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CHAPTER 309

OREGON HEALTH AUTHORITY

HEALTH SYSTEMS DIVISION: BEHAVIORAL HEALTH SERVICES

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

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RULES:

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

AMEND: 309-019-0105

NOTICE FILED DATE: 01/20/2023

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

CHANGES TO RULE:

309-019-0105

Definitions ¶¶

(1) "Abuse of an Adult" means the circumstances defined in ORS 430.735, ~~OAR Chapter 943, Division 45 and OAR Chapter 407, Division 45 for abuse of an adult with mental illness.~~¶¶

(2) "Abuse of a Child" means the circumstances defined in ORS 419B.005 and OAR 418.257.¶¶

(3) "Acute Care Psychiatric Hospital" means a hospital or facility that provides 24 hours-a-day psychiatric, multi-disciplinary, inpatient or residential stabilization, care, and treatment.¶¶

(4) "Substance Use, Problem Gambling, and Mental Health Services and Supports" means all services and supports including but not limited to Outpatient Behavioral Health Services and Supports for Children and Adults, Intensive Treatment Services for Children, Outpatient and Residential Substance Use Disorders Treatment Services, and Outpatient and Residential Problem Gambling Treatment Services.¶¶

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

(6) "Adult" means an individual 18 years of age or older or an emancipated minor. An individual with Medicaid eligibility who needs services specific to children, adolescents, or young adults in transition shall be considered a child until age 21 for the purposes of these rules. Adults who are between the ages of 18 and 21 who are considered children for purposes of these rules shall have all rights afforded to adults as specified in these rules.¶¶

(7) "Assertive Community Treatment (ACT)" means an evidence-based practice designed to provide

comprehensive treatment and support services to individuals with serious and persistent mental illness. ACT is intended to serve individuals who have severe functional impairments and who have not responded to traditional psychiatric outpatient treatment. ACT services are provided by a single multi-disciplinary team, which typically includes a psychiatrist, a nurse, and at least two case managers and are designed to meet the needs of each individual and to help keep the individual in the community and out of a structured service setting, such as residential or hospital care. ACT is characterized by the following:¶¶

(a) Low client to staff ratios;¶¶

(b) Providing services in the community rather than in the office;¶¶

(c) Shared caseloads among team members;¶¶

(d) Twenty-four-hour staff availability;¶¶

(e) Direct provision of all services by the team (rather than referring individuals to other agencies); and¶¶

(f) Time-unlimited services.¶¶

(8) "Assessment" means the process of obtaining sufficient information through a face-to-face interview to determine a diagnosis and to plan individualized services and supports.¶¶

(9) "ASAM Criteria" means the most current edition of the American Society of Addiction Medicine (ASAM) for the Treatment of Addictive, Substance-related, and Co-Occurring Conditions, which is a clinical guide to develop patient-centered service plans and make objective decisions about admission, continuing care, and transfer or discharge for individuals and is incorporated by reference in these rules.¶¶

(10) "Authority" means the Oregon Health Authority, the agency established in ORS 413 that administers the funds for Titles XIX and XXI of the Social Security Act. It is the single state agency for the administration of the medical assistance program under ORS 414. For purposes of these rules, the agencies under the authority of the Oregon Health Authority are the Public Health Division, Health Systems Division, External Relations, Health Policy and Analytics, Fiscal and Operations, Office of Equity and Inclusion, and the Oregon State Hospital.¶¶

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

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

(13) "Behavior Support Strategies" means proactive supports designed to replace challenging behavior with functional, positive behavior. The strategies address environmental, social, neuro-developmental, and physical factors that affect behavior.¶¶

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

(15) "Board Registered Intern" means a post-graduate who is listed as active on the applicable Oregon Board registry with one of the following qualifications:¶¶

(a) Psychologist Associate Residents as described in OAR 858-010-0037;¶¶

(b) Licensed Psychologist Associate under continued supervision as described in OAR 858-010-0038;¶¶

(c) Licensed Professional Counselor intern or Marriage and Family Therapist intern registered with the Oregon Board of Licensed Professional Counselors and Therapists as described in OAR 833-050-0011;¶¶

(d) Certificate of Clinical Social Work Associate issued by the Oregon Board of Licensed Social Workers as described in OAR 877-020-0009;¶¶

(e) Registered Bachelor of Social Work issued by the Oregon Board of Licensed Social Workers as described in OAR 877-015-0105.¶¶

(16) "Brief Intervention" means an early intervention for those using substances, by utilizing tribal-based, evidence-based, or culturally-based practice designed to engage and motivate individuals at risk of substance use disorder and related health problems to seek services and/or supports. Brief interventions can also be used to encourage those with more serious dependence or disorders to accept more intensive treatment. Brief interventions are intended to address problematic or risky substance use that presents with or without a previous diagnosis.¶¶

(17) "Care Coordination" means a process-oriented activity to facilitate ongoing communication and collaboration to meet multiple needs. Care coordination includes facilitating communication between person or family served, the family, natural supports, community resources, and involved providers and agencies; organizing, facilitating and participating in team meetings; and providing for continuity of care by creating linkages to and managing transitions between levels of care and transitions for young adults in transition to adult services.¶¶

(18) "Case Management" or "Targeted Case Management" means the services provided to assist individuals who reside in a community setting or are transitioning to a community setting in gaining access to desired medical, social, educational, entitlement, and other applicable services.¶¶

(19) "Certificate of Approval" means the document issued by the Authority that identifies and declares certification of a provider pursuant to OAR chapter 309, division 008.¶¶

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

(21) "Child" means an individual under the age of 18. An individual with Medicaid eligibility who needs services

specific to children, adolescents, or young adults in transition shall be considered a child until age 21 for purposes of these rules.¶¶

(22) "Clinical Supervision" means oversight by a qualified clinical supervisor of the rendering of substance use, problem gambling, and mental health services and supports, according to these rules, including ongoing evaluation and improvement of the effectiveness of those services and supports.¶¶

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

(24) "Collaborative Educational Agreement" means an individualized written arrangement between an accredited college or university and a Division-certified provider pertaining to a student's internship or field placement experience.¶¶

(25) "Co-occurring Substance Use, Problem Gambling, and Mental Health Disorders (COD)" means the existence of a diagnosis for a substance use disorder, problem gambling disorder, or and a mental health disorder.¶¶

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

(27) "Community Mental Health Program (CMHP)" means the organization of various services for individuals with a mental health diagnosis or addictive disorders operated by or contractually affiliated with a local mental health authority and operated in a specific geographic area of the state under an agreement with the Division pursuant to OAR chapter 309, division 014.¶¶

(28) "Conditional Release" means placement by a court or the Psychiatric Security Review Board (PSRB) of an individual who has been found eligible under ORS 161.327 or 161.336 for supervision and treatment in a community setting.¶¶

(29) "Coordinated Care Organization (CCO)" means a corporation, governmental agency, public corporation, or other legal entity that is certified as meeting the criteria adopted by the Authority under ORS 414.625 to be accountable for care management and to provide integrated and coordinated health care for each of the organization's members.¶¶

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

(31) "Criminal Records Check" means the Oregon Criminal Records Check and the processes and procedures required by OAR 943-007-0001 through 0501.¶¶

(32) "Crisis" means an actual or perceived urgent or emergent situation that occurs when an individual's stability or functioning is acutely disrupted, and there is an immediate need to resolve the situation to prevent a serious deterioration in the individual's mental or physical health or to prevent referral to a significantly higher level of care or death.¶¶

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

(34) "Crisis Line Services" means phone-based services that establish immediate communication links and provide supportive interventions and information for individuals in an urgent or emergent situation.¶¶

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

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

(37) "Culturally Responsive" means services that are respectful of and relevant to the beliefs, practices, culture and linguistic needs of diverse populations and communities whose members identify as having particular cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home. Cultural responsiveness describes the capacity to respond to the issues of diverse communities. It thus requires knowledge and capacity at different levels of intervention: systemic, organizational, professional, and individual.¶¶

(38) "Culturally Specific Program" means a program designed to meet the unique service needs of a specific culture and that provides services to a majority of individuals representing that culture.¶¶

(39) "Declaration for Mental Health Treatment" means a written statement of an individual's preferences concerning their mental health treatment. The declaration is made when the individual is able to understand and legally make decisions related to such treatment. It is honored, as clinically appropriate, in the event the individual becomes unable to make such decisions.¶¶

(40) "Diagnosis" means the principal mental health, substance use, or problem gambling diagnosis listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM). The diagnosis is determined through the assessment and any examinations, tests, or consultations suggested by the assessment and is the medically appropriate reason for services.¶¶

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

(42) "Diagnostic and Statistical Manual of Mental Disorders (DSM)" means the of the Diagnostic and Statistical

Manual of Mental Disorders Fifth Edition published by the American Psychiatric Association.¶

(43) "Driving Under the Influence of Intoxicants (DUI) Substance Use Disorders Rehabilitation Program" means a program of treatment and therapeutically oriented education services for an individual who is either:¶

(a) A violator of ORS 813.010 (Driving Under the Influence of Intoxicants); or¶

(b) A defendant participating in a diversion agreement under ORS 813.200.¶

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

(45) "Enhanced Care Services (ECS)" and "Enhanced Care Outreach Services (ECOS)" means intensive behavioral and rehabilitative mental health services to eligible individuals who reside in Aging and People with Disabilities (APD) licensed homes or facilities.¶

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

(47) "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.¶

(48) "Family" means the biological or legal parents, siblings, other relatives, foster parents, legal guardians, spouse, domestic partner, caregivers, and other primary relations to the individual whether by blood, adoption, or legal or social relationships. Family also means any natural, formal, or informal support persons identified as important by the individual.¶

(49) "Family Support" means the provision of peer delivered services to people defined as family to the individual. It includes support to caregivers at community meetings, assistance to families in system navigation and managing multiple appointments, supportive home visits, peer support, parent mentoring and coaching, advocacy, and furthering efforts to develop natural and informal community supports.¶

(50) "Gender Identity" means an individual's self-identification of gender without regard to legal or biological identification including but not limited to individuals identifying themselves as male, female, transgender, gender transitioning and transitioned, non-binary, intersex, and gender diverse.¶

(51) "Gender Expression" means the external characteristics and behaviors that are socially defined as masculine, feminine, or androgynous such as dress, mannerisms, speech patterns, and social interactions.¶

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

(53) "Grievance" means a formal complaint submitted to a provider verbally or in writing by an individual or the individual's representative pertaining to the denial or delivery of services and supports.¶

(54) "Guardian" means an individual appointed by a court of law to act as guardian of a minor or a legally incapacitated individual. Guardian may also mean legal representative.¶

(55) "Health Insurance Portability and Accountability Act (HIPAA)" means the federal Health Insurance Portability and Accountability Act of 1996 and the regulations published in Title 45, parts 160 and 164, of the Code of Federal Regulations (CFR).¶

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

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

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

(59) "Informed Consent for Services" means that the service options, risks, and benefits have been explained to the individual and guardian, if applicable, in a manner that they comprehend, and the individual and guardian have consented to the services on or prior to the first date of service.¶

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

(61) "Intensive In Home Behavioral Health Treatment (IIBHT) for Children" means an intensive, community based level of care for youth ages 0-20 years with complex mental health needs who are at risk for an out of home placement or who are stepping down from a higher level of care. IIBHT includes access to an array of services including individual and family therapy, case management, psychiatric services, skills training, peer delivered services, and proactive 24/7 crisis response. A Certificate of Approval from the Oregon Health Authority is required to render IIBHT services to eligible youth and families. For the purposes of IIBHT, "in home" means services delivered in the home, school, or other community setting, as specified by the individual and family.¶

(62) "Intensive Outpatient Substance Use Disorders Treatment Services" means structured, nonresidential

evaluation, treatment, and continued care services for individuals with substance use disorders who need a greater number of therapeutic contacts per week than are provided by traditional outpatient services. Intensive outpatient services may include but are not limited to day treatment, correctional day treatment, evening treatment, and partial hospitalization.¶¶

(63) "Intensive Outpatient Services and Supports (IOSS)" means a specialized set of comprehensive in-home and community-based supports and mental health treatment services for children that are developed by the child and family team and delivered in the most integrated setting in the community.¶¶

(64) "Interdisciplinary Team (IDT)" means a group of professional and direct care staff that have primary responsibility for the development of a Service Plan for an individual receiving services.¶¶

(65) "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.¶¶

(66) "Intern" or "Student" means program staff rendering paid or unpaid program services or supports to complete a credentialed or accredited educational program recognized by the State of Oregon.¶¶

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

(68) "Legal Representative" means a person who has been legally designated by court order to make financial or health care decisions for another individual. The legal representative only has authority to act within the scope and limits of his or her authority as designated by the court or other agreement. Legal representatives acting outside of his or her authority or scope shall meet the definition of authorized representative.¶¶

(69) "Lethal Means Counseling" means best practice research-based counseling strategies to help patients at risk for suicide and their families reduce access to lethal means, including but not limited to firearms.¶¶

(70) "Level of Care" means the range of available services provided from the most integrated setting to the most restrictive and most intensive in an inpatient setting.¶¶

(71) "Licensed Health Care Professional" means a practitioner of the healing arts acting within the scope of their practice under state law who is licensed by a recognized governing board in Oregon.¶¶

(72) "Licensed Medical Practitioner (LMP)" means program staff who meet the following minimum qualifications:¶¶

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

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

(c) Physician's assistant licensed to practice in the State of Oregon; and¶¶

(d) Whose training, experience, and competence demonstrate the ability to conduct a mental health assessment and provide medication management;¶¶

(e) For IOSS and ITS providers, LMP means a Board-Certified or Child and Adolescent Psychiatrist licensed to practice in the State of Oregon or a Psychiatric Nurse Practitioner under the consultation of a board-certified or board-eligible child and adolescent psychiatrist licensed to practice in the State of Oregon.¶¶

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

(74) "Local Mental Health Authority (LMHA)" means one of the following entities:¶¶

(a) The board of county commissioners of one or more counties that establishes or operates a CMHP;¶¶

(b) The tribal council in the case of a federally recognized tribe of Native Americans that elects to enter into an agreement to provide mental health services; or¶¶

(c) A regional local mental health authority composed of two or more boards of county commissioners.¶¶

(75) "Mandatory Reporter" means any public or private official, as defined in ORS 419B.005 or 430.735, who comes in contact with or has reasonable cause to believe that an individual has suffered abuse or that any person with whom the official comes in contact with has abused the individual. Pursuant to ORS 419B.010 or 430.765, psychiatrists, psychologists, clergy, and attorneys are not mandatory reporters with regard to information received through communications that are privileged under ORS 40.225 to 40.295.¶¶

(76) "Medicaid" means the federal grant-in-aid program to state governments to provide medical assistance to eligible individuals under Title XIX of the Social Security Act.¶¶

(77) "Medical Director" means a physician licensed to practice medicine in the State of Oregon and is designated by a substance use disorders treatment program to be responsible for the program's medical services, either as an employee or through a contract.¶¶

(78) "Medical Supervision" means an LMP's review and approval, at least annually, of the medical appropriateness of services and supports identified in the service plan for each individual receiving mental health services for one or more continuous years.¶¶

(79) "Medically Appropriate" means services and medical supplies required for prevention, diagnosis, or treatment of a physical or behavioral health condition or injuries that are:¶¶

(a) Consistent with the symptoms of a health condition or treatment of a health condition;¶¶

(b) Appropriate regarding standards of good health practice and generally recognized by the relevant scientific community and professional standards of care as effective;¶¶

(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.¶¶

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

(81) "Mental Health Intern" means program staff who meet qualifications for QMHA and are currently enrolled in a graduate program approved by the Division-approved certification or licensing body but does not have the necessary graduate degree in psychology, social work, or related field of behavioral science, or have an equivalent degree as determined by the Division-approved certification or licensing body. The program staff shall:¶¶

(a) Be enrolled in a graduate program that will result in a degree in psychology, social work, or related field of behavioral science, or an equivalent degree as evidenced by providing transcripts indicating applicable coursework meeting the required competencies and approved by the OHA-approved certification or licensing body.¶¶

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

(c) Work under the direct supervision of a qualified supervisor employed by the provider of services, within the scope of practice and competencies identified by the collaborative educational agreement, and within the policies and procedures for the credentialing of program staff as established by the provider.¶¶

(82) "Mobile Crisis Services" means mental health services for individuals in crisis provided by mental health practitioners who respond to behavioral health crises onsite at the location in the community where the crisis arises and who provide a face-to-face therapeutic response. The goal of mobile crisis services is to help an individual resolve a psychiatric crisis in the most integrated setting possible and to avoid unnecessary hospitalization, inpatient psychiatric treatment, involuntary commitment, and arrest or incarceration.¶¶

(83) "Mobile Crisis Response Time" means the time from the point when a professional decision is made that a face-to-face intervention is required to the time the actual face-to-face intervention takes place in the community.¶¶

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

(85) "Non-Medicaid Service Data" means data collected through the mandated state data system regarding services paid for by any source other than Medicaid and includes, but is not limited to:¶¶

(a) Diagnosis;¶¶

(b) Date of service;¶¶

(c) Place of service;¶¶

(d) Procedure code;¶¶

(e) Modifier;¶¶

(f) Number of service units; and¶¶

(g) Billed charges.¶¶

(86) "Nursing Services" means services that are provided by a registered nurse (RN) or a licensed practical nurse (LPN) within the scope of practice as defined in OAR chapter 851 division 045.¶¶

(87) "Outpatient Substance Use Disorders Treatment Program" means a program that provides assessment, treatment, and rehabilitation on a regularly scheduled basis or in response to crisis for individuals with substance use disorders and their family members or significant others.¶¶

(88) "Outpatient Community Mental Health Services and Supports" means all outpatient mental health services and supports provided to children, youth, and adults.¶¶

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

(90) "Outreach" means the delivery of behavioral health services, referral services, and case management services in non-traditional settings including but not limited to the individual's residence, shelters, streets, jails, transitional housing sites, drop-in centers, single room occupancy hotels, child welfare settings, educational settings, or medical settings. It also means attempts made to engage or re-engage an individual in services by such means as letters or telephone calls.¶¶

(91) "Pre-Engagement Services" means services delivered prior to completion of an assessment, service plan, and/or commencement of formal treatment in order to engage high risk/high need individuals in ongoing treatment services and to avoid crisis events and higher levels of care.¶¶

(92) "Peer" means program staff supporting an individual or the individual's family member who has similar life experience, either as a current or former recipient of mental health or substance use services, or as a family member of an individual who is a current or former recipient of substance use or mental health services.¶¶

(93) "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.¶

(94) "Peer Support Specialist (PSS)" means program staff providing peer delivered services to an individual or family member with similar life experience under the supervision of a qualified clinical supervisor and a qualified peer delivered services supervisor as resources are made available. A peer support specialist shall be certified by the Authority's Office of Equity and Inclusion as required by OAR 410-180-0300 to 0380. and:¶

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

(b) A self-identified individual in recovery from a substance use disorder who meets the abstinence requirements for recovering staff in substance use disorders treatment and recovery programs; or¶

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

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

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

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

(95) "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.¶

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

(97) "Peer Wellness Specialist (PWS)" means program staff who supports an individual in identifying behavioral health service and support needs through community outreach, assisting individuals with access to available services and resources, addressing barriers to services, and providing education and information about available resources and behavioral health issues in order to reduce stigma and discrimination toward consumers of behavioral health services and to provide direct services to assist individuals in creating and maintaining recovery, health, and wellness. A peer wellness specialist shall meet the requirements within ORS 414.025.¶

(98) "Problem Gambling Approved Certification Consultant" means program staff who is a Certified Gambling Addiction Counselor, level II (CGACII) for a minimum of two years and has a minimum of ten hours of clinical supervision education. The purpose of the position is to provide consultation for CGAC candidates on 1) Fundamentals of Problem Gambling Treatment case conceptualization 2) the process and requirements of earning certification as a CGAC. This is a Mental Health and Addiction Certification Board of Oregon (MHACBO) distinction.¶

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

(100) "Program" means a particular type or level of service that is organizationally distinct.¶

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

(102) "Program Staff" means a person who by contract with the program provide a service and has the applicable competencies, qualifications, or certification required to provide the service.¶

(103) "Provider" means an individual, organizational provider, or Community Mental Health Program as designated under ORS 430.637(1)(b) that holds a current certificate to provide outpatient behavioral health treatment or prevention services pursuant to these and other applicable service delivery rules.¶

(104) "Psychiatric Security Review Board (PSRB)" means the entity described in ORS 161.295 through 161.400.¶

(105) "Psychiatrist" means a physician licensed pursuant to ORS 677.010 to 677.228 and 677.410 to 677.450 by the Oregon Medical Board and who has completed an approved residency training program in psychiatry.¶

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

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

(108) "Qualified Mental Health Associate (QMHA)" means program staff delivering services under the direct supervision of a QMHP who meets the minimum qualifications as authorized by the LMHA or designee and specified in OAR 309-019-0125.¶

(109) "Qualified Mental Health Professional (QMHP)" means program staff LMP or any other program staff meeting the minimum qualifications as authorized by the LMHA or designee and specified in OAR 309-019-0125.¶

(110) "Qualified Person" means program staff who is a QMHP or a QMHA and is identified by the PSRB and JPSRB in its Conditional Release Order. This individual is designated by the provider to deliver or arrange and monitor the provision of the reports and services required by the Conditional Release Order.¶

(111) "Quality Assessment and Performance Improvement" means the structured, internal monitoring and

evaluation of services to improve processes, service delivery, and service outcomes.¶¶

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

(113) "Representative" means a person who acts on behalf of an individual at the individual's request with respect to a grievance including but not limited to a relative, friend, Division employee, attorney, or legal guardian.¶¶

(114) "Resilience" means the universal capacity that an individual uses to prevent, minimize, or overcome the effects of adversity. Resilience reflects an individual's strengths as protective factors and assets for positive development.¶¶

(115) "Respite Care" means planned and emergency supports designed to provide temporary relief from care giving to maintain a stable and safe living environment. Respite care may be provided in or out of the home. Respite care includes supervision and behavior support consistent with the strategies specified in the service plan.¶¶

(116) "Safety Plan" means a best practice research-based individual directed document developed through a collaborative process in which the provider assists the individual in listing actions to use when suicide ideation is elevated or after a suicide attempt.¶¶

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

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

(119) "Service Plan" means a comprehensive plan for services and supports provided to or coordinated for an individual and their family, as applicable, that is reflective of the assessment and the intended outcomes of service.¶¶

(120) "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.¶¶

(121) "Service Record" means the written or electronic documentation regarding an individual and resulting from entry into services, assessment, orientation, services and supports planning, services and supports provided, and transfer.¶¶

(122) "Services" means activities and treatments described in the service plan and rendered, that are intended to support the individual's transition to recovery from a substance use disorder, problem gambling disorder, or mental health condition and to promote resiliency and rehabilitative and functional individual and family's desired outcomes.¶¶

(123) "Signature" means any written or electronic means of entering the name, date of authentication, and credentials of the program staff providing a specific service or the individual authorizing services and supports. Signature also means any written or electronic means of entering the name and date of authentication of the individual, guardian, or any authorized representative of the individual receiving services.¶¶

(124) "Skills Training" or "Skills Restoration" means providing information and training to individuals and families designed to assist with the development of skills in areas including but not limited to anger management, stress reduction, conflict resolution, self-esteem, parent-child interactions, personal relationships, drug and alcohol awareness, behavior support, symptom management, accessing community services, and daily living.¶¶

(125) "Status Data" means data collected through the mandated state data system and includes, but is not limited to:¶¶

(a) Initial admission, diagnostic, and demographics data;¶¶

(b) Updates and changes as needed through the individual's enrollment in services; and¶¶

(c) Discharge or other discontinuation of services.¶¶

(126) "Student Intern" means program staff rendering behavioral health services in a Division-certified program, who does not meet the qualifications for QMHA. The program staff shall:¶¶

(a) Be currently enrolled in an undergraduate education program for a degree in psychology, social work, or other related field of behavioral science;¶¶

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

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

(127) "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.¶¶

(128) "Substance Use Disorders" means disorders related to the taking of a drug of abuse including alcohol to the side effects of a medication and to a toxin exposure. The disorders include substance use disorders such as substance dependence and substance abuse and substance-induced disorders, including substance intoxication,

withdrawal, delirium, and dementia, and includes but is not limited to substance induced psychotic disorder, mood disorder, as defined in DSM criteria.¶¶

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

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

(131) "Successful DUII Completion" means that the DUII program has documented in its records that for the period of service deemed necessary by the program, the individual has:¶¶

(a) Met the completion criteria approved by the Division;¶¶

(b) Met the terms of the fee agreement between the provider and the individual; and¶¶

(c) Demonstrated 90 days of continuous abstinence prior to completion.¶¶

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

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

(134) "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.¶¶

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

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

(137) "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.¶¶

(138) "Treatment" means the planned, individualized program of medical, psychological, and rehabilitative procedures, experiences, and activities designed to remediate symptoms of a DSM diagnosis that are included in the service plan.¶¶

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

(140) "Urinalysis Test" means an initial test and, if positive, a confirmatory test:¶¶

(a) An initial test shall include, at a minimum, a sensitive, rapid, and inexpensive immunoassay screen to eliminate "true negative" specimens from further consideration;¶¶

(b) A confirmatory test is a second analytical procedure used to identify the presence of a specific drug or metabolite in a urine specimen. The confirmatory test shall be by a different analytical method from that of the initial test to ensure reliability and accuracy;¶¶

(c) All urinalysis tests shall be performed by laboratories meeting the requirements of OAR 333-024-0305 through 0365.¶¶

(141) "Urgent" means the onset of symptoms requiring attention within 24 hours to prevent a serious deterioration in an individual's mental or physical health or threat to safety.¶¶

(142) "Variance" means an exception from a provision of these rules granted in writing by the Division pursuant to the process regulated by OAR 309-008-1600 upon written application from the provider. Duration of a variance is determined on a case-by-case basis.¶¶

(143) "Volunteer" means program staff who provide a program service or take part in a program service and are not program employees and are not paid for services. The services shall be non-clinical unless the program staff has the required credentials to provide a clinical service.¶¶

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

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

(146) "Wraparound" means a high fidelity model of team-based intensive care coordination for children and their families based on National Wraparound Initiative values and principles.¶¶

(147 and OAR Chapter 407, Division 45 for abuse of an adult with mental illness or who is receiving residential substance use disorder treatment or withdrawal management services.¶¶

(2) "Abuse of a Child" means the circumstances defined in ORS 419B.005 and ORS 418.257..¶¶

(3) "Active Supervision" means a designated supervisor is physically present who provides direct or indirect observation of the program staff, to determine if the service or task is being completed properly and providing intervention and consultation as needed.¶¶

(4) "Activities of Daily Living (ADL) or Instrumental Activities of Daily Living (IADL)" means those personal

functional activities required by an individual for continued well-being, which are essential for health and safety. Activities include eating, dressing, and grooming, bathing and personal hygiene, mobility, toileting, and cognition. ¶

(5) "Acute Care Psychiatric Hospital" means a hospital or facility that provides 24 hours-a-day psychiatric, multi-disciplinary, inpatient, or residential stabilization, care, and treatment. ¶

(6) "Adolescent" means an individual from 12 through 21 years of age or those individuals determined to be developmentally appropriate for such services. ¶

(7) "Adult" means an individual 18 years of age or older or an emancipated minor. An individual with Medicaid eligibility who needs services specific to children, adolescents, or young adults in transition shall be considered a child until age 21 for the purposes of these rules. Adults who are between the ages of 18 and 21 who are considered children for purposes of these rules shall have all rights afforded to adults as specified in these rules. ¶

(8) "ASAM" means The American Society of Addiction Medicine (ASAM). ¶

(9) "The ASAM Criteria" means the criteria in the Third Edition of The American Society of Addiction Medicine (ASAM) for the assessment, level of care placement and treatment of addictive, substance-related, and co-occurring conditions. The ASAM Criteria is a clinical guide to developing patient-centered service plans and making objective decisions about admission, continuing care, and transfer or discharge for individuals. The ASAM Criteria is incorporated by reference in these rules. ¶

(10) "ASAM Co-Occurring Capable" means an array of psychiatric and mental health services that meet the individuals' needs are made available to individuals when indicated, by the program or coordinated by the program. ¶

(11) "ASAM Co-occurring Enhanced" means mental health services that include psychiatric evaluation, medication management and therapy are made available to the individuals, when indicated, by the program. Program staff are cross trained on substance use disorders and mental health treatment and can document the relationship between the disorders and the individual's level of functioning. ¶

(12) "ASAM Dimensional Criteria" means the documented data demonstrates that the individual meets the criteria per ASAM dimension, as described in The ASAM Criteria, for the ASAM Level of Care assessed. ¶

(13) "ASAM Enhanced Service designation(s)" as described in The ASAM Criteria, Third Edition, includes service types per ASAM Level of Care that the program may choose to apply and be approved by the Division to render, to either adults or adolescents, when it corresponds to an ASAM Level of Care that is certified by the Division. ¶

(14) "ASAM Level of Care" means one of several discrete intensities of services and supports, as described within The ASAM Criteria, Third Edition, within a substance use disorders program that are delivered in a structured, programmatic fashion, by a Division certified outpatient or licensed residential provider. ¶

(a) "Early Intervention ASAM Level of Care 0.5 (ASAM Level 0.5)" means organized services designed to explore and address problems or risk factors that may be related to substance use and assist individuals in recognizing the harmful consequences of high-risk substance use and addictive behavior. ASAM Level 0.5 may be delivered as a Driving Under the Influence of Intoxicants (DUI) service where the length and number of contacts may be mandated, and completion of the program may be a prerequisite to the reinstatement of driving privileges. Individuals eligible for this ASAM level of care do not meet DSM-5-TR diagnostic criteria for a substance use disorder. ¶

(b) "Outpatient Substance Use Disorder Services ASAM Level of Care 1" means organized services delivered in a variety of settings and include a vast array of outpatient services and supports, which are tailored to the severity and function of the individual and typically are less than 9 contact hours per week. ASAM Level 1 programs enhance access to care and facilitate earlier engagement into treatment. Services and supports address major lifestyle, attitudinal and behavioral issues related to the substance use that detract from progress towards service plan goals. ¶

(c) "Intensive Outpatient Substance Use Disorder Services ASAM Level of Care 2.1" means structured services and supports, mostly comprised of counseling and education. Mental health services are either offered by the program or tightly coordinated with a community provided. When planning a transition to ASAM Level 1 services, a program may provide less than the minimum number of contact hours for up to two weeks: 9 for adults and 6 for children. ¶

(d) "Partial Hospitalization Services ASAM Level of Care 2.5" means clinically intensive programming of 20 contact hours or more per week, which is specified by the service plan. Needs identified in Dimensions 1, 2 and 3 warrant daily monitoring or management within an outpatient or combined in a residential setting. Programs staff interdisciplinary teams and offer intensive case management. Psychiatric and medical services are either offered by the program or coordinated. ¶

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

- (16) "ASAM Service Types" means the ASAM Levels of Care, Co-occurring Capable services, Co-occurring Enhanced services, and any other defined service that is described in The ASAM Criteria and when approved, included within the certificate. ¶
- (17) "Assertive Community Treatment (ACT)" means an evidence-based practice designed to provide comprehensive treatment and support services to individuals with serious and persistent mental illness. ACT is intended to serve individuals who have severe functional impairments and who have not responded to traditional psychiatric outpatient treatment. ACT services are provided by a single multi-disciplinary team, which typically includes a psychiatrist, a nurse, and at least two case managers and are designed to meet the needs of each individual and to help keep the individual in the community and out of a structured service setting, such as residential or hospital care. ACT is characterized by the following:¶
- (a) Low client to staff ratios;¶
 - (b) Providing services in the community rather than in the office;¶
 - (c) Shared caseloads among team members;¶
 - (d) Twenty-four-hour staff availability;¶
 - (e) Direct provision of all services by the team (rather than referring individuals to other agencies); and¶
 - (f) Time-unlimited services.¶
- (18) "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. For outpatient substance use disorders services, the assessment is multi-dimensional and consistent with The ASAM Criteria third edition.¶
- (19) "Authority" means the Oregon Health Authority.¶
- (20) "Baseline evaluation" means an identification of the current status that an individual expresses a desire to change in order to identify the starting point(s) for measuring progress by using pre-determined benchmarks, such as a Likert Scale. Progress can then be determined by using the same benchmarks to obtain additional ratings of the identified status and using the additional ratings to make comparisons between the starting rating and subsequent ratings, from which a measure of change can be assessed.¶
- (21) "Behavioral health clinician" means a practitioner of behavioral health services whose authorized scope of practice includes substance use and mental health diagnosis and treatment.¶
- (22) "Behavioral Health Treatment" means treatment for mental health, substance use disorders, and problem gambling.¶
- (23) "Behavior Support Plan" means the individualized proactive support strategies used to support positive behavior.¶
- (24) "Behavior Support Strategies" means proactive supports designed to replace challenging behavior with functional, positive behavior. The strategies address environmental, social, neuro-developmental, and physical factors that affect behavior.¶
- (25) "Best Practice Risk Assessment" has the meaning given that term in OAR 309-023-0110.¶
- (26) "Board Registered Associate or Board Registered Intern" means a post-graduate who is listed as active on the applicable Oregon Board registry with one of the following qualifications:¶
- (a) Psychologist Associate Residents as described in OAR 858-010-0037;¶
 - (b) Licensed Psychologist Associate under continued supervision as described in OAR 858-010-0038;¶
 - (c) Licensed Professional Counselor intern or Marriage and Family Therapist intern registered with the Oregon Board of Licensed Professional Counselors and Therapists as described in OAR 833-050-0011;¶
 - (d) Certificate of Clinical Social Work Associate issued by the Oregon Board of Licensed Social Workers as described in OAR 877-020-0009; or¶
 - (e) Registered Bachelor of Social Work issued by the Oregon Board of Licensed Social Workers as described in OAR 877-015-0105.¶
- (27) "Brief Intervention" means an early intervention for individuals using substances, by utilizing tribal-based, evidence-based, or culturally based practice designed to engage and motivate individuals at risk of substance use disorder and related health problems to seek services and/or support. Brief interventions can also be used to encourage those with more serious dependence or disorders to accept more intensive treatment. Brief interventions are intended to address problematic or risky substance use that presents with or without a previous diagnosis.¶
- (28) "Care Coordination" means a process-oriented activity to facilitate ongoing communication and collaboration to meet multiple needs. Care coordination includes facilitating communication between the person or family served, the family, natural supports, community resources, and involved providers and agencies; organizing, facilitating, and participating in team meetings; and providing for continuity of care by creating linkages to and managing transitions between levels of care and transitions for young adults in transition to adult services.¶
- (29) "Case Management" or "Targeted Case Management" means the services provided to assist individuals who reside in a community setting or are transitioning to a community setting in gaining access to desired medical, social, educational, entitlement, and other applicable services.¶

- (30) "Certificate of Approval" means the document issued by the Authority that identifies and declares certification of a provider pursuant to OAR chapter 309, division 008.¶
- (31) "Chief Officer" means the Chief Health Systems Officer of the Division or designee.¶
- (32) "Child" means an individual under the age of 18. An individual with Medicaid eligibility who needs services specific to children, adolescents, or young adults in transition shall be considered a child until age 21 for purposes of these rules.¶
- (33) "Clinical Supervision" means oversight by a qualified clinical supervisor of the rendering of physical health, substance use, problem gambling, and mental health services and supports, according to these rules, including ongoing evaluation and improvement of the effectiveness of those services and supports.¶
- (34) "Clinical Supervisor" means program staff qualified to oversee and evaluate the rendering of physical health, substance use, problem gambling, or mental health services and supports.¶
- (35) "Cognition" refers to how the individual is able to use information, make decisions, and ensure their daily needs are met. There are four components to cognition: self-preservation, decision-making, ability to make one's self understood, and unsafe behaviors.¶
- (36) "Cognitive Ability" means a general mental capability involving reasoning, problem solving, planning, abstract thinking, complex idea comprehension and learning from experience.¶
- (37) "Cognitive Impairment" means a behavioral health condition or disability which impacts the individual's cognitive abilities to perform Activities of Daily Living (ADL) or Instrumental Activities of Daily Living (IADL), regardless of whether the individual may be physically capable of performing ADLs or IADLs. For example, a cognitive impairment could prevent an individual from knowing when or how to carry out the task.¶
- (38) "Collaborative Educational Agreement" means an individualized written arrangement between an accredited college or university and a Division-certified provider pertaining to a student's internship or field placement experience.¶
- (39) "Co-occurring Capable Substance Use Disorder Programs" means, consistent with The ASAM Criteria, arrangements are in place for coordination and collaboration between addiction and mental health services, internally and with external community partners. Program staff must be trained and qualified to address the interaction between mental health symptoms or conditions and the substance use disorder, and the interactional effect on readiness to change, the severity of risk and the subsequent planning of services and supports.¶
- (40) "Co-occurring Enhanced Substance Use Disorder Programs" means, consistent with The ASAM Criteria, Third edition, a setting where integrated services address concurrently unstable mental health and substance use disorder conditions. There is a focus on the integration of mental health and substance use disorders throughout the staffing, services, and program content, as well as the use of Motivational Enhancement therapies throughout services.¶
- (41) "Co-occurring Substance Use, Problem Gambling, and Mental Health Disorders (COD)" means the existence of a diagnosis for a substance use disorder, problem gambling disorder, and/or a mental health disorder.¶
- (42) "Community Health Worker (CHW)" means a person who meets qualification criteria adopted by the authority under ORS 414.665 and who is certified pursuant to the requirements in OAR 410-180-0310.¶
- (43) "Community Mental Health Program (CMHP)" an entity that is responsible for planning and delivery of safety net services for persons with mental or emotional disturbances, drug abuse problems, and alcoholism and alcohol abuse in a specific geographic area of the state under a contract with the Division or a local mental health authority and pursuant to OAR Chapter 309, Division 014.¶
- (44) "Conditional Release" means placement by a court or the Psychiatric Security Review Board (PSRB) of an individual found eligible under ORS 161.327 or 161.336 for supervision and treatment in a community setting.¶
- (45) "Consistent with ASAM Criteria" means a documented intervention containing information that demonstrates use of and adherence to the description of components contained within The ASAM Criteria, Third Edition.¶
- (46) "Coordinated Care Organization (CCO)" means a corporation, governmental agency, public corporation, or other legal entity that is certified as meeting the criteria adopted by the Authority under ORS 414.625 to be accountable for care management and to provide integrated and coordinated health care for each of the organization's members.¶
- (47) "Court" means a criminal court, drug court, circuit court, juvenile court or last convicting or ruling court in this state with jurisdiction over the individual.¶
- (48) "Criminal Records Check" means documenting the criminal background check results for all employees, contracted staff, interns and volunteers considered to be program staff that render medical or behavioral health services and supports or have access to protected health information such as service records or billing information.¶
- (49) "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 or death.

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

(51) "Crisis Line Services" means phone-based services that establish immediate communication links and provide supportive interventions and information for individuals in an urgent or emergent situation.

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

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

(54) "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.

(55) "Culturally Responsive" means services that are respectful of and relevant to the beliefs, practices, culture and linguistic needs of diverse consumer/client populations and communities whose members identify as having particular cultural or linguistic affiliations. Cultural responsiveness describes the capacity to respond to the issues of diverse communities and requires knowledge and capacity at different levels of intervention: systemic, organizational, professional, and individual.

(56) "Culturally Specific Program" means a program designed to meet the unique service needs of a specific culture and that provides services to a majority of individuals representing that culture.

(57) "Declaration for Mental Health Treatment" means a written statement of an individual's preferences concerning their mental health treatment. The declaration is made when the individual is able to understand and legally make decisions related to such treatment. It is honored, as clinically appropriate, in the event the individual becomes unable to make such decisions.

(58) "Diagnosis" means the principal mental health, substance use, or problem gambling diagnosis listed in the Diagnostic and Statistical Manual of Mental Disorders, Fifth edition (DSM-5-TR). The diagnosis is determined through the assessment and any examinations, tests, or consultations suggested by the assessment and are medically necessary reason for services.

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

(60) "Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (DSM-5-TR)" means the textbook used to diagnose and classify mental disorders that is published by the American Psychiatric Association.

(61) "Driving Under the Influence of Intoxicants (DUI) Substance Use Disorders Rehabilitation Program" means a program of treatment and therapeutically oriented education services for an individual who is either:

(a) A violator of ORS 813.010 (Driving Under the Influence of Intoxicants); or

(b) A defendant participating in a diversion agreement under ORS 813.200.

(62) "Emergent" means the onset of symptoms requiring attention within 24 hours to prevent serious deterioration in mental or physical health or threat to safety.

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

(64) "Enhanced Care Services (ECS)" and "Enhanced Care Outreach Services (ECOS)" means intensive behavioral and rehabilitative mental health services to eligible individuals who reside in Aging and People with Disabilities (APD) licensed homes or facilities.

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

(66) "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.

(67) "Family" means the biological or legal parents, siblings, other relatives, foster parents, legal guardians, spouse, domestic partner, caregivers, and other primary relations to the individual whether by blood, adoption, or legal or social relationships. Family also means any natural, formal, or informal support persons identified as important by the individual.

(68) "Family Support" means the provision of peer-delivered services to people defined as family to the individual. It includes support to caregivers at community meetings, assistance to families in system navigation and managing multiple appointments, supportive home visits, peer support, parent mentoring and coaching, advocacy, and furthering efforts to develop natural and informal community supports.

(69) "Gender Identity" means an individual's self-identification of gender without regard to legal or biological identification including but not limited to individuals identifying themselves as male, female, transgender, gender transitioning and transitioned, non-binary, intersex, and gender diverse.

- (70) "Gender Expression" means the external characteristics and behaviors that are socially defined as masculine, feminine, or androgynous such as dress, mannerisms, speech patterns, and social interactions.¶
- (71) "Geographic Service Area" means the geographic area within the county boundaries in which the CMHP operates.¶
- (72) "Grievance" means a formal complaint submitted to a provider verbally or in writing by an individual or the individual's representative.¶
- (73) "Guardian" means an individual appointed by a court of law to act as guardian of a minor or a legally incapacitated individual. Guardian may also mean legal representative.¶
- (74) "Health Insurance Portability and Accountability Act (HIPAA)" means the federal Health Insurance Portability and Accountability Act of 1996 and the regulations published in Title 45, parts 160 and 164, of the Code of Federal Regulations (CFR).¶
- (75) "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. ¶
- (76) "Housing Support Services" means services approved by Division, provided to an individual to obtain and reside in an independent community setting and are tailored to the goal of maintaining an individual's personal health and welfare in a home and community-based setting as they are transitioning from an inpatient or residential facility that provides substance use disorder treatment.¶
- (77) "Immediate Need Profile" means the portion of an assessment that includes the identification of the most severe and destabilizing or life-threatening conditions, in order to inform the determination of the level of risk, the level of care placement and need for immediate intervention(s).¶
- (78) "Incident" means any event involving an individual or child of an individual receiving services occurring on the premises of the program or involving program staff or any individual occurring on the premises of the program, or during a Service Plan activity and including but not limited to death, injury, major illness, accident, act of physical aggression, medication error, suspected abuse or neglect, or any other type unusual or critical event that presents a risk to health and safety of any persons. Critical incidents are reported to the Division.¶
- (79) "Incident Report" means a written description of any incident.¶
- (80) "Institutions of Mental Disease (IMD)" means a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, which includes substance use disorders (SUDs).¶
- (81) "Individual" means any individual being considered for or receiving services and supports regulated by these rules.¶
- (82) "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.¶
- (83) "Institution" means an establishment that furnishes (in single or multiple facilities) food, shelter, and some treatment or services to four or more persons unrelated to the proprietor.¶
- (84) "Intensive In-Home Behavioral Health Treatment (IIBHT) for Children" means an intensive, community-based level of care for youth ages 0-20 years with complex mental health needs who are at risk for an out of home placement or who are stepping down from a higher level of care. IIBHT includes access to an array of services including individual and family therapy, case management, psychiatric services, skills training, peer-delivered services, and proactive 24 hours 7 days a week crisis response. A Certificate of Approval from the Oregon Health Authority is required to render IIBHT services to eligible youth and families. For the purposes of IIBHT, "in home" means services delivered in the home, school, or other community setting, as specified by the individual and family.¶
- (85) "Intensive Outpatient Services and Supports (IOSS)" means a specialized set of comprehensive in-home and community-based supports and mental health treatment services for children that are developed by the child and family team and delivered in the most integrated setting in the community.¶
- (86) "Interdisciplinary Team (IDT)" means a group of program staff that have primary responsibility for the development of a Service Plan for an individual receiving services.¶
- (87) "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 Use, Prevention, Treatment and Recovery (SUPTR) block grant to reduce the adverse health effects of substance use, promote the health of the individual, and reduce the risk of disease transmission.¶
- (88) "Juvenile Psychiatric Security Review Board (JPSRB)" means the entity described in ORS 161.385.¶
- (89) "Legal Representative" means a person who has been legally designated by court order to make financial or health care decisions for another individual. The legal representative only has authority to act within the scope and limits of the legal representative's authority as designated by the court or other agreement. Legal

representatives acting outside of the legal representative's authority or scope shall meet the definition of authorized representative.¶

(90) "Level of Care" means the type, frequency, and duration of medically necessary services provided from the most integrated setting to the most restrictive and intensive inpatient setting.¶

(91) "Licensed Health Care Professional" means a practitioner of the healing arts acting within the scope of their practice under State law who is licensed by a recognized governing board in Oregon.¶

(92) "Licensed Medical Practitioner (LMP)" means a person who meets the following minimum qualifications as documented by the Local Mental Health Authority (LMHA) or designee:¶

(a) Physician licensed to practice in the State of Oregon; ¶

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

(c) Physician's assistant licensed to practice in the State of Oregon; ¶

(d) Whose training, experience, and competence demonstrate the ability to conduct a medical exam, a mental health assessment and provide medication management; and¶

(e) For IOSS and ITS providers, a Board-Certified or Child and Adolescent Psychiatrist licensed to practice in the State of Oregon or a Psychiatric Nurse Practitioner under the consultation of a board-certified or board-eligible child and adolescent psychiatrist licensed to practice in the State of Oregon.¶

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

(94) "Local Mental Health Authority (LMHA)" means one of the following entities:¶

(a) The board of county commissioners of one or more counties that establishes or operates a CMHP;¶

(b) The tribal council in the case of a federally recognized tribe of Native Americans that elects to enter into an agreement to provide mental health services; or¶

(c) A regional local mental health authority composed of two or more boards of county commissioners.¶

(95) "Mandatory Reporter" means anyone required by law, as defined in ORS 419B.005 or 430.735, who is required to report suspected abuse or neglect of a child, elderly person, or other adult as required by law in ORS 430.765, or ORS 419B.010, or ORS 124.060. ¶

(96) "Medicaid" means the federal grant-in-aid program to state governments to provide medical assistance to eligible individuals under Title XIX of the Social Security Act.¶

(97) "Medical Director" means a physician licensed to practice medicine in the State of Oregon and is designated by a substance use disorders treatment program to be responsible for the program's medical services, either as an employee or through a contract.¶

(98) "Medical Treatment Staff" means medical personnel directly responsible for the delivery or oversight of client care and treatment, and who are properly trained, educated, and credentialed to deliver withdrawal management and substance use disorders services.¶

(99) "Medically Necessary" means health services and items that are required for an individual to address one or more of the following:¶

(a) The prevention, diagnosis, or treatment of an individual's condition or disorder that results in behavioral health impairments; or¶

(b) The ability for a client or member to achieve age-appropriate growth and development; and¶

(c) A medically necessary service must also be medically appropriate. ¶

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

(101) "Mental Health Intern" means program staff who meet qualifications for QMHA and are currently enrolled in a graduate program approved by the Division-approved certification or licensing body but does not have the necessary graduate degree in psychology, social work, or related field of behavioral science, or have an equivalent degree as determined by the Division-approved certification or licensing body. The program staff shall:¶

(a) Be enrolled in a graduate program that will result in a degree in psychology, social work, or related field of behavioral science, or an equivalent degree as evidenced by providing transcripts indicating applicable coursework meeting the required competencies and approved by the OHA-approved certification or licensing body;¶

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

(c) Work under the direct and active supervision of a qualified supervisor employed or contracted by the provider of services, within the scope of practice and competencies identified by the collaborative educational agreement, and within the policies and procedures for the credentialing of program staff as established by the provider.¶

(102) "Mobile Crisis Services" means mental health services for individuals in crisis provided by mental health practitioners who respond to behavioral health crises onsite at the location in the community where the crisis arises and who provide a face-to-face therapeutic response. The goal of mobile crisis services is to help an individual resolve a psychiatric crisis in the most integrated setting possible and to avoid unnecessary hospitalization, inpatient psychiatric treatment, involuntary commitment, and arrest or incarceration.¶

(103) "Mobile Crisis Response Time" means the time from the point when a professional decision is made that a face-to-face intervention is required to the time the actual face-to-face intervention takes place in the community.

(104) "Mobility" means assisting the individual with mobility, transfers and repositioning including turning or adjusting padding for physical comfort or pressure relief and encouraging or assisting with range of motion exercises and the use of devices that assist with mobility.

(105) "Motivational Enhancement Therapy" (MET) means a person-centered approach to therapy that focuses on improving an individual's motivation to change.

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

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

(108) "Non-Medicaid Service Data" means data collected through the mandated state data system regarding services paid for by any source other than Medicaid and includes, but is not limited to:

(a) Diagnosis;

(b) Date of service;

(c) Place of service;

(d) Procedure code;

(e) Modifier;

(f) Number of service units; and

(g) Billed charges.

(109) "Nursing Services" means services that are provided by a registered nurse (RN) or a licensed practical nurse (LPN) within the scope of practice as defined in OAR chapter 851 division 045.

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

(111) "Outreach" means the delivery of behavioral health services, referral services, and case management services in non-traditional settings including but not limited to the individual's residence, shelters, streets, jails, transitional housing sites, drop-in centers, single room occupancy hotels, child welfare settings, educational settings, or medical settings. It also means attempts made to engage or re-engage an individual in services by such means as letters or telephone calls.

(112) "Partial Hospitalization or Day Treatment Substance Use Disorder (SUD) Services ASAM Level 2.5" means a planned, structured array of services and supports, consistent with The ASAM Criteria for Level of Care 2.5, that offer 20 or more therapeutic contact hours of high intensity treatment per week. Contact is in a less restrictive level of care than residential SUD treatment, 24-hour care is not required.

(113) "Peer" means program staff supporting an individual or the individual's family member who has similar life experience, either as a current or former recipient of mental health or substance use, 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.

(114) "Peer-Delivered Services" are community-based services and supports provided by peers, peer support specialists, and peer wellness 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.

(115) "Peer-Delivered Services Supervisor" means qualified program staff, with at least one year of experience as a PSS or PWS in behavioral health services, who is responsible for evaluating and guiding PSS and PWS program staff in the delivery of peer-delivered services and supports.

(116) "Peer Support Specialist (PSS)" means a qualified program staff providing peer-delivered services to an individual or family member with similar life experience under the supervision of a qualified clinical supervisor and a qualified peer-delivered services supervisor as resources are made available.

(117) "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.

(118) "Peer Wellness Specialist (PWS)" means a program staff who supports an individual in identifying behavioral health service and support needs through community outreach, assisting individuals with access to available services and resources, addressing barriers to services, and providing education and information about available resources and behavioral health issues in order to reduce stigma and discrimination toward consumers of behavioral health services and to provide direct services to assist individuals in creating and maintaining recovery.

health, and wellness under the supervision of a qualified clinical supervisor and a qualified peer-delivered services supervisor as resources are made available. ¶

(119) "Pre-engagement Services" means services delivered prior to completion of an assessment, service plan, and/or commencement of formal treatment in order to engage high risk/high need individuals in ongoing treatment services and to avoid crisis events and higher levels of care. ¶

(120) "Problem Gambling Approved Certification Consultant" means program staff who is a Certified Gambling Addiction Counselor, level II (CGACII) for a minimum of two years and has a minimum of ten hours of clinical supervision education. The purpose of the position is to provide consultation for CGAC candidates on 1) Fundamentals of Problem Gambling Treatment case conceptualization 2) the process and requirements of earning certification as a CGAC. This is a Mental Health and Addiction Certification Board of Oregon (MHACBO) distinction ¶

(121) "Problem Gambling Treatment Staff" means program staff certified or licensed by a Division recognized credentialing body to provide problem gambling treatment services that include assessment, development of a Service Plan, group and family counseling. ¶

(122) "Program" means an organized system of services and supports delivered by a provider designed to address the treatment needs of individuals and families. ¶

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

(124) "Program Staff" means personnel who renders a clinical service or support. Program staff could include, for example, be an employee, contractor, intern, or volunteer who is rendering or assisting with rendering clinical services or supports. ¶

(125) "Provider" means an organizational entity or qualified person that is certified or licensed by the Division for the direct delivery of substance use, problem gambling, or mental health services and supports. ¶

(126) "Psychiatric Security Review Board (PSRB)" means the entity described in ORS 161.295 through 161.400. ¶

(127) "Psychiatrist" means a physician licensed by the Oregon Medical Board and who has completed an approved residency training program in psychiatry. ¶

(128) "Psychologist" means a person who is currently licensed to practice psychology by the Oregon Board of Psychology. ¶

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

(130) "Qualified Mental Health Associate (QMHA)" means mental health program staff delivering services under the direct supervision of a QMHP who meets the minimum qualifications as authorized by the LMHA or designee and specified in OAR 309-019-0125. ¶

(131) "Qualified Mental Health Associate (QMHA)" means mental health program staff delivering services under the direct supervision of a QMHP who meets the minimum qualifications as authorized by the LMHA or designee and specified in OAR 309-019-0125. ¶

(132) "Qualified Person" means program staff who is a QMHP or a QMHA and is identified by the PSRB and JPSRB in its Conditional Release Order. This individual is designated by the provider to deliver or arrange and monitor the provision of the reports and services required by the Conditional Release Order. ¶

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

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

(135) "Representative" means someone who acts on behalf of an individual at the individual's request with respect to a grievance including but not limited to a relative, friend, Division employee, attorney, or legal guardian. ¶

(136) "Resilience" means the universal capacity that an individual uses to prevent, minimize, or overcome the effects of adversity. Resilience reflects an individual's strengths as protective factors and assets for positive development. ¶

(137) "Respite Care" means planned and emergency supports designed to provide temporary relief from care giving to maintain a stable and safe living environment. Respite care may be provided in or out of the home. Respite care includes supervision and behavior support consistent with the strategies specified in the service plan. ¶

(138) "Risk Assessment" means an evaluation of the level or severity of risk the individual is experiencing and how each interact, resulting in an overall risk assessment rating. ¶

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

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

- (141) "Screening Specialist" means a person who possesses valid certification issued by the Division to conduct DUII evaluations.¶
- (142) "Service Plan" means a comprehensive plan for services and supports provided to or coordinated for an individual and their family, as applicable, that is reflective of the assessment and the intended outcomes of service.¶
- (143) "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.¶
- (144) "Service Record" means the written or electronic documentation regarding an individual and resulting from entry into services, assessment, orientation, services and supports planning, services and supports provided, and transfer.¶
- (145) "Services" means those activities and treatments described in the service plan and rendered, that are intended to support the individual's transition to recovery from a substance use disorder, problem gambling disorder, or mental health condition and to promote resiliency and rehabilitative and functional individual and family's desired outcomes.¶
- (146) "Signature" means any written or electronic means of entering the name, date of authentication, and credentials of the program staff providing a specific service or the individual authorizing services and supports. Signature also means any written or electronic means of entering the name and date of authentication of the individual, guardian, or any authorized representative of the individual receiving services.¶
- (147) "Skills Training" or "Skills Restoration" means providing information and training to individuals and families designed to assist with the development of skills in areas including but not limited to anger management, stress reduction, conflict resolution, self-esteem, parent-child interactions, personal relationships, drug and alcohol awareness, behavior support, symptom management, accessing community services, and daily living.¶
- (148) "Stabilization" means the application of medical and psychosocial services and supports and in a manner that results in the reduction of symptomology and increase in skill level to support and redirect patients to the most appropriate and least restrictive setting. Services are directed at restoring patient's ability to maintain safety while enhancing their recovery, so they can successfully reintegrate into identified community settings.¶
- (149) "Status Data" means data collected through the mandated state data system and includes, but is not limited to:¶
- (a) Initial admission, diagnostic, and demographics data;¶
 - (b) Updates and changes as needed through the individual's enrollment in services; and¶
 - (c) Discharge or other discontinuation of services.¶
- (150) "Student Intern" or "Intern" means a program staff who provides a paid or unpaid program service and does not qualify as a Mental Health Intern. ¶
- (151) "Substance Use, Prevention, Treatment and Recovery Block Grant" or "SUPTR Block Grant" or "SUPTR" 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.¶
- (152) "Substance Use Disorders (SUDs)" as defined in DSM-5-TR, means disorders related to the taking of a drug of abuse including alcohol, the side effects of a medication, or a toxin exposure. The disorders include substance use disorders and substance-induced disorders, which include substance intoxication and withdrawal, and substance-related disorders such as delirium, neuro-cognitive disorders, and substance-induced psychotic disorder.¶
- (153) "Substance Use Disorders Treatment and Recovery Services" means outpatient, intensive outpatient, and residential services and supports for individuals with substance use disorders.¶
- (154) "Substance Use Disorders Treatment Staff" means one type of program staff certified by a Division-approved certification body to render substance use disorders treatment services.¶
- (155) "Subsyndromal symptomology" means the individual demonstrates or complains of symptoms, suggesting a particular disorder or condition, that do not meet the threshold of the defined criteria for that disorder or condition, and so a diagnosis of that disorder or condition cannot be assigned.¶
- (156) "Successful DUII Completion" means that the DUII program has documented in its records that for the period of service deemed necessary by the program, the individual has:¶
- (a) Met the completion criteria approved by the Division;¶
 - (b) Met the terms of the fee agreement between the provider and the individual; and¶
 - (c) Demonstrated 90 days of continuous abstinence prior to completion.¶
- (157) "Suicide Risk Assessment" or "Risk Assessment" means a comprehensive evaluation, usually performed by a clinician, to evaluate suspected suicide risk in an individual, estimate the immediate danger, and decide on a course of treatment. ¶
- (158) "Suicide Screening" means a procedure in which a validated tool, instrument, or protocol is used to identify individuals who may be at risk for suicide. ¶
- (159) "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.¶
- (160) "Transfer" means the process of assisting an individual to transition from the current services to the next identified setting or ASAM level of care.¶
- (161) "Transitioning" means a 90-day period which begins when an individual is discharged from an inpatient or residential stay back to a community setting.¶
- (162) "Trauma Informed Services" means services that reflect 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.¶
- (163) "Treatment" means the planned, individualized program of medical, psychological, and rehabilitative procedures, experiences, and activities designed to remediate symptoms of a DSM-5-TR diagnosis.¶
- (164) "Triage" means a classification process to determine priority needs.¶
- (165) "Urinalysis Test" means a sensitive, rapid, and inexpensive immunoassay screen that identifies the presence of a specific drug or metabolite in a urine specimen to eliminate "true negative" specimens from further consideration.¶
- (166) "Urgent" means the onset of symptoms requiring attention within 24 hours to prevent a serious deterioration in an individual's mental or physical health or threat to safety.¶
- (167) "Variance" means an exception from a provision of these rules granted in writing by the Division pursuant to the process regulated by OAR 309-008-1600 upon written application from the provider. Approval and duration of a variance is determined on a case-by-case basis.¶
- (168) "Volunteer" means a person who performs a service willingly and without pay. ¶
- (169) "Warm Handoff" has the meaning given that term in OAR 309-032-0860.¶
- (170) "Wellness" means an approach to healthcare that emphasizes good physical and mental health, preventing illness, and prolonging life.¶
- (171) "Wraparound" means a high-fidelity model of team-based intensive care coordination for children and their families based on National Wraparound Initiative values and principles.¶
- (172) "Young Adult in Transition" means an individual who is developmentally transitioning into independence, sometime between the ages of 14 and 25.

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

Statutes/Other Implemented: ORS 161.390 - 161.400, 428.205 - 270, 430.010, 430.205- 430.210, 430.254 - 430.640, 430.850 - 430.955, 743A.168, 414.665

AMEND: 309-019-0110

NOTICE FILED DATE: 01/20/2023

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

CHANGES TO RULE:

309-019-0110

Provider Policies ¶

(1) All providers shall develop and implement written service delivery policies and specific procedures compliant with these rules, to be made available to individuals and family members upon request, and shall include, at a minimum, the following:¶

(a) Personnel qualifications ~~and, credentialing, and training;~~¶

(b) Mandatory abuse reporting compliant with ORS 430.735 - 430.768 and OAR chapter 407 division 45;¶

(c) Criminal Records Checks ~~compliant with OAR 407 that address program and volunteer staff, compliant with ORS 181.533 through 181.575 and OAR 943-007-02001 to 0370; through 0501, where applicable;~~¶

(d) Fraud, waste, and abuse in federal Medicaid and Medicare programs compliant with OAR 410-120-1380 and 410-120-1510;¶

(e) Drug and Gambling Free Workplace;¶

(f) Fee agreements;¶

(g) Confidentiality and compliance with HIPAA, Federal Confidentiality Regulations (42 CFR, Part 2), and state confidentiality regulations as specified in ORS 179.505 and 192.518 through 192.530;¶

(h) Compliance with Title 2 of the Americans with Disabilities Act of 1990 (ADA);¶

(i) Grievances and appeals;¶

(j) Individual rights;¶

(k) Quality assessment and performance improvement;¶

(l) Trauma informed service delivery consistent with the Division Trauma Informed Services Policy;¶

(m) Provision of culturally and linguistically appropriate services;¶

(n) Crisis prevention and response;¶

(o) Incident reporting;¶

(p) Peer delivered services;¶

(q) Prevention of communicable disease transmission;¶

(r) Emergency evacuation;¶

(s) Care coordination; ~~and~~¶

~~(t) P;~~¶

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

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

(v) Referral, Care Coordination and Transfer of Services ¶

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

(x) Urinalysis Testing. ¶

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

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

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

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

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

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

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

(34) Community Mental Health Programs shall develop policies for linkage agreements compliant with OAR 309-032-0870.

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

Statutes/Other Implemented: ORS 161.390 - 161.400, 179.505, 413.520 - 413.522, 428.205 - 428.270, 430.010, 430.205 - 430.210, 430.254 - 430.640, 430.850 - 430.955, 743A.168

AMEND: 309-019-0125

NOTICE FILED DATE: 01/20/2023

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

CHANGES TO RULE:

309-019-0125

Specific Staff Qualifications and Competencies ¶

Program staff shall meet the following qualifications, credentialing, or licensing standards and competencies:¶

(1) Program administrators 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, assessment, person-centered treatment planning, case management and coordination, and utilization of community resources; group, family, and individual therapy or counseling; documentation and rationale for services to promote intended outcomes; and implementation of all provider policies.¶

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

(4) Clinical supervisors in substance use disorders treatment 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 Psychology;¶

(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;¶

(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.¶

(5) Clinical supervisors in problem gambling treatment programs shall meet the requirements for clinical supervisors in either mental health or substance use disorders treatment programs and have completed twelve hours of training specific to problem gambling within six months of designation as a problem gambling services supervisor.¶

(6) Peer-Delivered Services Supervisors shall be a certified Peer Support Specialist (PSS) or Peer Wellness Specialist (PWS) with at least one year of experience in behavioral health services;¶

(7) 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; 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 the first hire date.¶

(A) Clinical supervision shall document progress toward certification; and¶

(B) If, during the first two years of employment, the person has not yet been certified or licensed, and the person ends employment with the provider and becomes re-employed with the same provider or another provider, the person's two-year window for securing certification or licensure remains the same. Changes in employment does not initiate a new two-year period. The person's two-year window for securing certification or licensure remains the same.¶

(c) For treatment staff holding certification in substance use counseling, qualifications for the certificate shall have included at least:¶

(A) 1000 hours of supervised experience in substance use counseling;¶

(B) 150 contact hours of education and training in substance use related subjects; and¶

(C) Successful completion of a written objective 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 individual 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 Psychology;¶

(C) Board of Licensed Social Workers;¶

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

(E) Oregon State Board of Nursing.¶

(8) Problem Gambling treatment staff shall:¶

(a) Demonstrate competence in treatment of problem gambling including individual assessment to include: identification of health and safety risks to self or others; individual, group, family, and other counseling techniques; program policies and procedures for service delivery and documentation, and identification; implementation and coordination of services identified to facilitate intended outcomes; and¶

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

(c) Be certified or licensed by a health or allied provider agency, as defined in these rules, to provide problem gambling treatment within two years of the first hire date and shall make application for certification no later than six months following the first hire date.¶

(A) Clinical supervision shall document progress toward certification; and¶

(B) If, during the first two years of employment, the person has not yet been certified or licensed, and the person ends employment with the provider and becomes re-employed with the same provider or another provider, the person's two-year window for securing certification or licensure remains the same. The person is not requirement to begin a new two-year period by virtue of having re-initiated or changed employment.¶

(d) For treatment staff holding certification in gambling addiction counseling, qualifications for the certificate shall include at least:¶

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

(B) 30 contact hours of education and training in problem gambling;¶

(C) 24 hours of face-to-face, telephone, email or other electronic communication, of certification consultation from an certification consultant; and¶

(D) Successful completion of a written objective examination or portfolio review by the certifying body.¶

(e) For treatment staff holding a health or allied provider license, the license or registration shall be issued by one of the following state bodies, and the individual shall possess documentation of at least 30 contact hours of academic or continuing professional education in problem gambling treatment:¶

(A) Oregon Medical Board;¶

(B) Board of Psychology;¶

(C) Board of Licensed Social Workers;¶

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

(E) Oregon State Board of Nursing.¶

(9) QMHAs shall demonstrate the ability to communicate effectively; understand mental health assessment, treatment, and service terminology; and apply each of these concepts, implement skills development strategies, and identify, implement, and coordinate the services and supports identified in a person-centered treatment plan. In addition, Qualified Mental Health Associates (QMHA) shall meet the following minimum qualifications:¶

(a) Bachelor's degree in a behavioral science field and documentation of a minimum of two hours every two years or three hours every three years of suicide risk screening, suicide risk assessment, treatment and management training; or¶

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

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

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

(a) Bachelor's degree in nursing and licensed by the State of Oregon. Nurses are accountable to abide by the Oregon Nurse Practice Act to determine if job descriptions are compliant with the competencies listed above;¶

(b) Bachelor's degree in occupational therapy and licensed by the State of Oregon;¶

(c) Graduate degree in psychology;¶

(d) Graduate degree in social work;¶

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

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

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

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

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

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

(12) Program staff, contractors, volunteers, and interns providing treatment services or Peer-Delivered Services in substance use disorders, problem gambling, or mental health treatment programs shall be trained in and familiar with strategies for delivery of trauma informed and culturally responsive treatment services. All treatment services shall be provided in a trauma informed and culturally responsive manner. Provider must ensure that staff in the following positions meet applicable qualifications, credentialing, or licensing standards and competencies, including those set forth in these rules:¶

(1) Program staff providing treatment services or Peer-Delivered Services in substance use disorders, problem gambling, or mental health treatment programs shall be trained in and familiar with strategies for the delivery of trauma informed and culturally responsive treatment services. All treatment services shall be provided in a trauma informed and culturally responsive manner.¶

(2) Program administrators and program directors shall demonstrate competence in leadership, cultural responsiveness, program planning and budgeting, fiscal management, supervision of program staff, personnel management, program staff performance assessment, use of data, reporting, program evaluation, quality assurance, and developing and coordinating community resources.¶

(3) Medical Directors shall be licensed under ORS 677 or 685 and may perform health maintenance and restoration measures consistent with generally recognized and accepted principles of medicine, including but not limited to: ¶

(a) Administering, dispensing, or writing prescriptions for medications; ¶

(b) Recommending the use of specific and appropriate over-the-counter pharmaceuticals; ¶

(c) Ordering diagnostic tests; and ¶

(d) Perform tasks required by OAR 309-019-0200.¶

(4) Clinical supervisors in all programs shall demonstrate competence in leadership, cultural responsiveness, oversight and evaluation of services, staff development, assessment, person-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.¶

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

(6) Clinical supervisors in substance use disorders treatment programs shall be certified by a Division recognized credentialing body as follows:¶

(a) For clinical supervisors holding a certification in substance use disorder counseling, qualifications for the certification 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 professional psychometric examination by a Division recognized credentialing body. A substantively equivalent portfolio evaluation by a Division recognized credentialing body may be accepted in lieu of a professional psychometric examination using procedures approved by the Division.¶
- (b) Clinical supervisors not holding a certification in substance use disorder counseling shall have health or allied provider license. The license shall have been issued by one of the following state bodies and the supervisor shall possess documentation of at least 120 contact hours of academic or continuing professional education in the treatment of substance use disorders.¶
- (A) Oregon Medical Board;¶
- (B) Oregon Board of Psychologist Examiners;¶
- (C) Oregon Board of Licensed Social Workers;¶
- (D) Oregon Board of Licensed Professional Counselors and Therapists; or¶
- (E) Oregon State Board of Nursing.¶
- (c) Additionally, clinical supervisors in substance use disorders programs shall have one of the following qualifications:¶
- (A) Five years of paid full-time experience in the field of substance use disorders counseling; or¶
- (B) A Bachelor's degree and four years of paid full-time experience in the social services field with a minimum of two years of direct substance use disorders counseling experience; or¶
- (C) A Master's degree and three years of paid full-time experience in the social services field with a minimum of two years of direct substance use or co-occurring disorders counseling experience.¶
- (7) Clinical supervisors in problem gambling 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 twelve hours of gambling specific training specific within two years of designation as a problem gambling services supervisor.¶
- (8) Peer Delivered Services Supervisors shall be a certified Peer Support Specialist (PSS) or Peer Wellness Specialist (PWS) with at least one year experience as a PSS or PWS in behavioral health treatment services.¶
- (9) Substance use disorders treatment staff shall:¶
- (a) Demonstrate competence in the use of The ASAM Criteria, Third Edition, 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) Receive clinical supervision that documents progress towards certification and recertification; or¶
- (c) At the date of first hire to provide substance use disorder treatment, if the program staff is not certified to provide substance use disorder treatment, they shall register with the Division recognized credentialing body within 30 days of hire and obtain professional substance use disorder treatment certification within two years from the date of first hire unless they obtain a variance from the Division before that time has elapsed.¶
- (d) For program staff holding certification in substance use disorder counseling, qualifications for certification shall have included at least:¶
- (A) 1000 hours of supervised experience in substance use counseling;¶
- (B) 150 contact hours of education and training in substance use related subjects; and¶
- (C) Successful completion of a professional psychometric examination by a Division recognized credentialing body. A substantively equivalent portfolio evaluation by Division recognized credentialing body may be accepted in lieu of a professional psychometric examination using procedures approved by the Division.¶
- (e) Program staff not holding certification from a Division recognized credentialing body in substance use disorder counseling shall have a license or registration from a Division recognized credentialing body and at least 60 contact hours of academic or continuing professional education in the treatment of substance use disorders. The license or registration shall have been issued by one of the following state bodies:¶
- (A) Oregon Medical Board;¶
- (B) Oregon Board of Psychologist Examiners;¶
- (C) Oregon Board of Licensed Social Workers;¶
- (D) Oregon Board of Licensed Professional Counselors and Therapists; or¶
- (E) Oregon State Board of Nursing.¶
- (10) Problem Gambling treatment staff shall:¶
- (a) Demonstrate competence in the following areas: treatment of problem gambling and gambling disorder including individual assessment to include identification of health and safety risks to self or others; individual, group, family, and other counseling techniques; program policies and procedures for service delivery and documentation, implementation and coordination of services identified to facilitate intended outcomes and cultural responsiveness;¶
- (b) Receive clinical supervision that documents progress towards certification and recertification;¶

- (c) At the date of first hire to provide substance use disorder treatment, if the program staff is not certified to provide substance use disorder treatment, they shall register with the Division recognized credentialing body within 30 days of hire and obtain professional substance use disorder treatment certification within two years from the date of first hire unless they obtain a variance from the Division before that time has elapsed.
- (d) For program staff holding certification in gambling addiction counseling, qualifications for certification shall include at least:
- (A) 500 hours of supervised experience in gambling addiction counselor domains;
 - (B) 60 contact hours of education and training in problem gambling;
 - (C) 24 hours of face-to-face, telephone, email or other electronic communication, of certification consultation from a problem gambling approved certification consultant; and
 - (D) Successful completion of a professional psychometric examination by a Division recognized credentialing body or a substantively equivalent portfolio evaluation by a Division recognized credentialing body may be accepted in lieu of a professional psychometric examination using procedures approved by the Division.
- (e) Program staff not holding certification in gambling addiction counseling by a Division recognized credentialing body shall have at least 60 contact hours of academic or continuing professional education in the treatment of gambling addiction. The license or registration shall have been issued by one of the following state bodies:
- (A) Oregon Medical Board;
 - (B) Oregon Board of Psychologist Examiners;
 - (C) Oregon Board of Licensed Social Workers;
 - (D) Oregon Board of Licensed Professional Counselors and Therapists; or
 - (E) Oregon State Board of Nursing.
- (11) Rehabilitative Behavioral Health Service Providers, including medical treatment staff, shall demonstrate cultural responsiveness and meet the requirements and qualifications in OAR 410-172-0660.
- (12) Behavioral health clinicians shall meet one of the following qualifications and maintain the corresponding credential in the State of Oregon:
- (a) A licensed psychiatrist;
 - (b) A licensed psychologist;
 - (c) A licensed nurse practitioner with a specialty in psychiatric mental health;
 - (d) A licensed clinical social worker;
 - (e) A licensed professional counselor or licensed marriage and family therapist;
 - (f) A certified clinical social work associate;
 - (g) A Mental Health Intern or resident who is working under a board-approved supervisory contract in a clinical mental health field;
 - (h) A Qualified Mental Health Practitioner (QMHP); or
 - (i) Any other clinician whose authorized scope of practice includes mental health diagnosis and treatment.
- (13) Qualified Mental Health Associates (QMHA) program staff shall:
- (a) Demonstrate the following minimum competencies: cultural responsiveness, effective communication, care coordination, inter- and intra-agency collaboration, working alliances with individuals, assist in the gathering and compiling of information to be included in the assessment, screen for suicide and other risks, and implement timely interventions, teach skill development strategies, case management, and transition planning;
 - (b) Render services and supports within their scope to individuals engaged in a Division approved behavioral health services provider; and
 - (c) Shall meet the following minimum qualifications:
 - (A) Bachelor's degree in psychology, social work, or behavioral science field;
 - (B) An equivalent degree as evidenced by providing transcripts indicating applicable coursework meeting the required competencies and approved by a Division certified behavioral health provider; or
 - (C) A combination of at least three years of relevant work, education, training, or experience.
 - (d) Receive clinical supervision that documents progress towards certification and recertification.
- (14) Qualified Mental Health Professional QMHP program staff shall:
- (a) Demonstrate the following minimum competencies: cultural responsiveness, effective communication, care coordination, inter- and intra-agency collaboration, working alliances with individuals, suicide and other risk assessments and interventions, creating and monitoring safety plans, completion of bio-psycho-social assessments and additional assessments, updating assessments when clinical circumstances change, generating a differential DSM-5-TR diagnosis, prioritizing health, wellness and recovery needs, writing measurable service objectives, creating, monitoring and revising service plans, delivery of mental health and recovery treatment services in individual, group and family formats within their scope, gathering and recording data that measures progress toward the service objectives and documenting services, supports and other information supportive of the service plan.
 - (b) Render services and supports within their scope to individuals engaged in a Division approved behavioral

health services program;¶

(c) Meet the following minimum qualifications:¶

(A) Bachelor's degree in nursing and licensed by the State of Oregon. Nurses are accountable to abide by the Oregon Nurse Practice Act to determine if job descriptions are compliant with the competencies listed above;¶

(B) Bachelor's degree in occupational therapy and licensed by the State of Oregon;¶

(C) Graduate degree in psychology, social work, recreational art or music therapy, or behavioral science field;¶

(D) An equivalent degree as evidenced by providing transcripts indicating applicable coursework meeting the required competencies and approved by a Division certified behavioral health provider; or¶

(E) Qualify as a Mental Health Intern, as described in these rules.¶

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

(15) Mental Health Intern (MHI) program staff shall:¶

(a) Be currently enrolled in a graduate program for a master's degree in psychology, social work, or related field of behavioral science;¶

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

(c) Demonstrate cultural responsiveness, effective communication and competence in care coordination, development of working alliances with individuals, inter- and intra-agency collaboration, and the rendering of services and supports within their scope and in accordance with the service plan, including transition planning; and¶

(d) Work within the scope of practice and competencies identified by collaborative educational agreement and the policies and procedures for the credentialing of clinical staff as established by the provider and the graduate program;¶

(16) Student Intern program staff shall:¶

(a) Be currently enrolled in an educational program for an undergraduate degree in a behavioral health field; or ¶

(b) Demonstrate cultural responsiveness, effective communication and competence in care coordination, development of working alliances with individuals, inter- and intra-agency collaboration, and the rendering of services and supports within their scope and in accordance with the service plan, including transition planning;¶

(c) Have a collaborative education agreement between the Division certified provider and the educational institute for the student;¶

(d) Work within the scope of practice and competencies identified by the collaborative educational agreement and the policies and procedures for the credentialing of clinical staff as established by the provider; and¶

(e) Receive, at a minimum, weekly individual supervision by a qualified clinical supervisor employed by the provider of services.¶

(17) Intern program staff shall: ¶

(a) Render services and supports under the direct supervision of a qualified supervisor employed by the provider of services, within the scope of practice and competencies identified by the collaborative educational agreement, and within the policies and procedures for the credentialing of program staff as established by the provider; ¶

(b) Be working towards obtaining a behavioral health credential; ¶

(c) Receive, at a minimum, weekly individual supervision by a qualified clinical supervisor employed by the provider of services; and¶

(d) Demonstrate cultural responsiveness, effective communication and competence in care coordination, development of working alliances with individuals, inter- and intra-agency collaboration, and the rendering of services and supports within their scope and in accordance with the service plan, including transition planning. ¶

(e) Community Health Workers working in substance use disorders treatment and recovery programs shall be certified as described in OAR 410-180-0310 and who:¶

(A) Has expertise or experience in behavioral health;¶

(B) Works in an urban or rural community, either for pay or as a volunteer in association with a local health care system;¶

(C) To the extent practicable, shares ethnicity, language, socioeconomic status and life experiences with the members of the community where the worker serves;¶

(D) Assists members of the community to improve their health and increases the capacity of the community to meet the health care needs of its residents and achieve wellness;¶

(E) Provides health education and information that is culturally appropriate to the individuals being served.¶

(f) Assists community members in receiving the care they need;¶

(g) CHW staff may:¶

(A) Give peer assistance and guidance on health including behavioral health behaviors; and¶

(B) Provide skills restoration services.¶

(18) 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:¶

(a) A Peer Support Specialist and Peer Wellness Specialist shall be:¶

(A) Someone self-identified as currently or formerly receiving mental health, problem gambling or substance use services:¶

(B) Someone self-identified as in recovery from a substance use disorder;¶

(C) Someone self-identified as in recovery from problem gambling; or¶

(D) Someone who has experience parenting a child who:¶

(i) Is a current or former recipient of mental health or substance use treatment; or¶

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

(b) A Peer Support Specialist and Peer Wellness Specialist shall demonstrate:¶

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

(B) Personal life experience and tools of self-directed recovery and resiliency; and¶

(C) Demonstrate cultural responsiveness and effective communication.¶

(19) "Youth support specialist" means a person who meets qualification criteria adopted by the authority under ORS 414.665 and who, based on a similar life experience, provides supportive services to an individual who:¶

(a) Is not older than 30 years of age; and¶

(b) Is a current or former consumer of mental health or addiction treatment; or¶

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

(d) A "youth support specialist" may be a peer wellness specialist or a peer support specialist.¶

(20) Program staff include, but are not limited to:¶

(a) Licensed Medical Professional (LMP);¶

(b) Licensed Practical Nurse (LNP);¶

(c) Registered Nurse (RN);¶

(d) Advanced Practice Nurse including Clinical Nurse Specialist and Certified Nurse Practitioner licensed by the Oregon Board of Nursing;¶

(e) Psychologist licensed by the Oregon Board of Psychology;¶

(f) Professional Counselor (LPC) or Marriage and Family Therapist (LMFT) licensed by the Oregon Board of Licensed Professional Counselors and Therapists;¶

(g) Clinical Social Worker (CSW) licensed by the Oregon Board of Licensed Social Workers;¶

(h) Licensed Master Social Worker (LCSW) licensed by the Oregon Board of Licensed Social Workers as described in OAR 877-015-0105;¶

(i) Licensed Psychologist Associate granted independent status as described in OAR 858-010-0039;¶

(j) Licensed Occupational Therapist licensed by the Oregon Occupational Therapy Licensing Board;¶

(k) Board registered interns, including:¶

(A) Psychologist Associate Residents as described in OAR 858-010-0037;¶

(B) Licensed Psychologist Associate under continued supervision as described in OAR 858-010-0038;¶

(C) Licensed Professional Counselor Associate or Marriage and Family Therapist Associate registered with the Oregon Board of Licensed Professional Counselors and Therapists as described in OAR 833-050-0011;¶

(D) Certificate of Clinical Social Work Associate issued by the Oregon Board of Licensed Social Workers as described in OAR 877-020-0009;¶

(E) Registered Bachelor of Social Work issued by the Oregon Board of Licensed Social Workers as described in OAR 877-015-0105.¶

(l) QMHP as defined in OAR 309-019-0105;¶

(m) QMHA as defined in OAR 309-019-0105;¶

(n) Mental health intern as defined in OAR 309-019-0105;¶

(o) Problem Gambling treatment staff registered with the Mental Health and Addiction Certification Board of Oregon (MHACBO), which includes:¶

(A) Certified Gambling Addiction Counselor-Registered (CGAC-R);¶

(B) Certified Gambling Addiction Counselor-I (CGAC-I); or¶

(C) Certified Gambling Addiction Counselor-II (CADC-II).¶

(p) SUD Treatment Staff registered with the Mental Health and Addiction Certification Board of Oregon (MHACBO), which includes:¶

(A) Certified Alcohol and Drug Counselor-Registered (CADC-R);¶

(B) Certified Alcohol and Drug Counselor-I (CADC-I);¶

(C) Certified Alcohol and Drug Counselor-II (CADC-II); and¶

(D) Certified Alcohol and Drug Counselor-III (CADC-III).¶

(q) Peer-Support Specialist (PSS) as defined in OAR 309-019-0105;¶

(r) Peer Delivered Services Supervisor as defined in OAR 309-019-0105;

(s) Peer Wellness Specialist (PWS) as defined in OAR 309-019-0105; and

(t) Youth Support Specialist.

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

Statutes/Other Implemented: ORS ~~428.205-428.270~~, 430.010, 430.254--430.640, 430.850--430.955, 743A.168, ~~428.205-428.270~~, 430.010

AMEND: 309-019-0130

NOTICE FILED DATE: 01/20/2023

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

CHANGES TO RULE:

309-019-0130

Personnel Documentation, Training, and Supervision ¶¶

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

(a) ~~When required, verification of a results of a criminal records check applicable to the current position or title, and:~~¶¶

(A) For personnel who render mental health services or have access to mental health protected health information such as service records or billing information, the program shall use The Oregon Criminal Records Check consistent with OAR 943-007-0001 through 0501; and those processes and procedures required by OAR 943-007-0001 through 0501; and¶¶

(B) For personnel who render only substance use disorder treatment services or have access to only substance use disorder protected health information such as service records or billing information, the program shall use national and state-wide criminal records check processes.¶¶

(b) A current job description that includes applicable competencies;¶¶

(c) Copies of relevant licensure or certification, registration for licensure or certification, diploma, or certified transcripts from an accredited college, indicating that the program staff meets applicable qualifications;¶¶

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

~~(e) Periodic performance appraisals;~~¶¶

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

~~(g) Disciplinary documentation;~~¶¶

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

~~(i) Documentation of clinical and non-clinical supervision. Documentation shall include the date supervision took place, the amount of supervision time, and a brief description of relevant topics discussed.~~¶¶

(2) ~~Providers using contractors, interns, or volunteers as program staff shall maintain the following documentation, as applicable:~~¶¶

~~(a) A contract or written agreement;~~¶¶

~~(b) A signed confidentiality agreement;~~¶¶

~~(c) Orientation documentation; and~~¶¶

~~(d) For subject program staff, verification of a criminal records check is consistent with OAR 943-007-0001 through 0501.~~¶¶

~~(3) supervision.~~¶¶

(2) Program Orientation: Providers shall ensure that program staff receive training applicable to the specific population for whom services are planned, delivered, or supervised. The ~~program provider~~ shall document appropriate orientation for each program staff providing service that the following orientation was completed for each program staff providing or supervising services or supports within 30 days of the hire date. At a minimum, training and orientation, unless otherwise specified. At a minimum, program orientation and training for all program staff shall include but not be limited to:¶¶

(a) A review of crisis prevention and response procedures;¶¶

(b) A review of emergency evacuation procedures;¶¶

(c) A review of program policies and procedures, including the procedures for each certified ASAM Level of Care for substance use disorder treatment program staff;¶¶

(d) A review of rights for individuals receiving services and supports;¶¶

(e) A review of mandatory abuse reporting procedures;¶¶

(f) A review of confidentiality policies and procedures;¶¶

(g) A review of Fraud, Waste and Abuse policies and procedures;¶¶

(h) A review of care coordination policies and procedures; ~~and~~¶¶

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

(j) Substance use disorders treatment staff and substance use disorders clinical supervisors shall complete a training on The ASAM Criteria within the first three months of employment rendering substance use disorder services or supports or have it documented as completed within the most recent two years; and¶¶

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

~~(43) Program staff~~Clinical Supervision: program staff, including peer support and peer wellness specialists, volunteers and interns providing direct services and/or supports shall receive documented clinical supervision by a qualified clinical supervisor related to the development, implementation, and outcome of services:¶¶

~~(a) Supervision shall be provided to assist. Part time staff shall receive supervision program staff to increase their skills within their scope of practice, improve quality of services to individuals, and supervise program staff and volunteers' compliance with program policies and procedures. Part time program staff shall receive weekly supervision prorated to reflect the average number of hours worked to reflect the average number of hours worked. Half the total supervision hours required may be accomplished through group supervision. Individual face-to-face contact may include real time, two-way audio or audio-visual conferencing; and:¶~~

~~(b) Documentation of two hours per month of supervision for each program staff supervised who is not accurately accounted for in one of the following subsections of this rule:¶¶~~

~~(c) Documentation of two shall include:¶~~

~~(A) The date:¶~~

~~(B) Amount of time per session; and ¶~~

~~(C) A brief description of the topics addressed.¶~~

~~(b) Clinical Supervision shall be provided to assist staff to:¶~~

~~(A) Increase their skills within their scope of practice;¶~~

~~(B) Improve quality of services to individuals; and¶~~

~~(C) Ensure understanding, application and compliance with the code of conduct and program policies and procedures. ¶~~

~~(c) Documentation shall demonstrate the following minimum hours of quarterly clinical supervision for full-time staff per month:¶~~

~~(A) Non-licensed program staff holding shall receive at license or certification east two hours per month of clinical supervision. The two hours shall include one hour of individual face-to-face supervision; ¶~~

~~(B) Program staff holding a license issued by a Division recognized credentialing body;¶~~

~~(d) Documentation of one- and volunteers meeting the definition of program staff shall receive at least two hours of weekly individual supervision for program staff meeting the definition of clinical supervision quarterly; ¶~~

~~(C) Mental Health Interns and Student Intern or mental health interns shall receive one-hour of individual clinical supervision per week; and ¶~~

~~(e) When available, a qualified Peer Delivered Services Supervisor shall provide one of the two hours of required monthly supervision to program staff providing direct Peer Delivered Services. Remaining hours of supervision shall be provided by a qualified clinical supervisor of the program (mental health, substance use disorder, or problem gambling).¶~~

~~(d) Mental Health Interns and Student Interns shall render services and supports under the active supervision of a qualified supervisor, as defined in these rules; and ¶~~

~~(e) Individualized non-clinical supervision shall be utilized as needed and documented.~~

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

Statutes/Other Implemented: ORS 109.675, 428.205 - 428.270, 430.010, 430.205 - 430.210, 430.254 - 430.640, 430.850 - 430.955, 743A.168

AMEND: 309-019-0135

NOTICE FILED DATE: 01/20/2023

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

CHANGES TO RULE:

309-019-0135

Entry and Assessment ¶

(1) The program shall utilize an entry procedure that at a minimum shall ensure the provision and documentation of the following: ¶

(a) Individuals shall be considered for entry without regard to race, ethnicity, gender, gender identity, gender expression, sexual orientation, religion, creed, national origin, age (except when program eligibility is restricted to children, adults, or older adults), familial status, marital status, source of income, and disability; ¶

(b) The provider may not ~~solely deny entry to individuals who are prescribed medication to treat opioid dependence;~~ based on their decision to continue their currently prescribed or dispensed medication to treat opioid dependence while receiving outpatient behavioral health services and supports; ¶

(c) Individuals shall receive services in the ~~most timely~~ iest manner feasible consistent with the presenting circumstances; ¶

(d) Except as permitted by law in emergencies, informed consent for services must be obtained prior to services. Written, voluntary 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 any further attempts to obtain informed consent shall be ~~made as appropriate;~~ ¶

~~(e) Documented in the service record.~~ ¶

(e) Per CFR 440.230, the provider shall develop and maintain service records and other documentation for each individual that demonstrates the amount, duration and scope of each specific services and supports provided; for each individual; ¶

(f) The provider shall submit ~~timely~~ the identified status and service data, including Non-Medicaid Service Data where required, in the mandated state data system; according to the timelines required by the Division for: ¶

~~(A) Each individual whose services are paid for in-full or in-part by public funds; and~~ ¶

~~(B) Each for individuals enrolled in a DUH Sservices Program as outlined in OAR 309-019-0195 regardless of payor;~~ ¶

(g) In accordance with ORS 179.505, HIPAA, and 42 CFR Part 2, an authorization for the release of information shall be obtained ~~for~~ and contained in the service record for the release of any confidential information concerning the individual being considered for or receiving services; ¶

~~(h) At the time of entry~~ Prior to or at the start of treatment services, the program shall offer to the individual and guardian, if applicable, written program orientation information. The written information shall be in a language understood by the individual and shall include: ¶

(A) An opportunity to complete a Declaration for Mental Health Treatment with the individual's participation and informed consent; ¶

(B) A description of individual rights consistent with these rules; ¶

(C) Policy concerning grievances and appeals consistent with these rules, including an example grievance form; ¶

(D) Notice of privacy practices; and ¶

(E) An opportunity to register to vote, per ~~federal requirement;~~ the National Voter Registration Act of 1993, Section 7. ¶

(2) Entry requirements for providers that receive the Substance Abuse Use Prevention, Treatment and Recovery (SAUPTR) ~~Block Grant;~~ ¶

~~(a) Document that individuals shall be prioritized for entry in the following order:~~ ¶

(A) Individuals who are pregnant and using substances intravenously; ¶

(B) Individuals who are pregnant; ¶

(C) Individuals who are using substances intravenously; and ¶

(D) Individuals or families with dependent children. ¶

(b) Individuals using substances intravenously shall receive interim referrals and information prior to entry to reduce the adverse health effects of substance use, promote the health of the individual, and reduce the risk of transmission of disease. At a minimum, interim referral and informational services shall include: ¶

(A) Counseling and education about blood borne pathogens including Hepatitis, HIV, STDs, and Tuberculosis (TB); the risks of needle and paraphernalia sharing; and the likelihood of transmission to sexual partners and infants; ¶

(B) Counseling and education about steps that can decrease the likelihood of Hepatitis, HIV, STD, and TB transmission;¶

(C) Referral for Hepatitis, HIV, STD, and TB testing, vaccine, or care services if necessary; ¶

(D) For pregnant women individuals, counseling on the likelihood of blood borne pathogen transmission as well as the effects of alcohol, tobacco, and other drug use on the fetus and referral for prenatal care; and ¶

(E) Peer Delivered Services that address parenting and youth in transition support, as indicated. ¶

(3) At the time of entry, an assessment shall be completed.¶

(a) Qualified program staff shall complete the assessment as follows:¶

(A) A QMHP in mental health programs;¶

(B) Supervisory or treatment staff in substance use disorders treatment programs; or¶

(C) Supervisory or treatment staff in problem gambling treatment programs.¶

(b) or updated and signed by a qualified program staff. Each assessment shall include:¶

(a) Sufficient information and documentation to justify the presence of a DSM-5-TR diagnosis that is the medically appropriate necessary reason for services;¶

(c) For substance use disorders services, each assessment shall be consistent with the dimensions described in the ASAM and shall document a diagnosis and level of care determination consistent with the DSM and ASAM, including identification of each DSM-5-TR criteria established per diagnosis, and the symptoms supporting each criteria;¶

(b) Screening for the presence of:¶

(A) Substance use; ¶

(B) Problem gambling; ¶

(C) Mental health conditions; ¶

(D) Chronic medical conditions;¶

(E) Symptoms related to psychological and physical trauma; and¶

(F) Suicide risk;¶

(d) When the assessment screening process determines the presence of co-occurring substance use, gambling disorder or mental health disorders, any of the above conditions or any risk to health and safety.¶

(A) Additional to an individual: ¶

(A) Further assessments shall be completed to determine the need for follow-up actions, additional services and supports and the level of risk to the individual or to others; and ¶

(B) Providers shall document Documentation shall contain referral for further assessment, planning, and intervention from an appropriate professional, either with the same provider or with a collaborative community provider;¶

(e. ¶

(d) In addition, for substance use disorder services each assessment and update thereof shall be a multidimensional assessment, consistent with The ASAM Criteria, Third Edition, and include, at a minimum the following components, each consistent with The ASAM Criteria, Third Edition: ¶

(A) ASAM Level of Care determination per dimension, overall, and noting any applicable discrepancies; and¶

(B) Risk Assessment that is comprised of:¶

(i) A consideration of the history of each risk as well as the present concern(s); ¶

(ii) An identification of immediate need(s);¶

(iii) A severity of risk for each dimension; and¶

(iv) An overall determination of the severity of risk the individual currently is experiencing.¶

(e) Any changes to the ASAM Level of Care placement decision shall be justified within an update to the multidimensional assessment on file; ¶

(f) Providers shall update assessments within the scope of their practice when there are changes in clinical circumstances; and ¶

(fg) Any individual continuing to receive mental health services for one or more continuous years shall receive an annual assessment by a QMHP.

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

Statutes/Other Implemented: ORS 161.390 - 161.400, 428.205 - 428.270, 430.010, 430.205- 430.210, 430.254 - 430.640, 430.850 - 430.955, 743A.168

AMEND: 309-019-0140

NOTICE FILED DATE: 01/20/2023

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

CHANGES TO RULE:

309-019-0140

Service Plan and Service Notes ¶

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

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

(b) ~~Reflect the full assessment and the assessment;~~ ¶

(c) Address areas of concern identified in the assessment that the individual agrees to address; ¶

(d) When applicable, document the ASAM Level of Care to be provided; placement. When there is a discrepancy document the individual's preferred ASAM Level of Care placement; ¶

(e) ~~Include a safety plan when the assessment indicates risk to the health and safety of the individual or to others and be updated as circumstances change. The safety plan may be a separate document from the service plan;~~ ¶

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

(g) ~~Be completed and signed by qualified program staff as follows;~~ ¶

(A) A QMHP in mental health programs; ¶

(B) Supervisory or treatment staff in substance use disorders treatment programs; and ¶

(C) Supervisory or treatment staff in problem gambling treatment programs. ¶

(h) ~~For mental health services, a QMHP who meets the qualifications of a Clinical Supervisor shall recommend the services and supports by signing the service plan within ten business days of the start of services; and~~ ¶

(i) ~~A QMHP who meets the qualifications of a Clinical Supervisor shall approve the service plan at least annually for each individual receiving mental health services for one or more continuous years.~~ ¶

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

(a) Treatment objectives that are: ¶

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

(B) Measurable for the purpose of evaluating individual progress, including a baseline evaluation. ¶

(b) ~~The specific services and supports indicated by the assessment that shall be used to meet the treatment objectives;~~ ¶

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

(d) ~~The credentials of the personnel providing each service and support; and~~ ¶

(e) ~~A projected schedule for re-evaluating the service plan.~~ ¶

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

(a) The specific services rendered; ¶

(b) The specific service plan objectives being addressed by the services provided; ¶

(c) The date, time of service, and the actual amount of time the services were rendered; ¶

(d) ~~The relationship of the services provided to the treatment objective described in the service plan;~~ ¶

(e) ~~The personnel rendering the services, including their name, credentials, and signature;~~ ¶

(f) ~~The setting in which the services were rendered; and~~ ¶

(g) ~~Periodic updates describing the individual's progress.~~ ¶

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

(a) The date of the transfer; ¶

(b) The reason for the transfer; ¶

(c) For substance use disorder and co-occurring services, ASAM level of care recommendation and overall determination of the severity of risk the individual is experiencing at the time of transfer; ¶

(d) Referrals to follow up services and other behavioral health providers; and ¶

(e) Outreach efforts made, as applicable and as defined in these rules.

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

Statutes/Other Implemented: ORS 161.390 - 161.400, 428.205 - 428.270, 430.010, 430.205- 430.210, 430.254 - 430.640, 430.850 - 430.955, 743A.168

ADOPT: 309-019-0181

NOTICE FILED DATE: 01/20/2023

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

CHANGES TO RULE:

309-019-0181

Early Intervention ASAM Level 0.5

Programs shall be certified by the Division in accordance with OAR 309 Division 008 in order to render outpatient substance use disorder treatment and recovery services. A certificate issued to a program shall be effective for a duration not to exceed three years from the date of issue and may be renewed, conditioned, denied, suspended, or revoked by the Division in the manner set forth in OAR 309-008. Certified programs shall meet the standards set forth in these rules and all applicable statutes.¶

(1) Currently certified providers shall submit complete outpatient substance use disorder treatment and recovery services applications to render each selected ASAM Level(s) of Care no later than October 1, 2023.¶

(2) Division approved ASAM level(s) of Care shall be added to the outpatient substance use disorder treatment and recovery services certificate starting January 1, 2024. ¶

(3) Effective April 1, 2024, all outpatient substance use disorder treatment programs must have a valid certificate designating each ASAM Level(s) of Care that they are certified by the Division to provide.¶

(4) Each program shall operate within the scope of the service(s) and ASAM Level of Care types listed on their certificate. ¶

(5) In addition to any other requirements described in these rules and applicable statutes, programs certified to render adolescent or adult Early Intervention ASAM Level 0.5 services shall, at a minimum, meet and maintain documentation demonstrating ongoing compliance with each of the following standards; Individuals placed at this ASAM Level of Care shall meet the following ASAM admission criteria:¶

(a) ASAM dimensional admission criteria in at least one of Dimensions 4, 5, or 6; ¶

(b) Identifiable concerns in Dimensions 1, 2 and 3 are stable or being addressed through program or other community-based services;¶

(c) Evidence of concern or risk factors that appear to be related to substance use behavior; and¶

(d) Risk factors for developing a substance use disorder when the information is insufficient to diagnose a DSM-5-TR substance use, substance induced or other type of addictive disorder.¶

(6) Programs approved to render ASAM Level 0.5 programs shall meet the following standards: ¶

(a) The Medical Director or an LMP shall be available for complex case consultation;¶

(b) Staff in adolescent programs shall be knowledgeable about adolescent development and in engaging adolescents.¶

(c) Program shall offer an array of services and supports, including the following: ¶

(A) Individual, group and family counseling; ¶

(B) Motivational Interventions; ¶

(C) Education; and ¶

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

(d) When it is determined an individual meets criteria for a higher ASAM Level of Care, the program shall provide care coordination to assist the individual in concurrently completing any applicable education requirements at Early Intervention ASAM Level 0.5 and treatment in an Outpatient Level of Care or transitioning to the identified services.

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

Statutes/Other Implemented: ORS 161.390-161.400, 428.205-428.270, 430.010, 430.205-430.210, 430.254-430.640, 430.850-430.955, 743A.168

RULE SUMMARY: New rule set consistent with ASAM level of care and program expectations for level 1

CHANGES TO RULE:

309-019-0182

Outpatient Substance Use Disorder Services ASAM Level 1

Programs shall be certified by the Division in accordance with OAR 309 Division 008 in order to render outpatient substance use disorder treatment and recovery services. A certificate issued to a program shall be effective for a duration not to exceed three years from the date of issue and may be renewed, conditioned, denied, suspended, or revoked by the Division in the manner set forth in OAR 309-008. Certified programs shall meet the standards set forth in these rules and all applicable statutes.¶

(1) Currently certified providers shall submit complete outpatient substance use disorder treatment and recovery services applications to render each selected ASAM Level(s) of Care and any optional Enhanced ASAM Service Designation(s) no later than October 1, 2023.¶

(2) Division approved ASAM level(s) of Care and optional Enhanced ASAM Service designation(s), if any, shall be added to the outpatient substance use disorder treatment and recovery services certificate starting January 1, 2024. ¶

(3) Effective April 1, 2024, all outpatient substance use disorder treatment programs must have a valid certificate designating each the following ASAM Level(s) of Care and any optional Enhanced ASAM Service designation(s) that they are certified by the Division to provide.¶

(4) Each program shall operate within the scope of the service and ASAM Level of Care types listed on their certificate. ¶

(5) In addition to any other requirements described in these rules and applicable statutes, programs certified to render adolescent or adult residential ASAM Level 1 services shall, at a minimum, meet and maintain documentation demonstrating ongoing compliance with each of the following standards:¶

(a) ASAM Level of Care 1 programs shall ensure the individual meets ASAM dimensional admission criteria:¶

(A) ASAM dimensional admission criteria in each of the Dimensions; ¶

(B) Diagnostic criteria for a substance use, substance-induced or other addictive disorder, per DSM-5-TR, or the probability of such a diagnosis is determined through collateral information; and¶

(C) When the ASAM Level of Care placement is not the same as the ASAM Level of Care assessed, the documentation shall include a rationale for this discrepancy. ¶

(b) Program staff shall include:¶

(A) Medical Director or LMP who shall be available for complex case consultation; and¶

(B) Adolescent programs shall have program staff knowledgeable about adolescent development and experienced in engaging and working with adolescent. ¶

(c) Arrange transfer of individuals to all other ASAM Levels of Care as indicated; and¶

(d) Provide instruction on accessing emergency services by telephone 24 hours per day, 7 days per week.¶

(6) Programs shall provide an array of weekly services and supports that are designed to meet the needs of the individual and their clinical severity through the number of planned hours per week and the type of planned services and supports. Programs shall ensure the following minimum standards:¶

(a) Less than 9 hours of weekly treatment contact for adults; ¶

(b) Less than 6 hours of weekly treatment contact for adolescent; ¶

(c) Designed to meet the needs of the individual and their clinical severity through the number of planned hours per week and the type of planned services and supports:¶

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

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

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

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

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

(7) ASAM Enhanced Service designation(s) are service types that the program may choose to apply to render to either adults or adolescents when it corresponds to an ASAM Level of Care that is certified by the Division. Programs certified to render Outpatient Substance Use Disorder Services ASAM Level 1 may choose to also be certified to render any of the following Enhanced Service types:¶

(a) ASAM Level 1 Co-occurring Capable services. Programs certified to render Co-occurring Capable ASAM Level

1 services shall render ASAM Level of Care 1 services as described in this rule and also, at a minimum:¶

(A) Individuals admitted have co-occurring mental disorders that meet the stability criteria for a co-occurring capable program, or experience troublesome but subsyndromal symptomology; and¶

(B) The mental health services are either rendered by community partners and closely coordinated or rendered by program staff who are qualified, credentialed and working within their scope.¶

(b) ASAM Level 1 Co-occurring Enhanced services. Programs certified to render Co-occurring Enhanced ASAM Level 1 services shall render ASAM Level of Care 1 services as described in this rule and also, at a minimum:¶

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

(B) Render services as described in ASAM Level 2.5 Co-occurring Capable Program rules;¶

(C) Include individuals whose co-occurring disorders are documented as either:¶

(i) Moderate severity and needing ongoing monitoring; or¶

(ii) High severity and chronic but have stabilized to the extent where these services are potentially beneficial.¶

(D) Offer the following services:¶

(i) Monitor and manage psychotropic medication;¶

(ii) Mental health treatment; and¶

(iii) Services that address the interaction between mental health and substance use disorders.

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

Statutes/Other Implemented: ORS 161.390-161.400, 428.205-428.270, 430.010, 430.205-430.210, 430.254-430.640, 430.850-430.955, 743A.168

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

CHANGES TO RULE:

309-019-0183

Intensive Outpatient Substance Use Disorder Services ASAM Level 2.1

Programs shall be certified by the Division in accordance with OAR 309 Division 008 in order to render outpatient substance use disorder treatment and recovery services. A certificate issued to a program shall be effective for a duration not to exceed three years from the date of issue and may be renewed, conditioned, denied, suspended, or revoked by the Division in the manner set forth in OAR 309-008. Certified programs shall meet the standards set forth in these rules and all applicable statutes.¶

(1) Currently certified providers shall submit complete outpatient substance use disorder treatment and recovery services applications to render each selected ASAM Level(s) of Care and any optional Enhanced ASAM Service Designation(s) no later than October 1, 2023.¶

(2) Division approved ASAM level(s) of Care and optional Enhanced ASAM Service designation(s), if any, shall be added to the outpatient substance use disorder treatment and recovery services certificate starting January 1, 2024. ¶

(3) Effective April 1, 2024, all outpatient substance use disorder treatment programs must have a valid certificate designating each the following ASAM Level(s) of Care and any optional Enhanced ASAM Service designation(s) that they are certified by the Division to provide.¶

(4) Each program shall operate within the scope of the service(s) and Level(s) of Care listed on their certificate. ASAM Level 2.1 services and supports may be rendered within an ASAM Level 3.1 service setting that is owned and operated by the same provider. ¶

(5) In addition to any other requirements described in these rules and applicable statutes, programs certified to render adolescent or adult residential ASAM Level 2.1 services shall, at a minimum, meet and maintain documentation demonstrating ongoing compliance with each of the following standards:¶

(a) The individual meets ASAM dimensional admission criteria for ASAM Level 2.1 when:¶

(A) Adult ASAM dimensional admission criteria is met in Dimensions 2, 3 and one of 4, 5, or 6; ¶

(B) Adolescent ASAM dimensional admission criteria is met in Dimensions 1 and 2, and the severity specifications in at least one of Dimensions 3, 4, 5, or 6;¶

(C) Diagnostic criteria for a substance use or other addictive disorder, per DSM-5-TR, or the probability of such a diagnosis is determined through collateral information; and¶

(D) When the ASAM Level of Care placement is not the same as the ASAM Level of Care assessed, the documentation shall include a rationale for this discrepancy. ¶

(b) Program staff include: ¶

(A) A Medical Director or LMP with credentialing, training or experience in addiction medicine be available for complex case consultation; and ¶

(B) Adolescent programs shall have program staff knowledgeable about adolescent development and experienced in engaging and working with adolescents. ¶

(c) Arrange transfer of individuals to all other ASAM Levels of Care as indicated; and¶

(d) Provide instruction on accessing emergency services by telephone 24 hours per day, 7 days per week.¶

(6) Programs shall provide an array of weekly services and supports that are designed to meet the needs of the individual and their clinical severity through the number of planned hours per week and the type of planned services and supports. Programs shall ensure the following minimum standards:¶

(a) 9 to 19 hours of weekly treatment contact for adults;¶

(b) 6 to 19 hours of weekly treatment contact for adolescents;¶

(c) Services rendered by the program: ¶

(A) Individual, group and family therapy; and¶

(B) Psychoeducation and motivational strategies.¶

(d) Services rendered by the program or coordinated through consultation and referral: ¶

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

(B) Psychiatric and medical services; ¶

(C) Medication management; ¶

(D) Occupational or recreational; ¶

(E) Skill-building; ¶

(F) Case management; and ¶

(G) Peer delivered services. ¶

(e) If an adult individual no longer requires 9 or more hours of structured programming per week or adolescent no longer requires 6 or more hours of structured programming per week and is not yet stable enough to transition to ASAM Level 1, the program may lessen the minimum required hours per week for a maximum of two weeks while focusing on stabilization and transition to Level 1. ¶

(7) ASAM Enhanced Service designation(s) are service types that the program may choose to apply to render to either adults or adolescents when it corresponds to an ASAM Level of Care that is certified by the Division. Programs certified to render Outpatient Substance Use Disorder Services ASAM Level 2.1 may choose to also be certified to render any of the following Enhanced Service types:¶

(a) ASAM Level 2.1 Co-occurring Capable services. Programs certified to render Co-occurring Capable ASAM Level 2.1 services shall render ASAM Level of Care 2.1 services as described in this rule and also, at a minimum:¶

(A) Ensure individuals admitted have documented co-occurring mental disorders and are able to tolerate and benefit from a co-occurring capable program, or experience troublesome but subsyndromal symptomology. ¶

(B) Be certified to render services in accordance with OAR 309-019-0145 Intensive Co-occurring Disorders Services:¶

(C) Be appropriate for individuals with co-occurring disorders when the services are integrated into the program; and¶

(D) Arrange medical and psychiatric consultation and medication management.¶

(b) ASAM Level 2.1 Co-occurring Enhanced services. Programs certified to render Co-occurring Enhanced ASAM Level 2.1 services shall render ASAM Level of Care 2.1 services as described in this rule and also, at a minimum:¶

(A) Render services as described by ASAM Level of Care 2.1 Co-occurring Capable program rules.¶

(B) Have access to consult with an LMP; and ¶

(C) Render a comprehensive assessment with history and examination by an LMP within a reasonable timeframe given the current risk assessment and immediate needs profile.

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

Statutes/Other Implemented: ORS 161.390-161.400, 428.205-428.270, 430.010, 430.205-430.210, 430.254-430.640, 430.850-430.955, 743A.168

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

CHANGES TO RULE:

309-019-0184

Partial Hospitalization Substance Use Disorder Services ASAM Level 2.5

Programs shall be certified by the Division in accordance with OAR 309 Division 008 in order to render outpatient substance use disorder treatment and recovery services. A certificate issued to a program shall be effective for a duration not to exceed three years from the date of issue and may be renewed, conditioned, denied, suspended, or revoked by the Division in the manner set forth in OAR 309-008. Certified programs shall meet the standards set forth in these rules and all applicable statutes.¶

(1) Currently certified providers shall submit complete outpatient substance use disorder treatment and recovery services applications to render each selected ASAM Level(s) of Care and any optional Enhanced ASAM Service Designation(s) no later than October 1, 2023.¶

(2) Division approved ASAM level(s) of Care and optional Enhanced ASAM Service designation(s), if any, shall be added to the outpatient substance use disorder treatment and recovery services certificate starting January 1, 2024. ¶

(3) Effective April 1, 2024, all outpatient substance use disorder treatment programs must have a valid certificate designating each the following ASAM Level(s) of Care and any optional Enhanced ASAM Service designation(s) that they are certified by the Division to provide.¶

(4) Each program shall operate within the scope of the service and Level of Care types listed on their certificate. ASAM Level 2.5 services and supports may be rendered within an ASAM Level 3.1 service setting that is owned and operated by the same provider. ¶

(5) In addition to any other requirements described in these rules and applicable statutes, programs certified to render adolescent or adult residential ASAM Level 2.1 services shall, at a minimum, meet and maintain documentation demonstrating ongoing compliance with each of the following standards:¶

(a) The individual meets ASAM dimensional admission criteria for ASAM Level 2.5 when:¶

(A) Adult ASAM dimensional admission criteria is met in Dimensions 2, 3 and one of 4, 5, or 6; ¶

(B) Adolescent ASAM dimensional admission criteria is met when:¶

(i) Stability specifications are met in Dimensions 1 and 2; and¶

(ii) The severity specifications in at least one of Dimensions 3, 4, 5, or 6.¶

(C) Diagnostic criteria for a substance use or other addictive disorder, per DSM-5-TR, or the probability of such a diagnosis is determined through collateral information; and¶

(D) When the ASAM Level of Care placement is not the same as the ASAM Level of Care assessed, the documentation shall include a rationale for this discrepancy. ¶

(b) Program staff include those who are qualified and, when applicable, credentialed according to these rules and working within their scope, and shall include: ¶

(A) A Medical Director or LMP with credentialing, training or experience in addiction medicine or addiction psychiatry. The Medical Director or an LMP addiction specialist is available for complex case consultation; and ¶

(B) Adolescent programs shall have program staff knowledgeable about adolescent development and experienced in engaging and working with adolescent. ¶

(c) Arrange transfer of individuals to all other ASAM Levels of Care as indicated; and¶

(d) Provide instruction on accessing emergency services by telephone 24 hours per day, 7 days per week.¶

(6) Programs shall provide an array of weekly services and supports that are designed to meet the needs of the individual and their clinical severity through the number of planned hours per week and the type of planned services and supports. Programs shall ensure the following minimum standards:¶

(a) 20 or more hours of weekly contact for adults;¶

(b) 20 or more hours of weekly contact hours for adolescents; ¶

(c) ASAM Level 2.5 program includes an array of structured service and support treatment contacts per week, offered in a planned format, that are adapted to the individual's developmental stage and comprehension level. Services and supports offered by the program shall include: ¶

(A) Individual, Group and Family therapy; ¶

(B) Psychoeducation and Motivational strategies; ¶

(C) Skill-building; and ¶

(D) Case management. ¶

(d) Services either offered by the program or coordinated through consultation and referral, which shall include: ¶

- (A) Offer or coordinate access to urinalysis testing and other toxicology and laboratory testing services; ¶
 - (B) Medical consultation and examination, laboratory and toxicology services; ¶
 - (C) Occupational therapy; ¶
 - (D) Recreational therapy; ¶
 - (E) Peer delivered services; and ¶
 - (F) Psychiatric services that are available within a timeframe reflective of the urgency of the symptoms. ¶
 - (7) ASAM Level 2.5 Co-occurring Capable Programs provide an additional and optional version of the services provided in Partial Hospitalization Substance Use Disorder Services ASAM Level of Care 2.5. Programs certified to render Partial Hospitalization Substance Use Disorder Services ASAM Level 2.5 may choose to also be certified to render ASAM Level 2.5 Co-occurring Capable services. All certified service types are listed on one certificate for the program. ¶
 - (8) ASAM Level 2.5 Co-occurring Capable services. Programs certified to render Co-occurring Capable ASAM Level 2.5 services shall render ASAM Level of Care 2.5 services as described in this rule and also, at a minimum: ¶
 - (a) Ensure individuals admitted have documented co-occurring mental disorders who are able to tolerate and benefit from a co-occurring capable program, or experience troublesome but subsyndromal symptomology; ¶
 - (b) Be certified to render services in accordance with OAR 309-019-0145 Intensive Co-occurring Disorders Services; ¶
 - (c) Include program staff working within their scope to document the mental health conditions, the relationship between the mental and substance use disorders, and the individual's current level of functioning; ¶
 - (d) Offer intensive case management; and ¶
 - (e) Offer medication management and psychotherapy either by the program or through consultation and referral. ¶
 - (9) ASAM Level 2.5 Co-occurring Enhanced Programs provide an additional and optional version of the services provided in Partial Hospitalization Substance Use Disorder Services ASAM Level of Care 2.5. Programs certified to render Partial Hospitalization Substance Use Disorder Services ASAM Level 2.5 may choose to also be certified to render ASAM Level 2.5 Co-occurring Enhanced services. All certified service types are listed on one certificate for the program. ¶
 - (10) ASAM Level 2.5 Co-occurring Enhanced services. Programs certified to render Co-occurring Enhanced Programs ASAM Level 2.5 shall render ASAM Level of Care 2.5 services as described in this rule and also, at a minimum: ¶
 - (a) Render services as described by ASAM Level 2.5 Co-occurring Capable Program rules; ¶
 - (b) Have the capacity to effectively treat individuals who have complex co-occurring conditions. These programs shall provide: ¶
 - (A) Psychiatric services; ¶
 - (B) Medication management; ¶
 - (C) A review of the recent psychiatric history; ¶
 - (D) A mental status examination; and ¶
 - (E) A comprehensive psychiatric history examination and assessment performed within a timeframe determined by the individual's psychiatric condition.
- Statutory/Other Authority: ORS 161.390, 413.042, 430.256, 430.640
- Statutes/Other Implemented: ORS 161.390-161.400, 428.205-428.270, 430.010, 430.205-430.210, 430.254-430.640, 430.850-430.955, 743A.168

AMEND: 309-019-0185

NOTICE FILED DATE: 01/20/2023

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

CHANGES TO RULE:

309-019-0185

Outpatient Substance Use Disorders Treatment and Recovery Programs

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

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

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

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

(d) The program shall provide or coordinate the following services and supports: that the individual agrees to address;¶

(A) Gender-specific services and supports;¶

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

(C) Reintegration with family; or community;¶

(D) Peer delivered services;¶

(E) Smoking cessation;¶

(F) Housing;¶

(G) Transportation; and¶

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

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

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

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

(b) Parenting training;¶

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

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

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

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

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

(A) Relationship issues;¶

(B) Sexual and physical abuse;¶

(C) Parenting;¶

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

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

(i) Their developmental needs;¶

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

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

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

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

(b) Services or appropriate referrals shall include:¶

- (A) Family counseling;¶
- (B) Community and social skills training; and¶
- (C) Smoking cessation service.¶
- (6) Continuing care services shall be of appropriate duration and designed to maximize recovery opportunities.
The services shall include:¶
- (a) Reintegration services and coordination with family and schools;¶
- (b) ~~Youth dominated~~Adolescent self-help groups where available;¶
- (c) Referral to emancipation services when appropriate;¶
- (d) Referral to physical or sexual abuse counseling and support services when appropriate; and¶
- (e) Referral for peer delivered services.

Statutory/Other Authority: ORS 161.390, 413.042, 430.640

Statutes/Other Implemented: ORS 161.390 - 161.400, 428.205 - 428.270, 430.010, 430.205 - 430.210, 430.254-430.640, 430.850 - 430.955, 743A.168

AMEND: 309-019-0195

NOTICE FILED DATE: 01/20/2023

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

CHANGES TO RULE:

309-019-0195

DUII Services Providers ¶¶

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

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

(3) DUII Services Providers shall assess, as outlined in OAR 309-019-0135(3), all individuals seeking DUII services. Level of care, diagnosis, frequency of contact, and duration of treatment services shall be consistent with the current DSM-5-TR diagnostic and The ASAM Criteria.¶¶

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

(a) Do not currently meet DSM-5-TR diagnostic criteria for a SUD; and¶¶

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

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

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

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

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

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

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

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

(e) SUD signs and symptoms;¶¶

(f) SUD recovery support services; and¶¶

(g) Alternatives to intoxicated driving.¶¶

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

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

(a) Meet DSM-5-TR diagnostic criteria for a SUD; or¶¶

(b) Meet ASAM ~~Criteria for Level 1~~ Level of Care 1.0 or higher; or¶¶

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

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

(8) DUII Rehabilitation shall include:¶¶

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

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

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

(a) At the time of assessment; and¶¶

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

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

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

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

(a) Alcohol;¶¶

(b) Marijuana;¶¶

(c) Cocaine;¶¶

(d) Amphetamines;¶¶

(e) Opiates; and¶¶

(f) Benzodiazepines.¶¶

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

- (12) Individuals enrolled in DUII Education are expected to demonstrate abstinence from use of intoxicants as evidenced by negative urinalysis reports, except as allowed in ORS 813.200. Individuals who provide a positive urinalysis test or who self-report use of a substance shall be required to complete DUII Rehabilitation.¶
- (13) Individuals enrolled in DUII Rehabilitation are expected to maintain abstinence from use of intoxicants as evidenced by negative urinalysis tests, except as allowed in ORS 813.200, while outside of a controlled environment for no less than the final 90 days of the DUII Rehabilitation program.¶
- (14) Notwithstanding sections (9)-(11), DUII Services Providers may issue a DUII Treatment Completion Certificate for individuals convicted of DUII or proof of completion for individuals under a diversion agreement, if the individual has fulfilled all other requirements of this rule except for submission of urinalysis testing as required due to a state of emergency declared by the state or county in which the individual or DUII Services Provider is located. The individual's service record must clearly document the reason the state of emergency prevented submission of urinalysis as required in sections (9)-(11).¶
- (15) Division approved DUII Services Providers shall issue a DUII Treatment Completion Certificate (DTCC) for individuals convicted of a DUII using Division approved forms and procedures after:¶
- (a) Receipt of referral from an ADSS; and¶
 - (b) Completion of DUII Education or DUII Rehabilitation, including applicable abstinence requirements, as outlined in these rules; and¶
 - (c) Compliance with the terms of the fee agreement between the provider and the individual.¶
- (16) The Division shall issue a DTCC for individuals completing an out-of-state intoxicated driving program after:¶
- (a) Documentation of the individual's residency in a state other than Oregon; and¶
 - (b) Receipt of a copy of the individual's referral from an ADSS; and¶
 - (c) Documentation of completion of an intoxicated driving program as allowed for the equivalent conviction in the individual's state of residence. Residents of states that do not require DUII treatment shall complete a program that is substantially equivalent to Oregon's standards.¶
- (17) Division approved DUII Services Providers must report:¶
- (a) To the Division using the mandated state data system; and¶
 - (b) To the referring ADSS as allowed by HIPPA and 42 CFR Part 2:¶
 - (A) No later than 30 calendar days from the date of referral;¶
 - (B) Every 30 calendar days while enrolled in DUII Rehabilitation;¶
 - (C) No later than 14 calendar days from the date of discharge;¶
 - (D) No later than seven calendar days from the written request of the ADSS.¶
- (18) The individual's Service Record must include all information necessary to document the individual's successful or unsuccessful completion of DUII Services.
- Statutory/Other Authority: ~~ORS 413.042, ORS 430.640, ORS 430.254, ORS 430.256, ORS 430.357~~
- Statutes/Other Implemented: ~~ORS 430.010, ORS 743A.168, ORS 430.030, ORS 430.254-430.640~~