OFFICE OF THE SECRETARY OF STATE
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ARCHIVES DIVISION
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800 SUMMER STREET NE
SALEM, OR 97310
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NOTICE OF PROPOSED RULEMAKING

INCLUDING STATEMENT OF NEED & FISCAL IMPACT

FILED
10/31/2019 9:59 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-32

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
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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: 888-364-4734
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. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)):

2. Cost of compliance effect on small business (ORS 183.336):

a. Estimate the number of small businesses and types of business and industries with small businesses subject to the rule:

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:

c. Equipment, supplies, labor and increased administration required for compliance:

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:
309-032-0301, 309-032-0311, 309-032-0321, 309-032-0331, 309-032-0341, 309-032-0351, 309-032-0850, 309-032-0860, 309-032-0870, 309-032-0890

REPEAL: 309-032-0301

RULE SUMMARY: The agency is repealing this rule because of reorganization and compliance with the CCO 2.0 and requirements of the OPP.

CHANGES TO RULE:

~~309-032-0301~~
~~Purpose and Scope~~
~~These rules prescribe the standards for community-based programs that serve individuals with a serious mental illness experiencing homelessness under the Projects for Assistance in Transition from Homelessness (PATH) program.~~

~~Statutory/Other Authority: ORS 413.042, 430.640~~
~~Statutes/Other Implemented: ORS 430.610 - 430.695~~

REPEAL: 309-032-0311

RULE SUMMARY: The agency is repealing this rule because of reorganization and compliance with the CCO 2.0 and requirements of the OPP.

CHANGES TO RULE:

~~309-032-0311~~
~~Definitions~~
~~(1) "Co-Occurring Disorders" (COD) means the existence of at least one diagnosis of a substance use disorder and one diagnosis of a serious mental illness.¶~~
~~(2) "Community Mental Health Program" (CMHP) means an entity that is responsible for planning and delivery of services for individuals with substance use or mental illness diagnoses operated in a specific geographic area of the state under an intergovernmental agreement or a direct contract with the Health Systems Division (Division).¶~~
~~(3) "Division" means the Health Systems Division (Division) of the Oregon Health Authority (OHA).¶~~
~~(4) "Eligible Individual" means an individual who, as defined in these rules:¶~~
~~(a) Is homeless or at imminent risk of becoming homeless; and¶~~
~~(b) Has or is reasonably assumed to have a serious mental illness;¶~~
~~(c) May also have a co-occurring substance use disorder.¶~~
~~(5) "Enrolled" means an eligible individual who:¶~~
~~(a) Receives services supported at least partially with PATH funds; and¶~~
~~(b) Has an individual service record that indicates enrollment in the PATH program.¶~~
~~(6) "Homeless Individual" means an individual who:¶~~
~~(a) Lacks housing without regard to whether the individual is a member of a family and whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations; or¶~~
~~(b) Is a resident in transitional housing that carries time limits.¶~~
~~(7) "Individual" means an individual potentially eligible for or who has been enrolled to receive services described in these rules.¶~~
~~(8) "Individual Service and Support Plan" (ISSP) means a comprehensive plan for services and supports provided to or coordinated for an eligible individual that is reflective of the intended outcomes of service.¶~~
~~(9) "Imminent Risk of Homelessness" means that an individual is:¶~~
~~(a) Living in a doubled-up living arrangement where the individual's name is not on the lease;¶~~
~~(b) Living in a condemned building without a place to move;¶~~
~~(c) In arrears in their rent or utility payments;¶~~
~~(d) Subject to a potential eviction notice without a place to move; or¶~~
~~(e) Being discharged from a health care or criminal justice institution without a place to live.¶~~
~~(10) "Individual Service Record" means the written or electronic documentation regarding an enrolled individual that summarizes the services and supports provided from point of entry to service conclusion.¶~~
~~(11) "Literally Homeless Individual" means an individual who lacks housing without regard to whether the individual is a member of a family, including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations.¶~~
~~(12) "Local Mental Health Authority" (LMHA) means one of the following entities:¶~~
~~(a) The Board of County Commissioners of one or more counties that establishes or operates a CMHP;¶~~
~~(b) The tribal council of a federally recognized tribe of Native Americans that elects to enter into an agreement to provide mental health services; or¶~~
~~(c) A regional LMHA comprised of two or more boards of county commissioners.¶~~
~~(13) "Outreach" means the process of bringing individuals into treatment who do not access traditional services.¶~~
~~(14) "Person with serious mental illness" has the meaning given that term in OAR 309-036-0105.¶~~
~~(15) "Projects for Assistance in Transition from Homelessness" (PATH) means the Formula Grants, 42 U.S.C. 290cc-21 to 290-cc-35.¶~~

~~(16) "Qualified Mental Health Professional" (QMHP) means any person who meets one of the following minimum qualifications as authorized by the LMHA or designee:¶~~
~~(a) A Licensed Medical Practitioner;¶~~
~~(b) A graduate degree in psychology, social work, or recreational, art, or music therapy;¶~~
~~(c) A graduate degree in a behavioral science field;¶~~
~~(d) A bachelor's degree in occupational therapy and licensed by the State or Oregon; or¶~~
~~(e) A bachelor's degree in nursing and licensed by the State of Oregon.¶~~
~~(17) "Secretary" means the Secretary of the U.S. Department of Health and Human Services.~~
~~Statutory/Other Authority: ORS 413.042, 430.640~~
~~Statutes/Other Implemented: ORS 430.610 - 430~~

REPEAL: 309-032-0321

RULE SUMMARY: The agency is repealing this rule because of reorganization and compliance with the CCO 2.0 and requirements of the OPP.

CHANGES TO RULE:

~~309-032-0321~~
~~Eligible Services~~
~~(1) Effective outreach to engage people in the following array of services:¶~~
~~(a) Identification of individuals in need;¶~~
~~(b) Screening for symptoms of serious mental illness;¶~~
~~(c) Development of rapport with the individual;¶~~
~~(d) Offering support while assisting with immediate and basic needs;¶~~
~~(e) Referral to appropriate resources; or¶~~
~~(f) Distribution of information including but not limited to:¶~~
~~(A) Flyers and other written information;¶~~
~~(B) Public service announcements; or¶~~
~~(C) Other indirect methods of contact.¶~~
~~(2) Methods of active outreach including but not limited to face-to-face interaction with literally homeless people in streets, shelters, under bridges and in other non-traditional settings, in order to seek out eligible individuals.¶~~
~~(3) Methods of in-reach, including but not limited to placing outreach staff in a service site frequented by homeless people, such as a shelter or community resource center, where direct, face to face interactions occur, in order to allow homeless individuals to seek out outreach workers.¶~~
~~(4) Screening and diagnosis.¶~~
~~(5) Habilitation and rehabilitation services.¶~~
~~(6) Community mental health services.¶~~
~~(7) Alcohol or drug treatment services.¶~~
~~(8) Staff training, including the training of those who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services.¶~~
~~(9) Case management including the following.¶~~
~~(a) Preparing a plan for the provision of community mental health services to the eligible individual and reviewing the plan not less than once every three months;¶~~
~~(b) Assistance in obtaining and coordinating social and maintenance services for the eligible individual, including services related to daily living activities, personal financial planning, transportation, and housing services;¶~~
~~(c) Assistance to the eligible individual in obtaining income support services including housing assistance, food stamps and supplemental security income benefits;¶~~
~~(d) Referring the eligible individual for such other services as may be appropriate and¶~~
~~(e) Providing representative payee services in accordance with section 1631(a)(2) of the Social Security Act [42 U.S.C. 1383(a)(2)] if the eligible individual is receiving aid under title XVI of such act [42 U.S.C. 1381 et seq.] and if the applicant is designated by the Secretary to provide such services;¶~~
~~(10) Supportive and supervisory services in residential settings;¶~~
~~(11) Housing services, which shall not exceed twenty percent of all total PATH expenses and which may include:¶~~
~~(a) Minor renovation, expansion and repair of housing;¶~~
~~(b) Planning of housing;¶~~
~~(c) Technical assistance in applying for housing assistance;¶~~
~~(d) Improving the coordination of housing services;¶~~
~~(e) Security deposits;¶~~
~~(f) The costs associated with matching eligible individuals with appropriate housing situations; or¶~~
~~(g) One time rental payments to prevent eviction; and¶~~
~~(12) Referrals to other appropriate services or agencies, for those determined ineligible for other PATH services.¶~~

~~(13) Other appropriate services as determined by the Secretary.~~
~~Statutory/Other Authority: ORS 413.042, 430.640~~
~~Statutes/Other Implemented: ORS 430.610 - 430.695~~

REPEAL: 309-032-0331

RULE SUMMARY: The agency is repealing this rule because of reorganization and compliance with the CCO 2.0 and requirements of the OPP.

CHANGES TO RULE:

~~309-032-0331~~
~~Staff Qualifications and Training Standards~~
~~(1) Staff delivering case management and outreach services to individuals shall have demonstrated ability to:¶~~
~~(a) Identify individuals who appear to be seriously mentally ill;¶~~
~~(b) Identify service goals and objectives and incorporate them into an ISSP; and¶~~
~~(b) Refer the individuals for services offered by other agencies.¶~~
~~(2) All staff delivering PATH services shall have training, knowledge and skills suitable to provide the services described in these rules.~~
~~Statutory/Other Authority: ORS 413.042, 430.640~~
~~Statutes/Other Implemented: ORS 430.610 - 430.695~~

REPEAL: 309-032-0341

RULE SUMMARY: The agency is repealing this rule because of reorganization and compliance with the CCO 2.0 and requirements of the OPP.

CHANGES TO RULE:

~~309-032-0341~~
~~Rights of Eligible Individuals~~
~~(1) In addition to all applicable statutory and constitutional rights, every eligible individual receiving services has the right to:¶~~
~~(a) Choose from available services and supports;¶~~
~~(b) Be treated with dignity and respect;¶~~
~~(c) Have all services explained, including expected outcomes and possible risks;¶~~
~~(d) Confidentiality and the right to consent to disclosure in accordance with ORS 107.154, 179.505, 192.515 and 42 CFR Part 2 and 45 CFR Part 205.50;¶~~
~~(e) Give informed consent to services in writing prior to the start of services, except in a medical emergency or as otherwise permitted by law;¶~~
~~(f) Inspect their Individual Service Record in accordance with ORS 179.505;¶~~
~~(g) Not participate in experimentation;¶~~
~~(h) Receive medications specific to the individual's diagnosed clinical needs;¶~~
~~(i) Receive prior notice of service conclusion or transfer, unless the circumstances necessitating service conclusion or transfer pose a threat to health or safety;¶~~
~~(j) Be free from abuse or neglect and to report any incident of abuse or neglect without being subject to retaliation;¶~~
~~(k) Have religious freedom;¶~~
~~(l) Be informed at the start of services and periodically thereafter of the rights guaranteed by these rules;¶~~
~~(m) 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;¶~~
~~(n) Have family involvement in service planning and delivery;¶~~
~~(o) Make a declaration for mental health treatment, when legally an adult;¶~~
~~(p) File grievances, including appealing decisions resulting from the grievance; and¶~~
~~(q) Exercise all rights described in this rule without any form of reprisal or punishment.¶~~
~~(2) The provider will give to the individual and if applicable, to the guardian, a document that describes the preceding individual rights.¶~~
~~(a) Information given to the individual must be in written form or, upon request, in an alternative format or language appropriate to the individual's need;¶~~
~~(b) The rights and how to exercise them will be explained and¶~~
~~(c) Individual rights will be posted in writing in a common area.~~
~~Statutory/Other Authority: ORS 413.042, 430.640~~
~~Statutes/Other Implemented: ORS 430.610 - 430.695~~

REPEAL: 309-032-0351

RULE SUMMARY: The agency is repealing this rule because of reorganization and compliance with the CCO 2.0 and requirements of the OPP.

CHANGES TO RULE:

~~309-032-0351~~
~~Enrollment and Record Requirements~~
~~(1) An individual's eligibility shall be determined and documented at the earliest possible date.¶~~
~~(2) A record shall be maintained for each enrolled individual receiving services under this rule. The record shall contain the following:¶~~
~~(a) An enrollment form which includes:¶~~
~~(A) The individual's name and PATH enrollment date;¶~~
~~(B) A list or description of the criteria determining the individual's PATH eligibility; and¶~~
~~(C) The individual's PATH services discharge date.¶~~
~~(b) A plan defining the enrolled individual's goals and service objectives including one or more of the following:¶~~
~~(A) Accessing community mental health services for the eligible individual, which includes reviewing the plan not less than once every three months;¶~~
~~(B) Accessing and coordinating needed services for the eligible individual, as detailed in these rules.¶~~
~~(C) Accessing income and income support services, including housing assistance, food stamps, and supplemental security income; and¶~~
~~(D) Referral to other appropriate services.¶~~
~~(c) Progress notes that provide an on-going account of contacts with enrolled individual, a description of services delivered, and progress toward the enrolled individual's service plan goals; and¶~~
~~(d) A termination summary describing reasons for the enrolled individual no longer being involved in service.¶~~
~~(3) A record shall be maintained for individuals served but not yet enrolled under the provisions of these rules. The record shall contain:¶~~
~~(a) A description of the potentially eligible individual, which may include but not be limited to:¶~~
~~(A) A physical description of the individual;¶~~
~~(B) The location where the individual was served; and¶~~
~~(C) A description of the individual's personal belongings.¶~~
~~(b) A preliminary assessment of the potentially eligible individual's needs based on available information; and¶~~
~~(c) A record of where and when contacts with the potentially eligible individual were made and the outcome of those contacts.¶~~
~~(4) Records shall be confidential in accordance with ORS 179.505, 45 CFR Part 2 and OAR 309-032-1535 pertaining to individuals' records.~~
~~Statutory/Other Authority: ORS 413.042, 430.640~~
~~Statutes/Other Implemented: ORS 430.610 - 430.695~~

AMEND: 309-032-0850

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:

309-032-0850

Purpose and Scope

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

Statutory/Other Authority: ORS 413.042, 430.640

Statutes/Other Implemented: 430.640, ORS 430.630~~, 430.640~~

REPEAL: 309-032-0860

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

CHANGES TO RULE:

~~309-032-0860~~
~~Definitions~~
~~As used in these rules:¶~~
~~(1) "Adult" means an individual age 18 years or older.¶~~
~~(2) "Certificate" means the document issued by the Division that identifies and declares certification of a provider pursuant to OAR 309-008-0100 to 309-008-1600. A letter accompanying issuance of the certificate shall detail the certificate's scope and approved service delivery locations.¶~~
~~(3) "Clinical Record" means a separate file established and maintained under these rules for each patient.¶~~
~~(4) "Community Mental Health Program" or "CMHP" means the organization of all services for individuals with mental or emotional disturbances, substance use problems, and developmental disabilities, operated by or contractually affiliated with a local mental health authority and operated in a specific geographic area of the state under an omnibus contract with the Division.¶~~
~~(5) "Council" means an organization of individuals with a mission statement and by-laws, comprised of representatives of the regional acute care psychiatric service, state hospital, community mental health programs served, consumers, and family members. The Council is advisory to the regional acute care facility for adults.¶~~
~~(6) "Diagnosis" means a DSM diagnosis determined through the mental health assessment and any examinations, laboratory, medical or psychological tests, procedures, or consultations suggested by the assessment.¶~~
~~(7) "Division" means the Health Systems Division of the Oregon Health Authority.¶~~
~~(8) "DSM" means the current edition of the "Diagnostic and Statistical Manual of Mental Disorders" published by the American Psychiatric Association.¶~~
~~(9) "Goal" means the broad aspirations or outcomes toward which the patient is striving and toward which all services are intended to assist the patient.¶~~
~~(10) "Guardian" means an individual appointed by a court of law to act as a guardian of a legally incapacitated person.¶~~
~~(11) "Independent Medical Practitioner" means a medically trained individual licensed to practice independently in the State of Oregon and has one of the following degrees: MD (Medical Doctor), DO (Doctor of Osteopathy), or NP (Nurse Practitioner).¶~~
~~(12) "Legally Incapacitated" means having been found by a court of law under ORS 126.103 or 426.295 to be unable, without assistance, to properly manage or take care of one's personal affairs.¶~~
~~(13) "Linkage Agreement" means a written agreement between regional acute care psychiatric facilities and other entities involved in patient care that includes, but is not limited to, CCOs, CMHPs, and state hospitals that describes the roles and responsibilities each entity assumes in order to assure that the goals of the regional acute care psychiatric services are achieved.¶~~
~~(14) "Medical Director" means a board eligible psychiatrist who oversees the patient care program. The medical director shall have the final authority concerning inpatient medical care including admissions, continuing care, and discharges.¶~~
~~(15) "Medical History" means a review of the patient's current and past state of health as reported by the patient or other reliable sources, including, but not limited to:¶~~
~~(a) History of any significant illnesses, injuries, allergies, or drug sensitivities; and¶~~
~~(b) History of any significant medical treatments, including hospitalizations and major medical procedures.¶~~
~~(16) "Mental Health Assessment" means a process in which the individual's need for mental health services is determined through evaluation of the individual's strengths, goals, needs, and current level of functioning.¶~~
~~(17) "Mental Status Examination" means an overall assessment of an individual's mental functioning that includes descriptions of appearance, behavior, speech, and mood, and affect suicidal or homicidal ideation, thought~~

processes and content, and perceptual difficulties including hallucinations and delusions. Cognitive abilities are also assessed and include orientation, memory, concentration, general knowledge, abstraction abilities, judgment, and insight.¶
(18) "Objective" means an interim level of progress or a component step the specification of which is necessary or helpful in moving toward a goal.¶
(19) "OPRCS" means the Oregon Patient/Resident Care System. OPRCS is a Division operated, on-line computerized information system that accepts, stores, and returns information about patients from state operated institutions and other designated inpatient services.¶
(20) "Patient" means an individual who is receiving care and treatment in a regional acute care psychiatric service.¶
(21) "Person Committed to the Division" means a patient committed under ORS 161.327 or 426.130.¶
(22) "Person with Serious and Persistent Mental Illness (SPMI)" means, for the purposes of a warm handoff, an individual age 18 or older who meets the current DSM diagnostic criteria for at least one of the following conditions as a primary diagnosis:¶
(a) Schizophrenia and other psychotic disorders;¶
(b) Major depressive disorder;¶
(c) Bipolar disorder;¶
(d) Anxiety disorders, limited to OCD and PTSD;¶
(e) Schizotypal personality disorder;¶
(f) Borderline personality disorder.¶
(g) The applicable ICD 9 & 10 codes for SPMI diagnoses can be found at https://www.oregon.gov/oha/HPA/CSI-BHP/Pages/Oregon-Performance-Plan.aspx.¶
(23) "Program Administrator" means an individual with appropriate professional qualifications and experience appointed by the governing body to manage the operation of the regional acute care psychiatric services.¶
(24) "Psychiatrist" means a physician licensed pursuant to ORS 677.010 to 677.492 by the Board of Medical Examiners for the State of Oregon and who has completed an approved residency training program in psychiatry.¶
(25) "Qualified Mental Health Professional" or "QMHP" means an individual who is one of the following:¶
(a) Psychiatrist or physician licensed to practice in the State of Oregon; an individual with a graduate degree in psychology, social work, or other mental health related field; a registered nurse with a graduate degree in psychiatric nursing licensed in the State of Oregon; an individual with registration as an occupational therapist; an individual with a graduate degree in recreational therapy; or¶
(b) Any other individual whose education, experience, and competence have been documented by the CMHP director or designee as able to identify precipitating events; gather histories of mental and physical disabilities, alcohol and drug use, past mental health services, and criminal justice contacts; assess family, social, and work relationships; conduct a mental status assessment; document a DSM diagnosis; write and supervise a rehabilitation plan; and provide individual, family, or group therapy.¶
(26) "Regional Acute Care Psychiatric Service" or "Service" means a Division funded service provided under contract with the Division or county and operated in cooperation with a regional or local council.¶
(27) "Supervisor" means an individual with two years of experience as a qualified mental health professional and who, in accordance with OAR 309-032-0870, reviews the services provided to patients by qualified individuals.¶
(28) "Telehealth" means a technological solution that provides two-way, video-like communication on a secure line.¶
(29) "Treatment Plan" means an individualized, written plan defining specific rehabilitation objectives and proposed service interventions derived from the patient's mental health assessment.¶
(30) "Warm Handoff" means the process of transferring a patient from one provider to another prior to discharge from an acute care psychiatric hospital that involves face-to-face meetings with the patient, either in person or through the use of telehealth, and that coordinates the transfer of responsibility for the patient's ongoing care and continuing treatment and services. A warm handoff shall be offered to individuals with SPMI, defined in OAR 309-

~~032-0860(22), as part of the discharge planning process.~~
~~Statutory/Other Authority: ORS 413.042, 430.640~~
~~Statutes/Other Implemented: ORS 430.630, 430.640~~

AMEND: 309-032-0870

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:

309-032-0870
Standards for Approval of Regional Acute Care Psychiatric Service ¶

(1) The facility in which a regional acute care psychiatric service is provided shall maintain state certificates and licenses as required by Oregon law for the health, safety, and welfare of the individuals served. ~~Non-hospital facilities shall be licensed by the Division as required by ORS 443.410. Non-hospital facilities shall be certified by the Division as required by OAR 309-008-0100 to 1600.~~ The facility shall also be approved under OAR 309-033-0530 (Approval of Hospitals and Nonhospital Facilities that Provide Services to Committed Persons and to Persons in Custody or on Diversion) and OAR 309-033-0540 (Administrative Requirements for Hospitals and Nonhospital Facilities Approved to Provide Services to Persons in Custody~~, Psychiatric Hold or Certified for 14 Days of Intensive Treatment)~~).¶

(a) If the regional acute care psychiatric service facility is not a hospital, the facility shall be licensed by the Division as required by ORS 443.410, and shall be certified by the Division as a regional acute care psychiatric service under the procedures defined in OAR 309-008-0100 to 1600.¶

(b) If the regional acute care psychiatric service facility is not a general hospital, the service shall have a letter of agreement with a general hospital for both emergency and medical care. The agreement shall be renewed every two years.¶

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

(3) A regional acute care psychiatric service shall maintain clinical records ~~as follows:~~, meaning a separate file established and maintained for each patient in accordance with this rule.¶

(a) Except as otherwise applicable, clinical records are confidential as set forth in ORS 179.505 and 192.~~502~~355 and any other applicable state or federal law. For the purposes of disclosure from non-medical individual records, both the general prohibition against disclosure of "information of a personal nature" and limitations to the prohibition in ORS 192.~~502~~355 shall apply;¶

(b) Clinical records shall be secured, safeguarded, stored, and retained in accordance with OAR ~~166-030-1015~~ 333-505-0050;¶

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

(4d) The clinical record shall contain:¶

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

~~(b) C~~.¶

(B) Information pertaining to consent to release information and explanation of fee policies.¶

(i) At the time of admission, staff shall present the patient with forms for obtaining consent so that information may be shared with family and others.¶

(ii) An explanation of fee policies shall ~~also~~ be provided in written form at the earliest time possible. ~~The patient~~¶

(iii) The individual shall be asked to sign ~~each. I~~the consent and the explanation of fee policies. Staff shall record in

the clinical record if the patient is unwilling or unable to sign~~, staff shall record that the patient is unable or unwilling to do so;~~ either document.¶
(4) At the time of entry, an initial Assessment shall be completed prior to development of the treatment plan.¶
(~~c~~a) An ~~admitting mental health assessment shall be completed~~initial Assessment and Risk Assessment shall be completed within 24 hours of admission by, or under the supervision of an ~~independent medical practitioner~~LMP with supervised training or experience in a ~~ment~~behavioral health related setting ~~within 24 hours of admission. The admitting mental health assessment shall include a description of the presenting problem, a mental status examination, an initial DSM diagnosis, and an assessment of the resources currently available to the individual. The assessment shall result~~. 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) A Comprehensive Assessment, and corresponding updates to the person-centered treatment plan, shall be completed within 72 hours of entry. The assessment does not need to be a single document but shall include the following elements:¶
(A) Presenting problem(s) and precipitating event(s);¶
(B) Recent History including duration, frequency, intensity, and circumstances of symptoms;¶
(C) Current level of functioning a ~~plan for the initial services to be provided. The admitting mental health assessment shall also i~~t 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) Comprehensive Medical history including current primary care provider;¶
(i) Include documentation that a medical history and physical examination of the individual has been performed within 24 hours after admission by a physician, physician assistant, or nurse practitioner. ¶
(ii) If the independent medical practitioner believes a new medical history and physical examination are not necessary and if within 30 days of admission a complete physical history has been recorded and a complete physical examination has been performed, the signed report of the history and examination may be placed in the clinical record and may be considered to constitute an appropriate physical health assessment~~;~~.¶
(~~d~~F) ~~A psycho-social assessment shall be completed for each patient within 72 hours of admission. If the patient stays less than 72 hours, a psycho-social assessment need not be written. The assessment must be completed by a qualified mental health professional or supervisor. The assessment does not need to be a single document but shall include the following elements:¶~~
~~(A) A description of events precipitating admission and any goals~~Family History including Mental Health and Substance Use;¶
(G) Social history including family relationships, school functioning, peer relationships, substance use history, exposure to the criminal justice system;¶
(H) Trauma history including exposure to trauma, resiliency strategies and loss of key relationships;¶
(I) 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 t~~he pre~~atment ~~in seeking or entering services;~~. When the MSE screens positive for risk of suicide, a risk assessment, safety planning and lethal means counseling must be documented.¶
(~~B~~M) ~~When relevant to the patient's~~An assessment of suicide potential shall be assessed and service ~~needs, historical~~ records shall contain f~~ormation including: a current Declaration for Mental Health Treatment; mental health history; medical history; substance use history; developmental history; social history including family and interpersonal history; sexual and other abuse history; educational, vocational, and employment h~~llow-up actions and referrals when and, if an individual reports symptoms indicating risk of suicide, appropriate follow-up actions and referrals, which shall be documented in the service record;(B) Screening for the presence of co-occurring dis~~t~~ or~~y;~~ders and ~~legal history~~chronic medical conditions;¶

(~~C~~N) An identification of the patient's need for assistance in maintaining financial support, employment, housing, and other support needs; and¶
(~~D~~O) Recommendations for ~~dis~~transfer/discharge/dishcharge planning and any ~~additional~~other needed services, interventions, ~~additional~~ examinations, tests, and evaluations ~~that are needed;~~.¶
(5) If the patient stays less than 72 hours, a Comprehensive Assessment need not be written.¶
(~~E~~6) ~~A copy of the p~~The person-centered trea~~t~~ment~~'s Declaration for Mental Health Treatment if the patient elected to complete or~~ planning process and person-centered treatment plan is included in the individual's service record and shall:¶
(a) Be completed prior to the start of services.¶
(b) Reflect the comprehensive assessment and the level of care to be provided ~~one~~.¶
(e~~c~~) ~~A treatment plan individually developed with the patient from t~~Reflect barriers related to transfer/discharge;¶
(d) Include the individual as an active participant in the creation and implementation of their person-centered treatment plan, unless:¶
(A) The ~~f~~indi~~ngs of the admitting mental health assessment and psycho-social assessment must be completed by a QMHP or super~~vidual 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 as the individual's choice indicates, which may include "caregiver or parent and child" when a caregiver's beha~~v~~isor ~~within 72 hours of the person's admission. The~~al health is impacting a child's behavioral health.¶
(f) The person-centered treatment plan must be written at a level of specificity that will permit its ~~subsequent~~ implementation to be efficiently monitored and reviewed. ~~The recorded plan shall contain the following components:¶~~
~~(A) The rehabilitation and other goals, including those articulated by¶~~
(g)At minimum, each person-centered treatment plan shall include:¶
(A) Treatment objectives that are:¶
(i) Individualized to meet the assessed needs of the individual; and¶
(ii) Measurable, to facilitate a baseline evaluation and evaluation of progress.¶
(B) The specific services and supports that will be used to meet the ~~p~~trea~~t~~ment objectives;¶
(~~B~~C) ~~Specific object~~A projected schedule for service deliver~~s~~y, including ~~discharge objectives and the measurable or observable criteria for determining when each objective is attained~~the expected frequency and duration of each type of service or support;¶
(D) The credentials of the personnel furnishing each service; and¶
(E) Proactive safety and crisis planning;¶
(~~C~~i) ~~Specific services to be used to achieve each objective;¶~~
~~(D) The project~~If the assessment indicates risk to the health and safety of the individual or to others, the person-centered ~~f~~t~~requency and duration of services;¶~~
~~(E) Identification of the QMHP or supervisor assigned to the patient who is responsible for coordinating services;~~ atment plan shall include a safety plan, which may be a separate document from the person-centered treatment plan;¶
(ii) The safety plan shall be updated as necessary to reflect changing circumstances;¶
(h) A projected schedule for re-evaluating the person-centered treatment plan.¶
(~~F~~i) The signature of the ~~patient~~individual indicating they have participated in the development of the person-centered treatment plan to the degree possible. If the ~~patient~~individual is unwilling or unable to sign the person-centered treatment plan, staff shall record on the person-centered treatment plan that the ~~patient~~individual is unable or unwilling to do so;¶
(~~G~~j) The ~~plan must be reviewed weekly~~individual's anticipated continuing care needs, including need for housing, and for individuals with SPMI, the coordination needs for a warm handoff process.¶

(k) This person-centered treatment plan must be completed by a QMHP or supervisor within 72 hours of the person's admission, and must be reviewed weekly, or more often as needed, and updated with the participation of the patient when needed to reflect significant changes in the patient's status and when significant new goals are identified~~;~~.¶

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

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

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

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

(~~i~~o) ~~The record shall contain m~~Medical and ~~ment~~behavioral health advance directives or note that the patient has been provided this information;¶

(~~j~~p) ~~The record shall contain d~~Documentation that the patient has been provided information on patient rights, grievance procedure, and abuse reporting;¶

(~~k~~q) ~~The record shall contain d~~Documentation including physician's orders and reasons for all restraint and seclusion episodes;¶

(~~L~~7) The transfer/discharge planning process shall begin at the time of admission with the participation of the patient and, when ~~indicated, the family,~~applicable, the guardian~~,~~ or the family of choice, and shall include, but is not limited to:¶

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

(~~B~~A) ~~C~~If applicable, consultation with the individual's C~~C~~Coordinated Care Organization and/or Community Mental Health Provider to address continuing care needs upon transfer/discharge, ~~when applicable,~~and coordination with the individual's intensive care coordinator and;¶

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

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

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

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

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

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

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

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

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

~~(ii) Whether the patient declined a warm handoff.¶~~

~~(5) The regional acute care psychiatric service shall supply the Division, using the Division's on-line OPRCS via computer and modem, information about individuals admitted to and discharged from the service. The~~

information shall include the patient's name, DSM diagnosis, admission date, discharge date, legal status, Medicaid eligibility, Medicaid Prime Number, and various patient demographics. The information shall be entered on the day of admission and updated on the day of discharge.¶
(6) The regional acute care psychiatric service shall:¶
(a) Have sufficient appropriately qualified professional, administrative, and support staff to assess and address the identified clinical needs of individuals served, provide needed services, and coordinate the services provided;¶
(b) Designate a program administrator to oversee the administration of the services and carry out these rules;¶
(c) Designate a medical director to oversee the patient care program. The medical director shall have the final authority concerning inpatient medical care including admissions, continuing care, and discharges;¶
(d) Designate an individual responsible for maintaining, controlling, and supervising medical records and be responsible for maintaining the quality of clinical records;¶
(e) Designate an individual responsible for the development, implementation, and monitoring of a written safety management plan and program who shall keep records of identified concerns and problems and actions taken to resolve them;¶
(f) Designate an individual responsible for the development, implementation, and monitoring of a written infection control plan and program who shall keep records of identified concerns and problems and action taken to resolve them;¶
(g) Designate or contract with a licensed pharmacist to be responsible for the development of pharmacy policies and procedures and to assure that the service adheres to standards of practice and applicable state and federal laws and regulations;¶
(h) Maintain a schedule of unit staffing that shall be readily available to the Division for a period of at least the three previous years;¶
(i) Have on duty at least one registered nurse at all times;¶
(j) Maintain a personnel file for each patient care staff that includes a written job description; the minimum level of education or training required for the position; copies of applicable licenses, certifications, or degrees granted; annual performance appraisals; a biennial, individualized staff development plan signed by the staff; documentation of CPR training; documentation of annual training and certification in managing aggressive behavior, including seclusion and restraint; and other staff development and skill training received;¶
(k) A physician shall be available, at least on-call, at all times.¶
(7) The regional acute care psychiatric service shall have a policy and procedure manual. The policy and procedure manual must be made available to any individual upon request. The manual shall describe:¶
(a) The following policies and procedures:¶
(A) Governance and management, including a table of organization describing the agency structure and lines of authority, a plan for professional services, and a plan for financial management and accountability;¶
(B) Procedures for the management of disasters, fire, and other emergencies;¶
(C) Policies and procedures required under OAR 309-033-0700 through 0740, Standards for the Approval of Community Hospitals and Nonhospital Facilities to Provide Seclusion and Restraint to Committed Persons and to Persons in Custody or on Diversion, addressing seclusion and restraint;¶
(D) Patient rights, including informed consent, access to records, and grievance procedures. The manual shall assure rights guaranteed by ORS 426.380 to 426.395 for committed persons and ORS 430.205 to 430.210 for those not committed. The grievance procedure shall be in writing and include written responses, time limits for responses, use of a neutral party, and a method of appeal. Programs shall post copies of the rights and grievance procedures in places accessible to all individuals. Programs shall provide written copies of the rights and grievance procedures upon request;¶
(E) Abuse reporting for mentally ill or developmentally disabled as required by ORS 430.731 through 430.768;¶
(F) Clinical record content and management policies and procedures, including the requirements of these rules;¶
(G) Psychiatric, medical, and dental emergency services policies and procedures;¶
(H) Pharmacy services policies and procedures approved by a licensed pharmacist;¶
(I) Quality assessment and improvement processes;¶

~~(J) Procedures for documenting privileges granted by the service in personnel records or other records;¶~~
~~(K) Policies and procedures for transfer of patients to other hospitals.¶~~
~~(b) The following policies and procedures, developed and amended in consultation with the council:¶~~
~~(A) Patient admission and discharge criteria. Unless the service has a policy and procedure recommended by the council and approved by the Division, the service shall only admit individuals age 18 and older;¶~~
~~(B) Quality assessment and improvement processes relating to regional admissions and discharges;¶~~
~~(C) Patient admission, discharge, and aftercare planning, including scheduling and planning for transportation of patients to the service by the referring county and from the service to the county of residence;¶~~
~~(D) Procedures for admission and discharge of geropsychiatric patients and individuals with physical disabilities, including designation of a county or regional geropsychiatric liaison staff member;¶~~
~~(E) Linkage agreements with entities involved in patient care; (F) Medical and emergency care procedures approved by the Division;¶~~
~~(G) Criteria for accepting pre-admission medical screening;¶~~
~~(H) Billing and collecting reimbursement from patients and third-party payers.¶~~
~~(8) The service shall have an adequate number of hold rooms, but at least one holding room, and hold a current Certificate of Approval to hold and treat individuals alleged to be mentally ill under OAR 309-033-0500 through 0560, (Approval of Hospital and Nonhospital Facilities that Provide Services to Committed Persons or to Persons in Custody or on Diversion).¶~~
~~(9) The facility in which a service is operated shall comply with all applicable federal rules and regulations.¶~~
~~(10) If the facility in which the regional acute care psychiatric service is operated is not in a general hospital, it shall have a letter of agreement with a general hospital for both emergency and medical care that shall be renewed every two years.¶~~
~~(11) The regional acute care psychiatric service shall have an ongoing quality assessment and improvement program to objectively and systematically monitor and evaluate the quality of care provided to patients served, pursue opportunities to improve care, and correct identified problems. The program shall include:¶~~
~~(a) Policies and procedures that describe the quality assessment and improvement program's objectives, organization, scope, and mechanisms for improving services;¶~~
~~(b) A written annual plan to monitor and evaluate services. The written plan shall result in reports of findings, conclusions, and recommendations. Reports shall address:¶~~
~~(A) The care of patients served, including admission and discharge planning;¶~~
~~(B) Resource utilization, including the appropriateness and clinical necessity of admissions and continued stay, services provided, staffing levels, space, and support services;¶~~
~~(C) Quality and content of clinical records;¶~~
~~(D) Medication usage, including records, adverse reactions, and medication errors;¶~~
~~(E) Accidents, injuries, safety of patients, and safety hazards; and¶~~
~~(F) Uses of seclusion and restraint;¶~~
~~(G) An annual needs assessment survey of individuals that have received services.¶~~
~~(c) A report to the governing board and council, at least annually, addressing:¶~~
~~(A) Findings and conclusions from studies;¶~~
~~(B) Recommendations, action taken, and results of the action taken; and¶~~
~~(C) An assessment of the effectiveness of the quality assessment and improvement program, including a review of the program's objectives, scope, organization and effectiveness.¶~~
~~(12) The regional acute care psychiatric service shall have a council to ensure appropriate and effective care and treatment. The council~~behavioral health provider within seven days of the anticipated transfer/discharge date.¶
(b) A warm handoff shall be offered to individuals with SPMI as part of the transfer/discharge planning process. The warm handoff shall include either:¶
(A) A community provider, the patient, and if possible hospital staff, or;¶
(B) A transitional team, the patient, and, if possible, hospital staff to support the patient, to serve as a bridge between hospital staff and a community provider, and to ensure the patient connects with a community

provider.¶
(c) The transfer/discharge plan shall be based on the patient'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.¶
(8) 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 patient's need for immediate housing upon transfer/discharge.¶
(9) The assessment shall be documented in a plan for integrated housing that is part of the individual's transfer/discharge plan, and will be based on the individual's treatment goals, clinical needs, and the individual's informed choice.¶
(10) 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.¶
(11) 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.¶
(12) 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 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 (ICCP), 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 Coordinator of:¶
(i) The initiation of services;¶
(ii) Any referrals, clinical change of condition, or assessments completed; and¶
(ii) Clinical 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.¶
(13) All person-centered treatment plans and service note information shall be gathered in a trauma informed manner.¶

(14) The acute care facility will notify the individual's community provider regarding the plan for housing in order for the provider to facilitate the implementation of the plan for housing.¶
(a) The plan to address the patient's need for a follow-up visit with a community behavioral health provider within seven days of the anticipated transfer/discharge date; and¶
(b) For individuals with SPMI, the transfer plan shall document:¶
(A) Whether or not a warm handoff was offered as part of the discharge planning process; and¶
(B) Whether or not a warm handoff occurred.¶
(C) If the warm handoff occurred, document:¶
(D) Whether it occurred face-to-face or via telehealth; and¶
(E) The community provider or transitional team involved in the warm handoff process¶
(F) If the warm handoff did not occur, document:¶
(G) Any barriers to achieving the warm handoff; and¶
(H) If it did not occur to due patient declining the offer, their declination and the efforts made to engage the patient.¶
(15) The regional acute care psychiatric service shall use the Division's online Oregon Patient/Resident Care System to supply information about patients admitted to and transfered/dischargeed from the service. The information shall include the patient's name, DSM diagnosis, admission date, transfer/discharge date, legal status, Medicaid eligibility, Medicaid Prime Number, and various patient demographics. The information shall be entered on the day of admission and updated on the day of transfer/discharge.¶
(16) The regional acute care psychiatric service shall:¶
(a) Have sufficient appropriately qualified professional, administrative, and support staff to assess and address the identified clinical needs of patients served, provide needed services, and coordinate the services provided;¶
(b) Designate a program administrator to oversee the administration of the services and carry out these rules. The program administrator shall have appropriate professional qualifications and experience, and shall be appointed by the governing body;¶
(c) Designate a board-eligible psychiatrist as medical director to oversee the patient care program. The medical director shall have the final authority concerning inpatient medical care including admissions, continuing care, and transfers/discharges;¶
(d) Designate an individual responsible for maintaining the quality of clinical records;¶
(e) Designate an individual responsible for the development, implementation, and monitoring of a written safety management plan and program who shall keep records of identified concerns and problems and actions taken to resolve them;¶
(f) Designate an individual responsible for the development, implementation, and monitoring of a written infection control plan and program who shall keep records of identified concerns and problems and action taken to resolve them;¶
(g) Designate or contract with a licensed pharmacist to be responsible for the development of pharmacy policies and procedures and to assure that the service adheres to standards of practice and applicable state and federal laws and regulations;¶
(h) Maintain a schedule of unit staffing that shall be readily available to the Division for a period of at least the three previous years;¶
(i) Have on duty at least one registered nurse at all times;¶
(j) Maintain a personnel file for each patient care staff member that includes:¶
(A) A written job description, including the minimum level of education or training required for the position;¶
(B) Copies of applicable licenses, certifications, or degrees granted;¶
(C) Annual performance appraisals, and a biennial individualized staff development plan signed by the staff member;¶
(D) Documentation of:¶
(i) CPR training;¶
(ii) Annual training and certification in managing aggressive behavior, including seclusion and restraint;¶

(iii) Training about trauma and trauma informed service delivery; and¶
(iv) Other staff development and skill training received.¶
(k) Ensure that at least one physician is available, whether on site or on call, at all times.¶
(L) Post, in places accessible to all individuals, copies of the rights and grievance procedures discussed below in section (9)(a)(D). The service shall provide written copies of the rights and grievance procedures upon request.¶
(17) The regional acute care psychiatric service shall have a policy and procedure manual. The policy and procedure manual must be made available to any individual upon request. The manual shall describe:¶
(a) The following policies and procedures:¶
(A) Governance and management, including a table of organization describing the agency structure and lines of authority, a plan for professional services, and a plan for financial management and accountability;¶
(B) Procedures for the management of disasters, fire, and other emergencies;¶
(C) Policies and procedures addressing seclusion and restraint, consistent with OAR 309-033-0700 through 0740;¶
(D) Patient rights, including informed consent, access to records, and grievance procedures. The manual shall assure rights guaranteed by ORS 426.380 to 426.395 for committed persons and ORS 430.205 to 430.210 for those not committed. The grievance procedure shall be in writing and shall include requirements for written responses, time limits for responses, use of a neutral arbiter, and a method of appeal;¶
(E) Policies addressing trauma informed behavioral health services;¶
(F) Abuse reporting for mentally ill or developmentally disabled as required by ORS 430.731 through 430.768;¶
(G) Clinical record content and management policies and procedures, including the requirements of these rules;¶
(H) Psychiatric, medical, and dental emergency services policies and procedures;¶
(I) Pharmacy services policies and procedures approved by a licensed pharmacist;¶
(J) Quality assessment and improvement processes;¶
(K) Procedures for documenting privileges granted by the service in personnel records or other records; and¶
(L) Policies and procedures for transfer/discharge of patients to other hospitals.¶
(b) The following policies and procedures, developed and amended in consultation with the council:¶
(A) Patient admission, transfer/discharge, and aftercare planning, including:¶
(i) Criteria for admission and transfer/discharge. The service shall only admit individuals age 18 and older unless the service develops an alternative policy recommended by the council and approved by the Division;¶
(ii) Scheduling and planning for transportation of patients to the service by the referring county and from the service to the county of residence;¶
(iii) Admission and transfer/discharge of geropsychiatric patients and individuals with physical disabilities, including designation of a county or regional geropsychiatric liaison staff member;¶
(B) Quality assessment and improvement processes relating to regional admissions and transfer/discharges;¶
(C) Linkage agreements with entities involved in patient care, such as coordinated care organizations, CMHPs, and the Oregon State Hospital. These agreements shall be in writing, and shall describes the roles and responsibilities each entity assumes in order to assure that the goals of the regional acute care psychiatric services are achieved;¶
(D) Medical and emergency care procedures approved by the Division;¶
(E) Criteria for accepting pre-admission medical screening;¶
(F) Billing and collecting reimbursement from patients and third-party payers.¶
(18) The service shall have an adequate number of hold rooms, but at least one holding room, and hold a current Certificate of Approval to hold and treat individuals alleged to be mentally ill under OAR 309-033-0500 through 0560, (Approval of Hospital and Nonhospital Facilities that Provide Services to Committed Persons or to Persons in Custody or on Diversion).¶
(19) The facility in which a service is operated shall comply with all applicable federal rules and regulations.¶
(20) The regional acute care psychiatric service shall have an ongoing quality assessment and improvement program to objectively and systematically monitor and evaluate the quality of care provided to patients served, pursue opportunities to improve care, and correct identified problems. The program shall include:¶
(a) Policies and procedures that describe the quality assessment and improvement program's objectives,

organization, scope, and mechanisms for improving services;¶
(b) A written annual plan to monitor and evaluate services. The written plan shall result in reports of findings, conclusions, and recommendations. Reports shall address:¶
(A) The care of patients served, including admission and transfer/discharge planning;¶
(B) Resource utilization, including the appropriateness and clinical necessity of admissions and continued stay, services provided, staffing levels, space, and support services;¶
(C) Quality and content of clinical records;¶
(D) Medication usage, including records, adverse reactions, and medication errors;¶
(E) Accidents, injuries, safety of patients, and safety hazards; and¶
(F) Uses of seclusion and restraint;¶
(G) Trauma informed care and practice; and¶
(H) An annual needs assessment survey of individuals that have received services.¶
(c) A report to the governing board and council, at least annually, addressing:¶
(A) Findings and conclusions from studies;¶
(B) Recommendations, action taken, and results of the action taken; and¶
(C) An assessment of the effectiveness of the quality assessment and improvement program, including a review of the program's objectives, scope, organization and effectiveness.¶
(21) The regional acute care psychiatric service shall have a quality improvement team to ensure appropriate and effective care and treatment. The team shall meet to assess and collaboratively plan for improving care and treatment to patients, including patient transitions into and out of the service.
Statutory/Other Authority: ~~ORS~~ 413.042, 430.640
Statutes/Other Implemented: ~~ORS~~ 430.63~~4~~0, 430.643~~0~~

AMEND: 309-032-0890

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:

309-032-0890
Variances ¶

~~(1)~~ The Division may grant variances to a regional acute care psychiatric service ~~if implementation of the proposed alternative services, methods, concepts, or procedures would result in services or systems that meet or exceed the standards in these rules.¶~~
~~(2) Application for a variance to these or other applicable rules shall be obtained pursuant to the process governed by~~pursuant to the process described in OAR 309-008-1600.
Statutory/Other Authority: ORS 413.042, 430.640
Statutes/Other Implemented: 430.640, ORS 430.630~~, 430.640~~