residential Programs Regarding Substance Use Disorders, Gambling Disorder, and Withdrawal Management shall meet the following general requirements:¶
(1) Maintain the organizational capacity and interdisciplinary treatment capability to deliver clinically appropriate services in the medically appropriate amount, intensity, and duration for each individual specific to the individual's diagnosis, level of functioning, and the acuity and severity of the individual's symptoms.¶
(2) Maintain treatment responsibility for individuals in the program 24 hours per day, seven days per week.¶
(3) In the event of a serious incident, inform the Authority in writing, and inform any applicable guardian or legal representative orally or in writing, within 24 hours.¶
(4) Maintain linkages with primary care physicians, CMHPs, and mental health organizations, and the individual's guardian or legal representative, if applicable, to coordinate necessary coordination of care resources.
Statutory/Other Authority: 413.042
Statutes/Other Implemented: 430.850 - 430.955

AMEND: 309-018-0185

RULE SUMMARY: Administrative rules are being revised to

1. Update language to bring to current

2. To align with CCO 2.0

CHANGES TO RULE:

309-018-0185

Medical Protocols in Residential Substance Use Disorders Treatment Programs ~~¶~~

and Withdrawal Management Programs

~~Medical protocols shall be approved by a medical director under contract with a program or written reciprocal agreement with a medical practitioner under managed care~~Providers shall designate a medical director to oversee medical services and to develop and approve medical protocols. The medical director shall be under contract with the provider. The protocols shall:¶

(1) Require that a medical history be included in the assessment;¶

(a) Providers may not use an individual's lack of medical history records as a reason to delay or deny an assessment or entry to a program. Self-report of medical history is sufficient for an individual to enter services.¶

(b) Providers shall offer support to an individual in gaining medical records.¶

(2) Designate those medical symptoms and conditions that, when found, require further investigation, physical examinations, treatment, or laboratory testing;¶

(3) Require that individuals ~~admitted~~shall be referred for a physical examination and appropriate lab testing within 30 days of entry to the program ~~who~~if they: are currently injecting or intravenously using a drug, ~~or~~ have injected or intravenously used a drug within the past 30 days, ~~or who~~ are at risk of withdrawal from a drug, or ~~who may be pregnant, shall be referred for a physical examination and appropriate lab testing within 30 days of entry to the program~~are or may be pregnant. This requirement may be waived by the medical director if these services have been received within the past 90 days and documentation is provided;¶

(4) Require that pregnant women be referred for prenatal care within two weeks of entry to the program;¶

(5) Require that the program provide, within 30 days of entry, information and risk assessment regarding HIV and AIDS, ~~TB~~tuberculosis, sexually transmitted disease, Hepatitis, and other infectious disease ~~information and risk assessment, including any needed referral, within 30 days of entr~~s relevant for the individual's community;¶

(6) Specify the steps for follow-up and coordination with physical health care providers in the event the individual is found to have an infectious disease or other major medical problem.

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: 309-018-0190

RULE SUMMARY: Administrative rules are being revised to

1. Update language to bring to current

2. To align with CCO 2.0

CHANGES TO RULE:

309-018-0190
Medication Administration ~~of Medications~~, Storage, and Disposal ¶

~~The following guidelines shall b~~Each program must have ~~f~~pol~~lowed in polici~~icies and procedures con~~administration of medications~~ sistent with the following re~~sidential program~~quirements:¶
(1) Medications prescribed for one individual ~~may~~shall not be administered to or self-administered by another individual or ~~program staff~~employee.¶
(2) Medications may not be used as chemical restraints.¶
(~~2~~3) ~~When an individual self-~~Medications may not be withheld for non-medical reasons, used as reinforcement or punishment, or administer~~s medication in a residential program, self-administration shall be approved in writing by a physician and closely monitored by the residential program staff~~ed in quantities in excess of physician orders or in relation to the amount needed to attain the client's best possible functioning.¶
(4) Before any medication is administered to or self-administered by any individual, one of the following shall be recorded in the service record:¶
(a) A written order signed by an LMP;¶
(b) An LMP's standing order; or¶
(c) An LMP's order received by telephone, which order shall be and signed by a physician at the earliest opportunity.¶
(5) Self-administration of any medication must be approved in advance and in writing by an LMP.¶
(~~3~~a) ~~No unused, outdated, or recalled drugs shall be kept in a program. On a monthly basis any unused, outdated, or recalled drugs shall be disposed of in a manner that assures they cannot be retrieve~~Prior to the self-administration of each medication, the written order of the prescriber shall be documented in the service record, including instruction to self-administer the medication.¶
(b) Treatment or medical staff shall prompt the individual to self-administer the medication, and shall closely monitor the administration and dosage taken. This supervision shall be documented in the service record.¶
(4~~6~~) A ~~written record of all disposal of prescription drugs in a residential program shall be maintained in the progr~~ Medication Administration Record shall be kept for each medication administered to or self-administered by an individual, including supplements and over-the-counter medications. For each administration of medication, the Medication Administration Record shall include:¶
(a) The individual's first and last name;¶
(b) The individual's medication allergies;¶
(c) The prescriber's name and ~~shall include:~~credentials;¶
(~~a~~d) A description of the ~~drug~~medication, including ~~the amount;¶~~
~~(b) T~~prescribed dosage;¶
(e) Written verification by staff that the individual ~~for whom~~took the medication ~~was prescrib~~, along with the times and dates administered, or self-administered;¶
(~~c~~f) The ~~reason for disposal; and~~signature and credentials of staff administering or closely observing self-administration of the medication;¶
(~~d~~g) The method of ~~disposal.~~administration;¶
(~~5~~h) ~~All prescription drugs stored in the residential program shall be kept in a locked stationary container. Medications requiring refrigeration shall be stored in a refrigerator using a locked contain~~ny adverse reactions or serious or unexpected side effects to the medication, and documentation of any notification to an LMP within one hour of staff learning of the adverse reaction or side effect; and¶

(i) Documentation of any refusal by an individual to take a medication, including the reason for refusal, date, time, name of medication, dose, and timely notification to the prescriber.¶
(~~6~~7) ~~Written~~The service record shall include documentation of medications prescribed for the individual ~~by an LMP shall be maintained in the Service Record. Documentation for each medication prescribed shall include the following:¶~~
~~(a) A~~and related physicians' orders. The service record shall include a copy or detailed written description of ~~the~~ signed prescription orders, including:¶
(a) The prescriber's credentials;¶
(b) The name of the medication prescribed;¶
(c) The prescribed amount, dosage, and method of administration;¶
(d) The date the medication~~s~~ w~~ere~~as prescribed, reviewed, or renewed; and¶
(e) ~~The date and the signature and credentials of program staff administering or prescribing medications;~~ Medication contraindications, allergies and potential side effects.¶
(8) Medication storage.¶
(a) All prescription medications stored in the program shall be kept in a locked, stationary container. Medications requiring refrigeration shall be stored in a refrigerator but must either be stored in a lock container inside the refrigerator, or in a refrigerator that can itself be locked.¶
(b) Programs shall develop a policy regarding controlled substances that are stored, but not yet prescribed.¶
(A) The policy shall include maintenance of records and inventories in conformance with 21 U.S.C. § 827; 21 CFR §§ 1304.02-1304.11, 1304.21-1304.26, 1304.31-1304.33.¶
(~~f~~B) ~~Observed side effects including laboratory findings; and~~A written inventory of all controlled substances shall be taken by registrants annually within 365 days of the last written inventory.¶
(C) All records shall be maintained for a period of three years.¶
(9) The program shall implement a policy that no unused, outdated, damaged, or recalled medications shall be kept in the program.¶
(~~g~~a) Medication~~ allergies and adverse reaction~~s that are wasted, unused, outdated, damaged, deteriorated, misbranded, or adulterated shall be stored in the original container and physically separated from other medications until they are destroyed or returned to their supplier.¶
(b) The medication disposal documentation shall be retained at the facility for a period of at least three years.
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: 309-018-0200

RULE SUMMARY: Administrative rules are being revised to

1. Update language to bring to current

2. To align with CCO 2.0

CHANGES TO RULE:

309-018-0200

Facility Standards for Residential Programs Regarding Substance Use Disorders ~~and Problem Gambling Residential Treatment and Recovery Programs ¶~~

, Gambling Disorder, and Withdrawal Management

(1) Residential programs shall meet the following standards:¶

(a) Maintain up-to-date documentation verifying that they ~~meet and~~ comply with ~~all~~ applicable local business license, zoning, and building codes, and applicable federal, state, and local fire and safety regulations. It is the responsibility of the provider to check with local government to make sure all applicable local codes have been met~~;~~.¶

(b) Prior to construction of a new building or major alteration of or addition to an existing building:¶

(A) One set of plans and specifications shall be submitted to the State Fire Marshal for approval;¶

(B) Plans 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 shall be prepared and bear the stamp of an Oregon licensed architect or engineer; and¶

(D) The water supply, sewage, and garbage disposal system shall be approved by the agency having jurisdiction.¶

(2) All rooms used by individuals 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 shall be provided for exclusive use of individuals, program staff, and invited guests and shall:¶

(A) Seat at least one-half of the individuals 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 shall be provided for the exclusive use of individuals, program staff, and invited guests and shall:¶

(A) Provide a minimum of 15 square feet per occupant; and¶

(B) Be provided with adequate ventilation.¶

(c) Bedrooms shall be provided for all individuals 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 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 shall be provided and conveniently located in each building containing a bedroom and shall:¶

(A) Provide a minimum of one toilet and one hand-washing sink for ~~each~~very eight individuals and one bathtub or shower for ~~each~~very ten individuals;¶

(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 personal privacy for individuals;¶

(E) Provide a privacy screen at each window;¶

(F) Provide a mirror; and¶

(G) Be provided with adequate ventilation and reasonable measures to prevent mold.~~.~~¶
(e) A supply of hot and cold water installed and maintained in compliance with rules of the Authority, the Division, and Public Health Division shall be distributed to taps conveniently located throughout the residential program;¶
(f) All plumbing shall comply with applicable codes;¶
(g) Laundry facilities, when provided, shall 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 shall be provided appropriate to the size of the residential program. Separate storage areas 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 that shall be properly labeled, stored in the original container, and kept in a locked storage area.¶
(i) Furniture shall be provided for each individual and shall include:¶
(A) A bed with a frame and a clean mattress and pillow;¶
(B) A private dresser or similar storage area for personal belongings that is readily accessible to the individual; and¶
(C) Access to a closet or similar storage area for clothing.¶
(j) Linens shall be provided for each individual and shall include:¶
(A) Sheets and pillowcases;¶
(B) Blankets, appropriate in number and type for the season and the individual's comfort; and¶
(C) Towel and washcloth.¶
(3) The residential program 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:¶
(a) Menus shall be prepared in advance to provide a sufficient variety of foods served in adequate amounts for each resident, and any children, at each meal;¶
(b) Records of menus as served shall be filed and maintained in the residential program records for at least 30 days;¶
(c) All modified or special diets ~~shall~~must be ordered by a physician;¶
(d) At least three meals shall be provided daily;¶
(e) Supplies of staple foods for a minimum of one week and of perishable foods for a minimum of a two-day period shall be maintained on the premises;¶
(f) Food shall be stored and served at proper temperature;¶
(g) All utensils, including dishes, glassware, and silverware used in the serving or preparation of drink or food for individuals shall be effectively washed, rinsed, sanitized, and stored after each individual use to prevent contamination in accordance with Division standards; and¶
(h) Raw milk and home-canned vegetables, meats, and fish may not be served or stored in a residential program.¶
(4) The residential program shall meet the following safety requirements:¶
(a) At no time shall the number of individuals served exceed the approved capacity;¶
(b) A written emergency plan shall be developed and posted next to the telephone used by program staff and shall include:¶
(A) Instructions for the program staff or designated resident in the event of fire, explosion, accident, death, or other emergency ~~and t~~, including instructions for the evacuation of individuals and program staff.¶
(B) The telephone numbers ~~of t~~ for:¶
(i) The local fire department, law enforcement agencies, and hospital emergency rooms~~, and t~~;¶
(ii) The residential program's designated physician and on-call back-up program staff;¶

~~(B) The telephone number of t~~ and¶
(iii) The administrator or clinical supervisor and other persons to be contacted in case of ~~emergency; and¶~~
~~(C) Instructions for the evacuation of individuals and program staff in the event of fire, explosion, or other~~ emergency.¶
(c) The residential program shall provide fire safety equipment appropriate to the number of individuals served and meeting the requirements of the State of Oregon Structural Specialty Code and Fire and Life Safety regulations:¶
(A) Fire detection and protection equipment shall be inspected as required by the State Fire Marshal;¶
(B) All flammable and combustible materials shall be properly labeled and stored in the original container in accordance with the rules of the State Fire Marshal; and¶
(C) The residential program shall conduct unannounced fire evacuation drills at least monthly. At least once every three months the monthly drill shall 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 shall be maintained.¶
(d) At least one program staff who is trained in First Aid and CPR shall be onsite at all times.¶
(e) Withdrawal management programs shall make available a locked area not readily accessible to individuals for safe storage of such items as money and jewelry.¶
(5) The residential program shall meet the following sanitation requirements:¶
(a) All floors, walls, ceilings, window, furniture, and equipment shall be kept in good repair, clean, neat, orderly, and free from odors;¶
(b) Each bathtub, shower, hand-washing sink, and toilet shall be kept clean and free from odors;¶
(c) The water supply in the residential program shall meet the requirements of the rules of the Public Health Division governing domestic water supplies;¶
(d) Soiled linens and clothing shall be stored in an area separate from kitchens, dining areas, clean linens and clothing, and unrefrigerated food;¶
(e) All measures necessary to prevent the entry into the program of mosquitoes and other insects shall be taken;¶
(f) All measures necessary to control rodents shall be taken;¶
(g) The grounds of the program shall be kept orderly and free of litter, unused articles, and refuse;¶
(h) Garbage and refuse receptacles shall be clean, durable, water-tight, insect- and rodent-proof and kept covered with a tight-fitting lid;¶
(i) All garbage solid waste shall be disposed of at least weekly and in compliance with the rules of the Department of Environmental Quality; and¶
(j) Sewage and liquid waste shall be collected, treated, and disposed of in compliance with the rules of the Department of Environmental Quality.
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: 309-018-0205

RULE SUMMARY: Administrative rules are being revised to

1. Update language to bring to current

2. To align with CCO 2.0

CHANGES TO RULE:

309-018-0205
Quality Assessment and Performance Improvement ¶

(1) Providers shall develop and implement a structured and ongoing process to assess, monitor, and improve the quality and effectiveness of services provided to individuals and their families, including:¶
(a) A quality improvement committee; and¶
(b) A performance improvement process documented in a performance improvement plan.¶
(2) The quality improvement committee shall include representatives of individuals served and their families, and shall meet at least quarterly to:¶
(a) Identify and assess the following indicators of quality:¶
(A) Access to services;¶
(B) Outcomes of services;¶
(C) Systems integration and coordination of services; and¶
(D) Utilization of services.¶
(b) Review incident reports, grievances, and other documentation as applicable;¶
(c) Identify measurable and time-specific performance objectives and strategies to meet the objectives and measure progress;¶
(d) Recommend policy and operational changes necessary to achieve performance objectives; and¶
(e) Reassess and, if necessary, revise objectives and methods to measure performance on an ongoing basis and ensure sustainability of improvements.¶
(3) The quality assessment and performance improvement process shall be documented in a performance improvement plan, which shall include the performance objectives, strategies, and progress metrics identified by the quality improvement committee.
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: 309-018-0210

RULE SUMMARY: Administrative rules are being revised to

1. Update language to bring to current

2. To align with CCO 2.0

CHANGES TO RULE:

309-018-0210
Grievances and Appeals ¶

(1) Any individual receiving services or the parent or guardian of the individual receiving services may file a grievance with the provider, the individual's Medicaid managed care plan, or the Division.~~¶~~
~~(2) The provider's grievanc~~ For purposes of this rule, a "grievance" means a formal complaint submitted to a provider, whether verbally or in writing, by an individual or the individual's chosen representative, pertaining to any aspect of service delivery, including the denial of services and supports.¶
(2) Individuals whose services are funded by Medicaid may file grievances and appeals in accordance with the proces~~s~~dures set forth in OAR 410-141-3230 through 410-141-3255.¶
(3) The provider shall:¶
(a) Notify each individual or guardian of the grievance procedures by reviewing a written copy of the policy upon entry;¶
(b) Assist individuals and their parents or guardians, as applicable, to understand and complete the grievance process and notify them of the results and basis for the decision;¶
(c) Encourage and facilitate resolution of the grievance at the lowest possible level;¶
(d) Complete an investigation of any grievance within 30 calendar days;¶
(e) Implement a procedure for accepting, processing, and responding to grievances including specific timelines for each;¶
(f) Designate a program staff person to receive and process the grievance;¶
(g) Document any action taken on a substantiated grievance within a timely manner; and¶
(h) Document receipt, investigation, and action taken in response to the grievance.¶
(~~3~~4) The provider shall post a Grievance Process Notice in a common area stating the telephone numbers of:¶
(a) The Division;¶
(b) Disability Rights Oregon;¶
(c) The ~~applicable coordinated care organization~~community mental health program(s);¶
(d) All coordinated care organizations with service areas that include the provider; and¶
(~~d~~e) The Governor's Advocacy Office.¶
(4~~5~~) In circumstances where the matter of the grievance is likely to cause harm to the individual before the grievance procedures outlined in these rules are completed, the individual or guardian of the individual may request an expedited review.¶
(a) The program administrator shall review and respond in writing to the grievance within 48 hours of receipt of the grievance. This response may be that the grievance does not merit expedited review, in which case the grievance shall be adjudicated pursuant to the standard timeline.¶
(b) The written response shall include information about the appeal process.¶
(~~5~~6) A grievant, witness, or staff member of a provider may not be subject to retaliation by a provider for making a report or being interviewed about a grievance or being a witness. Retaliation may include but is not limited to dismissal or harassment; reduction in services, wages or benefits; or basing service or a performance review on the action.¶
(~~6~~7) The grievant is immune from any civil or criminal liability with respect to the making or content of a grievance made in good faith.¶
(~~7~~8) Individuals and their legal guardians, as applicable, shall have the right to appeal entry, transfer, and grievance decisions as follows:¶

(a) If the individual or guardian is not satisfied with the decision, the individual or guardian may file an appeal in writing within ~~ten working~~30 business days of the date of the program administrator's response to the grievance or notification of denial for services as applicable. The appeal shall be submitted to the Division as applicable;¶
(b) If requested, program staff shall be available to assist the individual;¶
(c) The Division shall provide a written response within ten working days of the receipt of the appeal; and¶
(d) If the individual or guardian is not satisfied with the appeal decision, he or she may file a second appeal in writing to the Division Director within ten working days of the date of the written response.
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: 309-018-0215

RULE SUMMARY: Administrative rules are being revised to

1. Update language to bring to current

2. To align with CCO 2.0

CHANGES TO RULE:

309-018-0215
Variances ¶

(1) Variances may be granted to a provider holding a license under this rule:¶
(a) ~~If there is a lack of resources to implement the standards required in these rules; or¶~~
~~(b) If implementation of the proposed alternative services, methods, concepts, or procedures~~ consistent with all statutory requirements; and¶
(b) Would not jeopardize the health, life, or safety of the individuals served, or would otherwise results ~~improved outcomes for the individual.¶~~
~~(2) Application for a variance:~~services or systems that meet or exceed applicable regulatory standards.¶
(~~a~~2) Providers ~~may~~shall submit ~~their~~a written variance request directly to the Division~~;¶~~
~~(b) Providers requesting a variance shall submit a written application to the Division; and¶~~
~~(c) Variance requests shall contain the following:¶~~
~~(A) T~~. The variance request shall contain the following:¶
(a) A description and applicable details of the variance requested, including the section of the rule from which the variance is sought;¶
(~~B~~b) The reason for the proposed variance, such as a lack of resources to meet a regulatory requirement;¶
(~~C~~c) The alternative practice~~, service, method, concept, or procedure~~ proposed;¶
(~~D~~d) A proposal for the duration of the variance~~; and¶~~
~~(E) A~~, including a plan and timetable for compliance with the section of the rule ~~for which~~exempted or adjusted by the variance ~~applies~~.¶
(3) The Division shall ~~approve or deny the request for a variance and shall notify the provider in~~respond to variance requests ~~w~~rithin~~g of the dec~~ 30 days of receipt.¶
(a) The Division ~~to~~shall approve or deny the request~~ed~~ for a variance ~~within 30 days of receipt of the variance. The written notification~~. A notice of variance approval shall include the specific alternative practice~~, service, method, concept, or~~ that is approc~~v~~ed~~ure that is approved and th~~ and the duration of the approval, which may not exceed the effective duration of the ~~ap~~proval~~ider's license~~.¶
(4b) ~~Appeal of the denial of a variance request shall be made in writing to the Chief Officer of~~Granting a variance for one request does not set a precedent that must be followed by the Division when evaluating subsequent variance requests.¶
(c) An applicant or provider may appeal a denied variance request by filing a written appeal with the Division~~,~~ w~~hose decision shall be final and shall be provided in writing within 30 days of receipt of the appe~~ithin 14 days of the denial. The Chief Officer shall issue a decision within 30 days of receipt of the appeal. The Chief Officer's decision on appeal shall be fin~~al.¶
(5) The LMHA, CMHP, or provider may implement a variance only after written approval from the Division.¶
(6) ~~The provider shall submit a request to extend a variance in writing prior to a variance expiring. Extensions shall be approved in writing by the Division.¶~~
~~(7) G~~Continuance of the variance will not be automatic and will be reconsidered at the expir~~ant~~ing ~~a variance for one request does not set a precedent that shall be followed by the Division when evaluating subsequent requests for variance~~on of the variance. Requesting renewal of a variance in advance of current variance expiration is the responsibility of each provider.
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