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PERMANENT ADMINISTRATIVE ORDER

FILED
04/07/2023 11:06 AM
ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

BHS 10-2023

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

EFFECTIVE DATE: 04/07/2023

AGENCY APPROVED DATE: 04/07/2023

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RULES:
309-018-0105, 309-018-0108, 309-018-0110, 309-018-0125, 309-018-0130, 309-018-0135, 309-018-0140, 309-018-0145, 309-018-0150, 309-018-0155, 309-018-0181, 309-018-0182, 309-018-0183, 309-018-0184

AMEND: 309-018-0105

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:

309-018-0105
Definitions ¶

(1) "Abuse of an Adult" means the circumstances defined in O~~AR 407-045 for abuse of an adult with mental illness. ¶~~
~~(2) "Abuse of a Child" means the circumstances defined in ORS 419B.005. ¶~~
~~(3) "Health Systems Services and Supports" means all services and supports including but not limited to Outpatient Community Mental Health Services and Supports for Children and Adults, Intensive Treatment Services for Children, Outpatient and Residential Substance Use Disorders Treatment Services, and Outpatient and Residential Problem Gambling Treatment Services. ¶~~
~~(4) "Adolescent" means an individual from 12 through 17 years of age or those individuals who are determined to be developmentally appropriate for youth services. ¶~~
~~(5) "Adult" means a person 18 years of age or older or an emancipated minor. An individual with Medicaid eligibility, who is in need of services specific to children, adolescents, or young adults in transition, shall be considered a child until age 21 for the purposes of these rules. Adults who are between the ages of 18 and 21, who are considered children for purposes of these rules, shall have all rights afforded to adults as specified in these rules. ¶~~
~~(6) "Assessment" means the process of obtaining sufficient information through a face-to-face interview to determine a diagnosis and to plan individualized services and supports. ¶~~

(7) "ASAM Criteria" means the most current edition of the American Society of Addiction Medicine (ASAM) for the Treatment of Addictive, Substance-related, and Co-Occurring Conditions, which is a clinical guide to develop patient-centered service plans and make objective decisions about admission, continuing care, and transfer or discharge for individuals and is incorporated by reference in these rules. ¶
(8) "Authority" means the Oregon Health Authority. ¶
(9) "Behavioral Health Treatment" means treatment for mental health, substance use disorders, and problem gambling. ¶
(10) "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 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. ¶
(11) "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 needed medical, social, educational, entitlement, and other applicable services. ¶
(12) "Certificate" means the document or documents issued by the Division, which identifies and declares certification of a provider pursuant to OAR 309-008-0100 to 309-008-1600. A letter accompanying issuance of the certificate shall detail the scope and approved service delivery locations of the certificate. ¶
(13) "Child" means an individual under the age of 18. An individual with Medicaid eligibility, who is in need of services specific to children, adolescents, or young adults in transition, shall be considered a child until age 21 for purposes of these rules. ¶
(14) "Chief Officer" means the Chief Health Systems Officer of the Health Systems Division or designee. ¶
(15) "Clinical Supervision" means oversight by a qualified clinical supervisor of substance use, problem gambling, or mental health services and supports provided according to this rule, including ongoing evaluation and improvement of the effectiveness of those services and supports. ¶
(16) "Clinical Supervisor" means a person qualified to oversee and evaluate substance use, problem gambling, or mental health services and supports. ¶
(17) "Co-occurring Substance Use and Mental Health Disorders (COD)" means the existence of a diagnosis of both a substance use disorder and a mental health disorder. ¶
(18) "Community Health Worker" or "CHW" means an individual who meets qualification criteria adopted by the authority under ORS 414.665 (Traditional health workers utilized by coordinated care organizations) ¶
(19) "Court" means the last convicting or ruling court unless specifically noted. ¶
(20) "Criminal Records Check" means the Oregon Criminal Records Check and the processes and procedures required by OAR 943-007-0001 through 943-007-0501. ¶
(21) "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. ¶
(22) "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. ¶
(23) "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. ¶
(24) "Culturally Specific Program" means a program that is designed to meet the unique service needs of a specific culture and that provides services to a majority of individuals representing that culture. ¶
(25) "Diagnosis" means the principal mental health, substance use or problem gambling diagnosis listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM). The diagnosis is determined through the assessment and any examinations, tests, or consultations suggested by the assessment and are the medically appropriate reason for services. ¶
(26) "Division" means the Health Systems Division of the Oregon Health Authority, or its designee. ¶
(27) "DSM" means the most recent version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association. ¶
(28) "Emergent" means the onset of symptoms requiring attention within 24 hours to prevent serious deterioration in mental or physical health or threat to safety. ¶
(29) "Employment Support Services" means services approved by the 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. ¶
(30) "Entry" means the act or process of acceptance and enrollment into services regulated by this rule. ¶
(31) "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. ¶
(32) "Family" means the biological or legal parents, siblings, other relatives, foster parents, legal guardians, spouse, domestic partner, caregivers, and other primary relations to the individual whether by blood, adoption, legal, or social relationships. Family also means any natural, formal, or informal support persons identified as important by the individual. ¶
(33) "Gender Identity" means a person's self-identification of gender without regard to legal or biological identification, including but not limited to persons identifying themselves as male, female, transgender, and transsexual. ¶
(34) "Gender Presentation" means the external characteristics and behaviors that are socially defined as either masculine or feminine, such as dress, mannerisms, speech patterns, and social interactions. ¶
(35) "Grievance" means a formal complaint submitted to a provider verbally or in writing by an individual or the individual's chosen representative, pertaining to the denial or delivery of services and supports. ¶
(36) "Guardian" means an individual appointed by a court of law to act as guardian of a minor or a legally incapacitated person. ¶
(37) "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). ¶
(38) "Housing Support Services" means services approved by the 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. ¶
(39) "Institutions of Mental Disease" or "IMD" means a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, which includes substance use disorders (SUDs). ¶
(40) "Incident Report" means a written description of any incident involving an individual or child of an individual receiving services occurring on the premises of the program or involving program staff or a Service Plan activity including but not limited to injury, major illness, accident, act of physical aggression, medication error, suspected abuse or neglect, or any other unusual incident that presents a risk to health and safety. ¶
(41) "Individual" means any individual being considered for or receiving services and supports regulated by these rules. ¶
(42) "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. ¶
(43) "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. ¶
(44) 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. ¶
(45) "Intern" or "Student" means an individual who provides a paid or unpaid program service to complete a credentialed or accredited educational program recognized by the State of Oregon. ¶
(46) "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. ¶
(47) "Licensed Health Care Professional" means a practitioner of the healing arts acting within the scope of his or her practice under State law who is licensed by a recognized governing board in Oregon. ¶
(48) "Licensed Medical Practitioner (LMP)" means an individual who meets the following minimum qualifications as documented by the Local Mental Health Authority (LMHA) or designee: ¶
(a) Physician licensed to practice in the State of Oregon; or ¶
(b) Nurse practitioner licensed to practice in the State of Oregon; or ¶
(c) Physician's Assistant licensed to practice in the State of Oregon; and ¶
(d) Whose training, experience, and competence demonstrate the ability to conduct a mental health assessment and provide medication management. ¶
(49) "Local Mental Health Authority (LMHA)" means one of the following entities: ¶
(a) The board of county commissioners of one or more counties that establishes or operates a CMHP; ¶
(b) The tribal council in the case of a federally recognized tribe of Native Americans that elects to enter into an

agreement to provide mental health services; or ¶
(c) A regional local mental health authority comprised of two or more boards of county commissioners. ¶
(50) "Medicaid" means the federal grant-in-aid program to state governments to provide medical assistance to eligible persons under Title XIX of the Social Security Act. ¶
(51) "Medical Director" means a physician licensed to practice medicine in the State of Oregon and who is designated by a substance use disorders treatment program to be responsible for the program's medical services, either as an employee or through a contract. ¶
(52) "Medically Appropriate" means services and medical supplies required for prevention, diagnosis, or treatment of a physical or behavioral health condition or injuries and that are: ¶
(a) Consistent with the symptoms of a health condition or treatment of a health condition; ¶
(b) Appropriate with regard to standards of good health practice and generally recognized by the relevant scientific community and professional standards of care as effective; ¶
(c) Not solely for the convenience of an individual or a provider of the service or medical supplies; and ¶
(d) The most cost effective of the alternative levels of medical services or medical supplies that can be safely provided to an individual. ¶
(53) "Medication Administration Record" means the documentation of the administration of written or verbal orders for medication, laboratory, and other medical procedures issued by an LMP acting within the scope of his or her license. ¶
(54) "Medication Assisted Treatment (MAT)" means the use of medication in combination with counseling and behavioral therapies for the treatment of substance use disorders. ¶
(55) "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). ¶
(56) "Oregon Health Authority" means the Oregon Health Authority of the State of Oregon. ¶
(57) "Outreach" means the delivery of behavioral health services, referral services, and case management services in non-traditional settings, including but not limited to the individual's residence, shelters, streets, jails, transitional housing sites, drop-in centers, single room occupancy hotels, child welfare settings, educational settings, or medical settings. It also refers to attempts made to engage or re-engage an individual in services by such means as letters or telephone calls. ¶
(58) "Peer" means any individual supporting an individual or the individual's family member who has similar life experience, either as a current or former recipient of substance use, problem gambling, or mental health services, or as a family member of an individual who is a current or former recipient of substance use, problem gambling, or mental health services. ¶
(59) "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. ¶
(60) "Peer Support Specialist" means a qualified individual providing peer delivered services to an individual or family member with similar life experience under the supervision of a qualified clinical supervisor and a qualified peer delivered services supervisor as resources are made available. A peer support specialist shall be: ¶
(a) A self-identified individual currently or formerly receiving substance use, problem gambling or mental health services; ¶
(b) A self-identified individual in recovery from a substance use disorder who meets the abstinence requirements for recovering staff in substance use disorders treatment and recovery programs; ¶
(c) A self-identified individual in recovery from problem gambling; or ¶
(d) A person who has experience parenting a child who: ¶
(A) Is a current or former consumer of mental health or substance use treatment; or ¶
(B) Is facing or has faced difficulties in accessing education and health and wellness services due to a mental health or behavioral health barrier. ¶
(61) "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. ¶
(62) "Peer Delivered Services Supervisor" means a qualified individual certified as a PSS or PWS with at least one year of experience as a PSS or PWS in behavioral health services to evaluate and guide PSS and PWS program staff in the delivery of peer delivered services and supports. ¶
(63) "Peer Wellness Specialist" means an individual who supports an individual in identifying behavioral health service and support needs through community outreach, assisting individuals with access to available services and resources, addressing barriers to services, and providing education and information about available resources and behavioral health issues in order to reduce stigma and discrimination toward consumers of behavioral health

services and to provide direct services to assist individuals in creating and maintaining recovery, health, and wellness under the supervision of a qualified clinical supervisor and a qualified peer delivered services supervisor as resources are made available. A peer wellness specialist shall be: ¶
(a) A self-identified individual currently or formerly receiving mental health services; or ¶
(b) A self-identified individual in recovery from a substance use or gambling disorders who meets the abstinence requirements for recovering staff in substance use disorders or gambling treatment programs; or ¶
(c) A family member of an individual who is a current or former recipient of substance use, mental health, or problem gambling services. ¶
(64) "Problem Gambling Treatment Staff" means a person certified or licensed by a health or allied provider agency to provide problem gambling treatment services that include assessment, development of a Service Plan, group and family counseling. ¶
(65) "Program" means a particular type or level of service that is organizationally distinct. ¶
(66) "Program Administrator" or "Program Director" means a person with appropriate professional qualifications and experience who is designated to manage the operation of a program. ¶
(67) "Program Staff" means an employee or person who, by contract with the program, provides a service and who has the applicable competencies, qualifications, or certification required in this rule to provide the service. ¶
(68) "Provider" means an organizational entity or qualified individual that is operated by or contractually affiliated with a community mental health program or contracted directly with the Division for the direct delivery of substance use, problem gambling, or mental health services and supports. ¶
(69) "Publicly Funded" means financial support, in part or in full, with revenue generated by a local, state, or federal government. ¶
(70) "Quality Assessment and Performance Improvement" means the structured, internal monitoring and evaluation of services to improve processes, service delivery, and service outcomes. ¶
(71) "Recovery" means a process of healing and transformation for a person to achieve full human potential and personhood in leading a meaningful life in communities of his or her choice. ¶
(72) "Representative" means a person who acts on behalf of an individual at the individual's request with respect to a grievance, including but not limited to a relative, friend, employee of the Division, attorney, or legal guardian. ¶
(73) "Resilience" means the universal capacity that a person uses to prevent, minimize, or overcome the effects of adversity. Resilience reflects a person's strengths as protective factors and assets for positive development. ¶
(74) "Residential Substance Use Disorders Treatment Program" means a publicly or privately operated program as defined in ORS 430.010 that provides assessment, treatment, rehabilitation, and twenty-four hour observation and monitoring for individuals with substance use dependence, consistent with Level III of ASAM PCC. ¶
(75) "Residential Problem Gambling Treatment Program" means a publicly or privately operated program that is licensed in accordance with OAR 415-012-0000 through 415-012-0090 that provides assessment, treatment, rehabilitation, and twenty-four hour observation and monitoring for individuals with gambling related problems. ¶
(76) "Screening" means the process to determine whether the individual needs further assessment to identify circumstances requiring referrals or additional services and supports. ¶
(77) "Service Delivery Rules" means the OAR describing specific regulatory standards for the possible array of services covered by certificates issued under chapter 309, division 8. ¶
(78) "Service Plan" means a comprehensive plan for services and supports provided to or coordinated with an individual and his or her family, as applicable, that is reflective of the assessment and the intended outcomes of service. ¶
(79) "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. ¶
(80) "Service Record" means the documentation, written or electronic, regarding an individual and resulting from entry, assessment, orientation, services and supports planning, services and supports provided, and transfer. ¶
(81) "Services" means those activities and treatments described in the Service Plan that are intended to assist the individual's transition to recovery from a substance use disorder, problem gambling disorder, or mental health condition and to promote resiliency and rehabilitative and functional individual and family outcomes. ¶
(82) "Signature" means any written or electronic means of entering the name, date of authentication, and credentials of the person providing a specific service or the person authorizing services and supports. Signature also means any written or electronic means of entering the name and date of authentication of the individual receiving services, the guardian of the individual receiving services, or any authorized representative of the individual receiving services. ¶
(83) "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. ¶

~~(84) "Specialty Program" means a licensed Residential Substance Use Disorder treatment program that focuses on providing treatment to specialized populations. Treatment programming and planning must be specialized to the population and individual being served.¶~~
~~(85) "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. ¶~~
~~(86) "Substance Use Disorders" means disorders related to the taking of a drug of abuse including alcohol to the side effects of a medication and to a toxin exposure. The disorders include substance use disorders such as substance dependence and substance abuse and substance-induced disorders, including substance intoxication, withdrawal, delirium, and dementia, as well as substance induced psychotic disorder, mood disorder, etc., as defined in DSM criteria. ¶~~
~~(87) "Substance Use Disorders Treatment and Recovery Services" means outpatient, intensive outpatient, and residential services and supports for individuals with substance use disorders. ¶~~
~~(88) "Substance Use Disorders Treatment Staff" means a person certified or licensed by a health or allied provider agency to provide substance use disorders treatment services that include assessment, development of a Service Plan, and individual, group, and family counseling. ¶~~
~~(89) "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. ¶~~
~~(90) "Transfer" means the process of assisting an individual to transition from the current services to the next appropriate setting or level of care. ¶~~
~~(91) "Transitioning" means a 90-day period which begins when an individual is discharged from an inpatient or residential stay back to a community setting. ¶~~
~~(92) "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. ¶~~
~~(93) "Treatment" means the planned, medically appropriate, individualized program of medical, psychological, and rehabilitative procedures, experiences and activities designed to remediate symptoms of a DSM diagnosis that are included in the Service Plan. ¶~~
~~(94) "Urinalysis Test" means an initial test and, if positive, a confirmatory test: ¶~~
~~(a) An initial test shall include, at a minimum, a sensitive, rapid, and inexpensive immunoassay screen to eliminate "true negative" specimens from further consideration; ¶~~
~~(b) A confirmatory test is a second analytical procedure used to identify the presence of a specific drug or metabolite in a urine specimen. The confirmatory test shall be by a different analytical method from that of the initial test to ensure reliability and accuracy; ¶~~
~~(c) All urinalysis tests shall be performed by laboratories meeting the requirements of OAR 333-024-0305 to 333-024-0365. ¶~~
~~(95) "Urgent" means the onset of symptoms requiring attention within 48 hours to prevent a serious deterioration in an individual's mental or physical health or threat to safety. ¶~~
~~(96) "Variance" means an exception from a provision of these rules, granted in writing by the Division, upon written application from the provider. Duration of a variance is determined on a case-by-case basis. ¶~~
~~(97) "Volunteer" means an individual who provides a program service or who takes part in a program service and who is not an employee of the program and is not paid for services. The services shall be non-clinical unless the individual has the required credentials to provide a clinical service. ¶~~
~~(98~~RS 430.735 and OAR Chapter 407, Division 45 for abuse of an adult with mental illness or who is receiving residential substance use disorder treatment or withdrawal management services.¶
(2) "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 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, elimination, and cognition.¶
(5) "Admission" means the act or process of enrollment into services as regulated by Chapter 309 Division 18 rules. ¶
(6) "Adolescent" means an individual from 12 through 21 years of age or those individuals who are 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 is in need of services specific to children, adolescents, or young adults in transition, shall be considered a child until age 21 for the purposes of these rules. Adults who are between the ages of 18 and 21, who are considered children for purposes of these rules, shall have all rights afforded to adults as specified in these rules.¶

(8) "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. ¶

(9) "ASAM Dimensional Admission Criteria" means the specifications described in the ASAM Criteria for determining that an individual is appropriately admitted to a program based on six ASAM assessment dimensions. The criteria, dimensions and number of dimensions indicated differs per level of care and is described within The ASAM Criteria, Third Edition.¶

(10) "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. ¶

(11) "ASAM Level of Care 3.1" Clinically Managed Low-Intensity Residential Substance Use Disorder Services means a licensed residential setting as described in The ASAM Criteria, Third Edition with 24-hour structure and support that offers at least 5 hours per week of low-intensity substance use treatment services. Services and supports are designed to facilitate the uptake of recovery skills, relapse prevention, and emotional coping skills. Services and the milieu support individuals in addressing reintegration into family, work, education and other pro-social activities and communities. Programs facilitate reintegration and transition to lower levels of care. ¶

(12) "ASAM Level of Care 3.3" Clinically Managed Population-Specific High-Intensity Substance Use Disorder Residential Services means a licensed residential setting as described in The ASAM Criteria, Third Edition with a 24-hour, structured recovery environment and high-intensity substance use treatment services and supports that meet the functional limitations of the individuals. The functional limitations appropriate for placement in this level of care are primarily cognitive and can be either temporary or permanent. When nursing supervision adequate to the identified needs is available, individuals who also have medical conditions may be placed in this level of care. ¶

(13) "ASAM Level of Care 3.5" Clinically Managed High-Intensity Substance Use Disorder Residential Services means a 24-hour supportive living environment with a habilitative focus with a reliance on the treatment community. Severe substance use and social or emotional limitation(s) are treated in this level of care, where an emphasis on targeted interventions reduces the risk of relapse, reinforces prosocial behaviors, assists with integration into a health community, and offers basic life skills training. Duration at this level of care is marked by the acquisition of coping and relapse prevention skills so that relapse is no longer imminently dangerous. Individuals admitted to this level of care meet the DSM-5-TR criteria for moderate or severe substance use disorder(s) and may have co-occurring mental health disorder(s) meeting DSM-5-TR criteria or experience difficulties with mood, behavior or cognition that are problematic but do not meet diagnostic criteria. ¶

(14) "ASAM Level of Care 3.7" Medically Monitored Intensive Substance Use Disorder Inpatient Services, means a planned and structured program of 24-hour, professionally directed evaluation, observation, medical monitoring and substance use treatment. Individuals admitted to this level of care have subacute biomedical and emotional or cognitive conditions that are severe enough to need a residential setting but not need medically managed inpatient services. This level of care addresses the needs of individuals who have functional limitations in Dimensions 1, 2 and 3. Services are delivered by an interdisciplinary staff that are appropriately credentialed. See also, "Bio-medical Enhanced ASAM Level of Care 3.7" and "Co-Occurring Enhanced ASAM Level of Care 3.7"¶

(15) "ASAM Level of Care Determination" means documentation in the service record that justifies the change in a Level of Care placement, whether the placement is more intensive or less intensive, completed in a multidimensional format that captures what has changed for the individual and resulted in the change in placement. It is the result of an evaluation of the level of care rating for each dimension, the interactions of each dimension, and the individual's preferred level of care. These are used together to inform the determination of overall level of care assessment and placement decisions, with a rationale for any discrepancy.¶

(16) "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 residential substance use disorder treatment programs, the assessment is multidimensional and consistent with The ASAM Criteria third edition¶

(17) "Authority" means the Oregon Health Authority.¶

(18) "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.¶

(19) "Behavioral Health Clinician" means a practitioner of behavioral health services whose authorized scope of practice includes substance use and mental health diagnosis and treatment.¶
(20) "Behavioral Health Treatment" means treatment for mental health, substance use disorders, and problem gambling.¶
(21) "Bio-medical Enhanced ASAM Level of Care 3.1" means ASAM Level of Care 3.1 Clinically Managed Low-Intensity Residential Substance Use Disorder Services programs that also offers onsite or closely facilitates off-site the medical services needed to assess and treat co-occurring bio-medical conditions, and the intensity of on-site nursing care meets each individual's identified needs.¶
(22) "Bio-medical Enhanced ASAM Level of Care 3.3" means, in addition to the definition of ASAM Level of Care 3.3 Clinically Managed Population-Specific High-Intensity Substance Use Disorder Residential Services, medical services are rendered by medical staff working within their scope and staffed in a manner that meets the identified needs.¶
(23) "Bio-medical Enhanced ASAM Level of Care 3.5" means, in addition to the definition of ASAM Level of Care 3.5 Clinically Managed High-Intensity Substance Use Disorder Residential Services these programs offer medical services that are rendered by medical staff working within their scope, and the medical services are staffed in a manner such that the medical oversight and treatment meet the identified needs.¶
(24) "Bio-medical Enhanced ASAM Level of Care 3.7" means in addition to the definition of ASAM Level of Care these programs offer medical services that are rendered by medical staff working within their scope, and the medical services are staffed in a manner such that the medical oversight and treatment meet the identified needs.¶
(25) "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.¶
(26) "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, 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.¶
(27) "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.¶
(28) "Certificate" means the document or documents issued by the Division, which identifies and declares certification of a provider pursuant to OAR 309-008-0100 to 309-008-1600. A letter accompanying issuance of the certificate shall detail the scope and approved service delivery locations of the certificate.¶
(29) "Child" means an individual under the age of 18. An individual with Medicaid eligibility, who is in need of services specific to children, adolescents, or young adults in transition, shall be considered a child until age 21 for purposes of these rules.¶
(30) "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.¶
(31) "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.¶
(32) "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 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 309-014. ¶
(33) "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.¶
(34) "Cognitive Ability" means a general mental capability involving reasoning, problem solving, planning, abstract thinking, complex idea comprehension and learning from experience.¶
(35) "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. ¶
(36) 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.¶
(37) "Consistent with ASAM Criteria" means containing information that demonstrates use of and adherence to the description of components contained within The ASAM Criteria, Third Edition. ¶
(38) "Co-Occurring Enhanced ASAM Level of Care 3.1" means ASAM Level of Care 3.1 Clinically Managed Low-Intensity Residential Substance Use Disorder Services programs that also offer onsite or closely facilitate off-site psychiatric services that meet the individual's identified needs, including medication evaluation and laboratory services. Individuals admitted to this care have documented mental health disorder(s) that may or may not meet criteria for a DSM-5-TR diagnosis.¶
(39) "Co-Occurring Enhanced ASAM Level of Care 3.3" means in addition to the definition of ASAM Level of Care 3.3 Clinically Managed Population-Specific High-Intensity Substance Use Disorder Residential Services, psychiatric services are rendered by psychiatrists and other qualified behavioral health clinicians trained in the interactions between psychotropic medications and substance use.¶
(40) "Co-Occurring Enhanced ASAM Level of Care 3.5" means in addition to the definition of ASAM Level of Care 3.5 Clinically Managed High-Intensity Substance Use Disorder Residential Services, these programs offer onsite or closely facilitate off-site psychiatric, medication evaluation and laboratory services that meets the individual's identified needs within 24 hours, as indicated by the severity and urgency of the condition. These programs are staffed by psychiatrists and other qualified behavioral health clinician trained in the interactions between psychotropic medications and substance use. Individuals admitted to this level of care meet the diagnostic criteria for a mental health disorder as well as a substance use disorder, as defined by the DSM-5-TR.¶
(41) "Co-Occurring Enhanced ASAM Level of Care 3.7" means in addition to the definition of ASAM Level of Care these programs offer onsite psychiatric and medication evaluation, and nursing observation and care that meets the individual's identified needs, as indicated by the severity and urgency of the condition. These programs are staffed by psychiatrists and other qualified medical and behavioral health clinicians trained in the interactions between psychotropic medications and substance use. Individuals admitted to this level of care meet the diagnostic criteria for a mental health disorder as well as a substance use disorder, as defined by the DSM-5-TR. ¶
(42) "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. ¶
(43) "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.¶
(44) "Community Health Worker (CHW)" means personnel 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.¶
(45) "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.¶
(46) "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.¶
(47) "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.¶
(48) "Crisis Plan" means an individualized document designed in collaboration with the individual served to help anticipate and prevent future crisis episodes and to direct interventions in the instance of a crisis.¶
(49) "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.¶
(50) "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.¶
(51) "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. 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.¶
(52) "Culturally Specific Program" means a program that is designed to meet the unique service needs of a specific culture and that provides services to a majority of individuals representing that culture.¶
(53) "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 the medically necessary reason for services.¶
(54) "Division" means the Health Systems Division of the Oregon Health Authority, or its designee.¶
(55) "Diagnostic and Statistical Manual of Mental Disorders, DSM-5-TRFifth Edition, (DSM-5-TR)" means the textbook used to diagnose and classify mental disorders that is published by the American Psychiatric Association.¶
(56) "Emergent" means the onset of symptoms requiring attention within 24 hours to prevent serious deterioration in mental or physical health or threat to safety.¶
(57) "Employment Support Services" means services approved by the 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.¶
(58) "Entry" means the act or process of acceptance and enrollment into services regulated by this rule.¶
(59) "Episode of Care" means care that begins at treatment admission and ends at discharge.¶
(60) "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.¶
(61) "Family" means the biological or legal parents, siblings, other relatives, foster parents, legal guardians, spouse, domestic partner, caregivers, and other primary relations to the individual whether by blood, adoption, legal, or social relationships. Family also means any natural, formal, or informal support persons identified as important by the individual.¶
(62) "Gender Identity" means an individual's self-identification of gender without regard to legal or biological identification, including but not limited to an individual identifying themselves as male, female, transgender, and transsexual.¶
(63) "Gender Expression" means the external characteristics and behaviors that are socially defined as either masculine or feminine, such as dress, mannerisms, speech patterns, and social interactions.¶
(64) "Grievance" means a formal complaint submitted to a provider verbally or in writing by an individual or the individual's chosen representative.¶
(65) "Guardian" means an individual appointed by a court of law to act as guardian of a minor or a legally incapacitated person.¶
(66) "Habilitation or Habilitative" means medically necessary for the maintenance, learning or improving skills and function for daily living. Services are designed to help an individual improve their level of independence and includes, but is not limited to, services provided in order to help an individual acquire, retain, or improve skills in Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL), community survival skills, communication, self-help, socialization, and adaptive skills necessary to reside successfully in an individual's home or a community-based setting. ¶
(67) "Health Insurance Portability and Accountability Act (HIPAA)" means the federal[MSM1] 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). ¶
(68) "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.¶
(69) "Housing Support Services" means services approved by the 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.¶
(70) "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).¶
(71) "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).¶

(72) "Incident" means any event involving an individual or the 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 or medical event, accident, act of physical aggression, medication error, suspected abuse or neglect, or any other type of unusual or critical event that presents a risk to the health and/ or safety of any person. Critical incidents are reported to the Division.¶
(73) "Incident Report" means a written description of any incident. ¶
(74) "Individual" means any individual being considered for or receiving services and supports regulated by these rules.¶
(75) "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. ¶
(76) "Intensive Case Management" means the management of an array of services and supports that assist the individual in meeting service plan objectives, includes an evaluation of needs and offers to meet those needs through skill building, outreach, advocation, and arranging support services through the provider or external community providers.¶
(77) "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 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.¶
(78) "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.¶
(79) "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 individuals with mental diseases, which includes substance use disorders (SUDs).¶
(80) "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. ¶
(81) "Level of Care Determination" means documentation in the service record that justifies the change in a Level of Care placement, whether the placement is more intensive or less intensive, completed in a 6-Dimensional format that captures what has changed for the individual and resulted in the change in placement. The Level of Care Determination shall include the assessed level of care, the placed level of care, the individual's preferred level of care, and a rationale if there is a difference between the assessed and placed levels of care. ¶
(82) "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.¶
(83) "Licensed Medical Practitioner (LMP)" means aperson who meets the following minimum qualifications as documented by the Local Mental Health Authority (LMHA) or designee:(a) Physician licensed to practice in the State of Oregon; or¶
(b) Nurse practitioner licensed to practice in the State of Oregon; or¶
(c) Physician's Assistant licensed to practice in the State of Oregon; and¶
(d) Whose training, experience, and competence demonstrates the ability to conduct a medical exam, a mental health assessment and provide medication management.¶
(84) "Local Mental Health Authority (LMHA)" means one of the following entities:¶
(a) The board of county commissioners of one or more counties that establishes or operates a CMHP;¶
(b) The tribal council in the case of a federally recognized tribe of Native Americans that elects to enter into an agreement to provide mental health services; or¶
(c) A regional local mental health authority comprised of two or more boards of county commissioners.¶
(85) "Low-Barrier" means the absence of programmatic barriers to service delivery including practice induced stigma. Fundamental elements of Low Barrier services: ¶
(a) Take a harm reduction approach, including the immediate goal of improving quality of life and protecting against loss of life;¶
(b) Offer treatment that meets the unique needs of each individual;¶
(c) Recognize unique recovery trajectories that are personal to each individual and are not dictated by treatment providers;¶
(d) Enable individuals to engage in treatment services, including medication for substance use disorders, without administrative delays or lengthy intake processes;¶
(e) Provide treatment without appointment requirements, prior missed appointments cannot be used to hinder access to treatment;¶
(f) Address transportation barriers;¶
(g) Facilitate access to treatment, services and supports including mental, physical, dental and other ancillary

health care services and supports throughout the treatment episode of care;¶
(h) Eliminate or facilitate minimal travel between multiple service providers; and¶
(i) Involve service providers in outreach services and community engagement.¶
(86) "Low-intensity" means a term used by The ASAM Criteria, Third Edition, in the title for ASAM Level 1 services, which are described in The ASAM Criteria, Third Edition, as generally less than 9 treatment contact hours per week and delivered by non-physician addiction professionals to individuals who are able to control their use or maintain abstinence with minimal support while pursuing recovery goals.¶
(87) "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. ¶
(88) "Medicaid" means the federal grant-in-aid program to state governments to provide medical assistance to eligible persons under Title XIX of the Social Security Act.¶
(89) "Medical Director" means a physician licensed to practice medicine in the State of Oregon and who is designated by a substance use disorders treatment program to be responsible for the program's medical services, either as an employee or through a contract.¶
(90) "Medical Treatment Staff" means program staff who are properly trained, educated, and credentialed to deliver medical services and who, while working within their scope of practice, are directly responsible for the delivery or oversight of withdrawal management services. " ¶
(91) "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. ¶
(92) "Medication" means any drug, chemical, compound, suspension, or preparation in suitable form for use as a curative or remedial substance either internally or externally by any patient.¶
(93) "Medication Administration Record" means the documentation of the administration of written or verbal orders for medication, laboratory, and other medical procedures issued by an LMP acting within the scope of his or her license.¶
(94) "Medication Assisted Treatment (MAT)" means the use of medication in combination with counseling and behavioral therapies for the treatment of substance use disorders.¶
(95) "Mental Health Intern" means mental health 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. ¶
(96) "Milieu Staff" means the type of staff providing support to program staff and the individuals receiving services by monitoring the common areas, providing direction and redirection to individuals receiving services, assisting individuals in getting requests and needs met, taking actions to maintain the safety of the individuals, and informing Substance Use Disorders Treatment Staff of events as to assist in the holding a trauma-informed environment.¶
(97) "Motivational Enhancement Therapy" (MET) means a person-centered approach to therapy that focuses on improving an individual's motivation to change.¶
(98) "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).¶
(99) "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.¶
(100) "Nursing Services" means services that are provided by a registered nurse (RN) or a licensed practical nurse (LPN), Advanced Practice Nurse including Clinical Nurse Specialist, or Certified Nurse Practitioner, licensed by the Oregon Board of Nursing within the scope of practice as defined in OAR chapter 851 division 045.¶
(101) "On-site" means staff are physically present within the licensed facility, on duty, readily accessible and available to assist individuals.¶

(102) "Oregon Health Authority (Authority) or (OHA)" means the Oregon Health Authority of the State of Oregon.¶
(103) "Outreach" means the delivery of behavioral health services, referral services, and case management services in non-traditional settings, including but not limited to the individual's residence, shelters, streets, jails, transitional housing sites, drop-in centers, single room occupancy hotels, child welfare settings, educational settings, or medical settings. It also refers to attempts made to engage or re-engage an individual in services by such means as letters or telephone calls.¶
(104) "Peer" means any person supporting an individual or the individual's family member who has similar life experience, either as a current or former recipient of substance use, problem gambling, or mental health services, or as a family member of an individual who is a current or former recipient of substance use, problem gambling, or mental health services.¶
(105) "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.¶
(106) "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. ¶
(107) "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. ¶
(108) "Peer Support Specialist" 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. ¶
(109) "Peer Wellness Specialist" 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.¶
(110) "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. ¶
(111) "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.¶
(112) "Program" means an organized system of services and supports delivered by a provider designed to address the treatment needs of individuals and families.¶
(113) "Program Administrator" or "Program Director" means program staff with appropriate professional qualifications and experience who is designated to manage the operation of a program.¶
(114) "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. ¶
(115) "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.¶
(116) "Publicly Funded" means financial support, in part or in full, with revenue generated by a local, state, or federal government.¶
(117) Psychiatrist" means a physician licensed by the Oregon Medical Board and who has completed an approved residency training program in psychiatry.¶
(118) "Psychologist" means a person who is currently licensed to practice psychology by the Oregon Board of Psychology.¶
(119) "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.¶

(120) "Qualified Mental Health Professional (QMHP)" means mental health 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.¶
(121) "Quality Assessment and Performance Improvement" means the structured, internal monitoring and evaluation of services to improve processes, service delivery, and service outcomes.¶
(122) "Recovery" means a process of healing and transformation for an individual to achieve full human potential and personhood in leading a meaningful life as they define it in communities of their choice.¶
(123) "Recovery Environment" means the quality and extent of the services and supports, offered within and coordinated by a program, that influence treatment outcomes and connect the individual to external recovery supports.¶
(124) "Rehabilitative Behavioral Health Services" means medical or remedial services recommended by a licensed medical practitioner or other licensed practitioner to reduce impairment to an individual's functioning associated with the symptoms of a mental disorder or substance use disorder and are intended to restore functioning to the highest degree possible. ¶
(125) "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, employee of the Division, attorney, or legal guardian.¶
(126) "Resilience" means the universal capacity that an individual uses to prevent, minimize, or overcome the effects of adversity. Resilience reflects a person's strengths as protective factors and assets for positive development.¶
(127) "Residential Substance Use Disorders Treatment Program" means a publicly or privately operated program as defined in ORS 430.010 that provides assessment, treatment, rehabilitation, and twenty-four hour observation and monitoring for individuals with substance use dependence, consistent with Level 3 of The ASAM Criteria, Third Edition.¶
(128) "Residential Problem Gambling Treatment Program" means a publicly or privately operated program that is licensed in accordance with OAR 415-012-0000 through 415-012-0090 that provides assessment, treatment, rehabilitation, and twenty-four-hour observation and monitoring for individuals with gambling related problems.¶
(129) "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. ¶
(130) "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 strategies to use when self-harm, harm to others or suicide ideation is elevated or following suicidal or parasuicidal behavior.¶
(131) "Screening" means the process to determine whether the individual needs further assessment to identify circumstances requiring referrals or additional services and supports.¶
(132) "Seclusion" means the involuntary confinement of a resident alone in a room or an area from which the resident is physically prevented from leaving. ¶
(133) "Service Delivery Rules" means the OAR describing specific regulatory standards for the possible array of services covered by certificates issued under OAR 309-008.¶
(134) "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.¶
(135) "Service Plan" means a comprehensive plan for services and supports provided to or coordinated with an individual and his or her family, as applicable, that is reflective of the assessment and the intended outcomes of service.¶
(136) "Service Plan Review" means a documented, clinical review by a Substance Use Disorders Treatment Staff of the individual's response to the services and supports provided thus far and includes a current ASAM Level of Care recommendation.¶
(137) "Service Record" means the documentation, written or electronic, regarding an individual and resulting from entry, assessment, orientation, services and supports planning, services and supports provided, and transfer.¶
(138) "Services" means those activities and treatments described in the Service Plan that are intended to assist the individual's transition to recovery from a substance use disorder, problem gambling disorder, or mental health condition and to promote resiliency and rehabilitative and functional individual and family outcomes.¶
(139) "Signature" means any written or electronic means of entering the name, date of authentication, and credentials of the person providing a specific service or the person authorizing services and supports. Signature also means any written or electronic means of entering the name and date of authentication of the individual receiving services, the guardian of the individual receiving services, or any authorized representative of the individual receiving services.¶
(140) "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.¶

(141) "Specialty Program" means a licensed Residential Substance Use Disorder treatment program that focuses on providing treatment to specialized populations. Treatment programming and planning must be specialized to the population and individual being served.¶
(142) "Stabilization" means the application of medical and psychosocial services and supports 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 patients' ability to maintain safety while enhancing their recovery, so they can successfully reintegrate into identified community settings. ¶
(143) "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.¶
(144) "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.¶
(145) "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.¶
(146) "Substance Use Disorders" (SUD) 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. ¶
(147) "Substance Use Disorders Treatment and Recovery Services" means outpatient, intensive outpatient, and residential services and supports for individuals with substance use disorders.¶
(148) "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.¶
(149) "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.¶
(150) "Transfer" means the process of assisting an individual to transition from the current services to the next identified setting or ASAM level of care.¶
(151) "Transitioning" means a 90-day period which begins when an individual is discharged from an inpatient or residential stay back to a community setting.¶
(152) "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.¶
(153) "Treatment" means the planned, medically necessary, individualized program of medical, psychological, and rehabilitative procedures, experiences and activities designed to remediate symptoms of a DSM-5-TR-TR diagnosis.¶
(154) "Unethical" means any conduct that is incongruent with the American Counseling Association's (ACA) Code of Ethics. The fact that a given conduct is not specifically addressed by an ethical standard does not mean that it is necessarily either ethical or unethical. Lack of awareness or misunderstanding of an ethical standard is not itself a defense to a charge of unethical conduct. ¶
(155) "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.¶
(156) "Urgent" means the onset of symptoms requiring attention within 48 hours to prevent a serious deterioration in an individual's mental or physical health or threat to safety.¶
(157) "Variance" means an exception from a provision of these rules granted in writing by the Division pursuant to the process regulated by OAR 415-012-0090 upon written application from the provider. Approval and duration of a variance is determined on a case-by-case basis. ¶
(158) "Volunteer" means a person who performs a service willingly and without pay. ¶
(159) "Wellness" means an approach to healthcare that emphasizes good physical and mental health, preventing illness, and prolonging life.
Statutory/Other Authority: ORS 413.042, 430.256, 428.205 - 428.270, 430.640, 443.450
Statutes/Other Implemented: ORS 109.675, 179.505, 413.520 - 413.522, 430.010, 430.205 - 430.210, 430.254 - 430.640, 430.850 - 430.955, 443.400 - 443.460, 443.991, 461.549, 743A.168, 414.025, 14.665

ADOPT: 309-018-0108

NOTICE FILED DATE: 01/20/2023

RULE SUMMARY: Added new residential SUD license types for consistency with ASAM criteria.

CHANGES TO RULE:

309-018-0108
Licensing Standards
(1) Residential Substance Use Disorders Treatment and Recovery Services Programs shall be licensed by the Division in accordance with OAR 415-012 in order to render residential substance use disorder treatment and recovery services. A License issued to a program shall be effective for a duration not to exceed two 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 415-012. Licensed programs shall meet the standards set forth in these rules and all applicable statutes.¶
(2) Adolescent and adult programs shall be licensed separately.¶
(3) Effective January 1, 2022, the following designations shall be contained within the residential substance use disorder treatment and recovery services license, as applicable:¶
(a) For all residential substance use disorder treatment and recovery programs, the IMD status shall be determined by the Division to be either:¶
(A) IMD Residential; or¶
(B) NON-IMD Residential.¶
(b) Optional residential substance use disorder treatment Specialty Service(s) a residential substance use disorder treatment and recovery services provider may apply to be approved to render: ¶
(A) Pregnant and/ or parenting with dependent children; and¶
(B) Culturally Specific. ¶
(4) Currently licensed providers shall submit complete residential 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.¶
(5) Division approved ASAM level(s) of Care and optional Enhanced ASAM Service designation(s), if any, shall be added to the residential substance use disorder treatment and recovery services licenses starting January 1, 2024. ¶
(6) Effective April 1, 2024, all residential substance use disorder treatment programs must have a valid license designating each the following ASAM Level(s) of Care and any optional Enhanced ASAM Service designation(s) that they are licensed by the Division to provide:¶
(a) At a minimum, the program shall demonstrate compliance with at least one of the following residential substance use disorder ASAM Level(s) of Care in order for the Division to approve licensure:¶
(A) Adult Clinically Managed Low-Intensity Residential Substance Use Disorder Services, ASAM Level of Care 3.1; ¶
(B) Adolescent Clinically Managed Low-Intensity Residential Substance Use Disorder Services, ASAM Level of Care 3.1;¶
(C) Adult Clinically Managed Population-Specific High-Intensity Substance Use Disorder Residential Services, ASAM Level of Care 3.3; ¶
(D) Adult Clinically Managed High-Intensity Substance Use Disorder Residential Services, ASAM Level of Care 3.5; ¶
(E) Adolescent Clinically Managed Medium-Intensity Substance Use Disorder Residential Services, ASAM Level of Care 3.5;¶
(F) Adult Medically Monitored Intensive Substance Use Disorder Inpatient Services, ASAM Level of Care 3.7; or¶
(G) Adolescent Medically Monitored High-Intensity Substance Use Disorder Inpatient Services, ASAM Level of Care 3.7. ¶
(b) 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 licensed by the Division:¶
(A) Co-occurring Capable ASAM Level of Care 3.1; ¶
(B) Co-Occurring Enhanced ASAM Level of Care 3.1; ¶
(C) Bio-medical Enhanced ASAM Level of Care 3.1; ¶
(D) Co-Occurring Enhanced ASAM Level of Care 3.3;¶
(E) Biomedical Enhanced ASAM Level of Care 3.3; ¶
(F) Co-Occurring Enhanced ASAM Level of Care 3.5; ¶
(G) Biomedical Enhanced ASAM Level of Care 3.5;¶

(H) Co-Occurring Enhanced ASAM Level of Care 3.7; or ¶
(I) Biomedical Enhanced ASAM Level of Care 3.7¶
(7) Each program must operate within the scope of the service types listed on their license. Unless otherwise limited by the Division, programs with valid licenses for any of the following ASAM Levels of Care may render Clinically Managed Low-Intensity Residential Substance Use Disorder Services, ASAM Level of Care 3.1: ¶
(a) Adult Clinically Managed Population-Specific High-Intensity Substance Use Disorder Residential Services, ASAM Level of Care 3.3; ¶
(b) Adolescent Clinically Managed Medium-Intensity Substance Use Disorder Residential Services, ASAM Level of care 3.5;¶
(c) Adult Clinically Managed High-Intensity Substance Use Disorder Residential Services, ASAM Level of Care 3.5; or ¶
(d) Adolescent Medically Monitored High-Intensity Impatient Services, ASAM Level of Care 3.7;¶
(e) Adult Medically Monitored Intensive Substance Use Disorder Inpatient Services, ASAM Level of Care 3.7. ¶
(8) Applicants providing or seeking to provide residential treatment services under these rules who also intend to provide an outpatient service regulated by the Division's service delivery rules, shall also have and maintain a Division certificate to provide behavioral health treatment services under OAR 309-008-0100 to 309-008-1600. ¶
(9) The License shall be posted in a common area, able to be viewed at all times.¶
(10) At least every two years the Division shall inspect the facility and conduct a review of the program.
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: 309-018-0110

NOTICE FILED DATE: 01/20/2023

RULE SUMMARY: Added requirement for code of conduct and referral/care coordination

CHANGES TO RULE:

309-018-0110
Provider Policies ¶

(1) All providers shall develop and implement written policies and procedures compliant with these rules.¶
(2) Policies shall be available to individuals, guardians, and family members upon request.¶
(3) Providers shall develop and implement written policies and procedures including but not limited to:¶
(a) Personnel qualifications, credentialing and training;¶
(b) Criminal Records Checks that address program and milieu staff, compliant with ORS 181.533 through 181.575 and OAR 943-007-0001 ~~- 0501; and~~through 0501, where applicable;¶
(c) Fraud, waste and abuse in Federal Medicaid and Medicare programs compliant with OAR 410-120-1380 and 410-120-1510;¶
(d) Drug free workplace;¶
(e) Fee agreements;¶
(f) Confidentiality and compliance with HIPAA, Federal Confidentiality Regulations (42 CFR, Part 2), and state confidentiality regulations as specified in ORS 179.505 and 192.518 through 192.530;¶
(g) Compliance with Title 2 of the Americans with Disabilities Act of 1990 (ADA);¶
(h) Grievances and appeals;¶
(i) Individual rights;¶
(j) Quality assessment and performance improvement;¶
(k) Crisis prevention and response;¶
(~~L~~l) Incident and critical incident reporting;¶
(m) Family involvement;¶
(n) Trauma-informed service delivery, consistent with the Division's Trauma Informed Services Policy;¶
(o) Provision of culturally and linguistically appropriate services;¶
(p) Medical protocols;¶
(q) Medication administration, storage, and disposal;¶
(r) Facility standards; ~~and~~¶
(s) General safety and emergency procedures to include an evacuation plan and emergency plan in case of fire, explosion, accident, death, or other emergencies. The evacuation and emergency procedures and plans shall be current and posted in a common area;¶
(t) Delivery of services and supports consistent with The ASAM Criteria, Third Edition for each licensed level of care;¶
(u) Code of conduct that includes professional boundaries and ethics; and¶
(v) Referral, Care Coordination and Transfer of Services.¶
(4) Additionally, providers shall establish written policies that:¶
(a) Prohibit psychological and physical discipline of an individual;¶
(b) Prohibit seclusion, personal restraint, mechanical restraint, and chemical restraint;¶
(c) Prohibit withholding shelter, regular meals, medication, clothing, or supports for physical functioning;¶
(d) Prohibit discipline of one individual receiving services by another; and¶
(e) Prohibit titration of medications prescribed for the treatment of opioid dependence as a condition of receiving or continuing to receive treatment.
Statutory/Other Authority: ORS 413.042, 428.205 - 428.270, 430.640, 443.450
Statutes/Other Implemented: ORS 109.675, 161.390 - 161.400, 179.505, 430.010, 430.205 - 430.210, 430.254 - 430.640, 430.850 - 430.955, 443.400 - 443.460, 443.991, 461.549, 743A.168

AMEND: 309-018-0125

NOTICE FILED DATE: 01/20/2023

RULE SUMMARY: Updates provider qualifications to ensure competency in ASAM criteria

CHANGES TO RULE:

309-018-0125
Specific Staff Qualifications and Competencies ¶

~~Program staff in the following positions must meet applicable credentialing or licensing standards, including those set forth in these rules: ¶~~
~~(1) Program administrators or 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, service planning, case management and coordination, utilization of community resources, group, family and individual therapy or counseling, documentation and rationale for services to promote intended outcomes and implementation of all provider policies. ¶~~
~~(3) Clinical supervisors in substance use disorders treatment and recovery programs shall be certified or licensed by a health or allied provider agency as follows: ¶~~
~~(a) For supervisors holding a certification or license in substance use counseling, qualifications for the certificate or license shall have included at least: ¶~~
~~(A) 4000 hours of supervised experience in substance use counseling; ¶~~
~~(B) 300 contact hours of education and training in substance use related subjects; and ¶~~
~~(C) Successful completion of a written objective examination or portfolio review by the certifying body. ¶~~
~~(b) For supervisors holding a health or allied provider license, the license or registration shall have been issued by one of the following state bodies, and the supervisor shall possess documentation of at least 120 contact hours of academic or continuing professional education in the treatment of substance use disorders: ¶~~
~~(A) Oregon Medical Board; ¶~~
~~(B) Board of Psychologist Examiners; ¶~~
~~(C) Board of Licensed Social Workers; ¶~~
~~(D) Board of Licensed Professional Counselors and Therapists; or ¶~~
~~(E) Oregon State Board of Nursing. ¶~~
~~(c) Additionally, clinical supervisors in substance use disorders programs shall have one of the following qualifications: ¶~~
~~(A) Five years of paid full-time experience in the field of substance use disorders counseling; or ¶~~
~~(B) A Bachelor's degree and four years of paid full-time experience in the social services field with a minimum of two years of direct substance use disorders counseling experience; or ¶~~
~~(C) A Master's degree and three years of paid full-time experience in the social services field with a minimum of two years of direct substance use disorders counseling experience. ¶~~
~~(4) Clinical supervisors in problem gambling treatment and recovery programs shall meet the requirements for clinical supervisors in either mental health or substance use disorders treatment and recovery programs and have completed ten hours of gambling specific training within two years of designation as a problem gambling services supervisor ¶~~
~~(5) "Community Health Worker" or "CHW" 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. ¶~~
~~(6) 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. ¶~~
~~(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; development of a safety plan; implementation and coordination of services identified to facilitate intended outcomes; and ¶~~
~~(b) Be certified or licensed by a health or allied provider agency, as defined in these rules, to provide substance use treatment within two years of the first hire date and shall make application for certification no later than six months following that date: ¶~~
~~(A) Clinical supervision shall document progress toward certification; and ¶~~
~~(B) The two years is not renewable if the individual ends employment with a provider and becomes re-employed with the same provider or another provider; ¶~~
~~(c) For treatment staff holding certification in substance use counseling, qualifications for the certificate shall have included at least: ¶~~
~~(A) 750 hours of supervised experience in substance use counseling; ¶~~
~~(B) 150 contact hours of education and training in substance use related subjects; and ¶~~
~~(C) Successful completion of a written objective examination or portfolio review by the certifying body. ¶~~
~~(d) For treatment staff holding a health or allied provider license, the license or registration shall have been issued by one of the following state bodies and the person shall possess documentation of at least 60 contact hours of academic or continuing professional education in substance use disorders treatment: ¶~~
~~(A) Oregon Medical Board; ¶~~
~~(B) Board of Psychologist Examiners; ¶~~
~~(C) Board of Licensed Social Workers; ¶~~
~~(D) Board of Licensed Professional Counselors and Therapists; or ¶~~
~~(E) Oregon State Board of Nursing. ¶~~
~~(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; ¶~~
~~(b) 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 of the first hire date; ¶~~
~~(A) Clinical supervision shall document progress toward certification; and ¶~~
~~(B) The two years is not renewable if the individual ends employment with a provider and becomes re-employed with the same provider or another provider. ¶~~
~~(c) For treatment staff holding certification in problem gambling counseling, qualifications for the certificate shall have included at least: ¶~~
~~(A) 500 hours of supervised experience in problem gambling counseling; ¶~~
~~(B) 60 contact hours of education and training in problem gambling related subjects; and ¶~~
~~(C) Successful completion of a written objective examination or portfolio review by the certifying body. ¶~~
~~(d) For treatment staff holding a health or allied provider license, the license or registration shall have been issued by one of the following state bodies, and the person shall possess documentation of at least 60 contact hours of academic or continuing professional education in problem gambling treatment: ¶~~
~~(A) Oregon Medical Board; ¶~~
~~(B) Board of Psychologist Examiners; ¶~~
~~(C) Board of Licensed Social Workers; ¶~~
~~(D) Board of Licensed Professional Counselors and Therapists; or ¶~~
~~(E) Oregon State Board of Nursing. ¶~~
~~(9) 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 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~~vider must assure 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 or problem

gambling 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) 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.¶
(3) Clinical supervisors in all programs shall demonstrate competence in leadership, wellness, oversight and evaluation of services, staff development, service 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.¶
(4) Clinical supervisors in substance use disorders treatment and recovery programs shall be certified or licensed by a health or allied provider agency as follows:¶
(a) For supervisors holding a certification or license in substance use counseling, qualifications for the certificate or license shall have included at least:¶
(A) 4000 hours of supervised experience in substance use counseling;¶
(B) 300 contact hours of education and training in substance use related subjects; and¶
(C) Successful completion of a written objective examination or portfolio review by the certifying body.¶
(b) For supervisors holding a health or allied provider license, the license or registration shall have been issued by one of the following state bodies, and the supervisor shall possess documentation of at least 120 contact hours of academic or continuing professional education in the treatment of substance use disorders:¶
(A) Oregon Medical Board;¶
(B) Board of Psychologist Examiners;¶
(C) Board of Licensed Social Workers;¶
(D) Board of Licensed Professional Counselors and Therapists; or¶
(E) Oregon State Board of Nursing.¶
(c) Additionally, clinical supervisors in substance use disorders programs shall have one of the following qualifications:¶
(A) Five years of paid full-time experience in the field of substance use disorders counseling; or¶
(B) A Bachelor's degree and four years of paid full-time experience in the social services field with a minimum of two years of direct substance use disorders counseling experience; or¶
(C) A Master's degree and three years of paid full-time experience in the social services field with a minimum of two years of direct substance use disorders counseling experience.¶
(5) 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 within two years of designation as a problem gambling services supervisor.¶
(6) Clinical supervisors of mental health services 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.¶
(7) 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.¶
(8) 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 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 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) Substance use disorder treatment 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) Board of Psychologist Examiners;¶
(C) Board of Licensed Social Workers;¶
(D) Board of Licensed Professional Counselors and Therapists; or¶
(E) Oregon State Board of Nursing.¶
(9) 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, 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 problem gambling counseling, qualifications for the certificate shall have included at least:¶
(A) 500 hours of supervised experience in problem gambling counseling;¶
(B) 60 contact hours of education and training in problem gambling related subjects; and¶
(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) Board of Psychologist Examiners;¶
(C) Board of Licensed Social Workers;¶
(D) Board of Licensed Professional Counselors and Therapists; or¶
(E) Oregon State Board of Nursing.¶
(10) Rehabilitative Behavioral Health Service Providers, including medical treatment staff, shall demonstrate cultural responsiveness and meet the requirements and qualifications in OAR 410-172-0660. ¶
(11) 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.¶
(12) 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.¶
(13) 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.¶
(14) 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;¶
(15) Student Intern program staff shall: ¶
(a) Be currently enrolled in an educational program for an undergraduate degree in a behavioral health field; ¶
(b) Have a collaborative education agreement between the Division certified provider and the educational institute 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;¶
(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. ¶
(f) 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.¶
(16) Intern program staff shall: ¶
(a) Be working towards obtaining a behavioral health credential; ¶
(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) Work within the scope of practice and competencies identified by the applicable Division recognized credentialing body and the policies and procedures for the credentialing of clinical staff as established by the provider; and¶
(d) 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 applicable Division recognized credentialing body, and within the policies and procedures for the credentialing of program staff as established by the provider. ¶
(17) 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 mental health or other 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 an individual 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 mental health or behavioral health barrier.¶
(d) A "youth support specialist" may be a peer wellness specialist or a peer support specialist.¶
(20) Program staff include:¶
(a) Oregon Licensed Medical Professional (LMP) licensed by the Oregon Medical Board;¶
(b) Oregon Licensed Practical Nurse (LNP) licensed by the Oregon Board of Nursing;¶
(c) Oregon Registered Nurse (RN) licensed by the Oregon Board of Nursing;¶
(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) Qualified Mental Health Professional (QMHP) as defined in OAR 309-019-0125(8);¶
(m) Qualified Mental Health Associate (QMHA) as defined in OAR 309-019-0125(7);¶
(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) Substance Use Disorders (SUD) Treatment Staff, which includes: ¶
(A) Certified Alcohol and Drug Counselor-Registered (CADC-R); ¶
(B) Certified Alcohol and Drug Counselor-I (CADC-I);¶
(C) Certified Alcohol and Drug Counselor-II (CADC-II); and¶
(D) Certified Alcohol and Drug Counselor-III (CADC-III).¶
(q) Peer-Support Specialist (PSS) as defined in OAR 410-180-0305; ¶
(r) Peer Wellness Specialist; ¶
(s) Peer Delivered Services Supervisor;¶
(t) Tribal Traditional Health Worker; and¶
(u) Youth Support Specialist.¶
(21) Milieu staff are not required to have credentials. Milieu staff shall have or obtain training and education in de-escalation, mental health symptoms, substance use disorder symptoms, and suicide ideation identification to maintain a safe, supportive and effective treatment environment, and shall demonstrate effective: ¶
(a) Knowledge of substance use disorders, including the ability to identify drugs and paraphernalia, post-acute withdrawal symptoms, triggers and relapse warning signs; ¶
(b) Interpersonal boundaries, communication and coordination within the interdisciplinary team;¶
(c) Application of the program's Code of Conduct, philosophy, guidelines, policies, procedures, standards and expectations;¶
(d) Safe, trauma informed and respectful interpersonal communications and behaviors; and¶
(e) Identification of symptoms, behaviors and circumstances that require notification of or consultation with a program or medical treatment staff.
Statutory/Other Authority: ORS 413.042, 430.640, 443.450
Statutes/Other Implemented: ORS 430.010, 430.205 - 430.210, 430.254 - 430.640, 430.850 - 430.955, 443.400 - 443.460, 443.991, 461.549, 743A.168

AMEND: 309-018-0130

NOTICE FILED DATE: 01/20/2023

RULE SUMMARY: Updates requirements for staff orientation, training, and supervision to verify competence in use of ASAM criteria, code of conduct

CHANGES TO RULE:

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

(1) Providers shall maintain personnel records for each program and milieu staff that contains all of the following documentation:¶
(a) ~~W~~The re~~ required, verification of a c~~sults 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 ~~r~~Record ~~c~~s Check ~~consistent with OAR 943-007-0001 through 943-007-0501;~~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, diploma, or certified transcripts from an accredited college, indicating that the program staff meets applicable qualifications;¶
(d) Periodic performance appraisals;¶
(e) ~~Staff~~Program orientation documentation;¶
(f) Disciplinary documentation; ~~and~~¶
(g) Results of a Tuberculosis screening as per OAR 333-071-0057.~~¶~~
~~(2) Providers shall maintain the following documentation for contractors, interns, or volunteers, as applicable:¶~~
~~(a) A contract or written agreement;¶~~
~~(b) A signed confidentiality agreement;¶~~
~~(c) Orientation documentation;¶~~
~~(d) For subject individuals, verification of a criminal records check consistent with OAR 943-007-0001 through 943-007-0501;¶~~
(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) Program Orientation: Providers shall ensure that each program staff receive training applicable to the specific population for whom services are planned, delivered, or supervised. The provider shall document that the following orientation was completed for each program staff providing or supervising the provision of services or supports within 30 days of the hire date, unless otherwise specified. At a minimum, program orientation training for all program staff shall include but not be limited to:¶
(a) A review of crisis prevention and response procedures;¶
(b) A review of emergency evacuation procedures;¶
(c) A review of program policies and procedures and the procedures for each licensed ASAM Level of Care 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 procedures; ¶
(i) A review of and agreement to abide by the Code of Conduct; and¶
(e~~j~~) ~~Results of a Tuberculosis screening as per OAR 333-071-0057.¶~~
~~(3)~~Substance use disorders treatment staff and substance use disorders clinical supervisors shall complete a training on The ASAM Criteria, Third Edition within the first 3 months of employment or have it documented as completed within the most recent two years. ¶
(3) Milieu Staff Program Orientation: Providers shall ensure that ~~program~~each Milieu staff receive~~s~~ training applicable to the specific population for whom services are planned, delivered, or supervised. The pro~~gram~~vider

shall document ~~appropriate orientation training for each program staff or person providing service~~that at a minimum, the following orientation training was completed for each staff or person providing or supporting the provision of services or supports within 30 days of the hire date. At a minimum, program orientation training for all program staff shall include but not be limited to:¶
(a) A review of crisis prevention and response procedures;¶
(b) A review of emergency evacuation procedures;¶
(c) A review of program policies and procedures, including medical protocols and the procedures for each licensed ASAM Level of Care;¶
(d) A review of rights for individuals receiving services and supports;¶
(e) A review of mandatory abuse reporting procedures;¶
(f) A review of confidentiality policies and procedures;¶
(g) A review of ~~Fraud, Waste and Abuse policies and procedures; and~~an agreement to abide by the Code of Conduct; and¶
(h) For Milieu Staff, the personnel record shall contain verification of the completion of the following trainings within the first 6 months of employment:¶
(~~h~~A) ~~A review of care coordination procedures.¶~~
~~(4) Persons providing direct services shall receive supervision by a qualified clinical supervisor, as defined in these rules, related to the development, implementation, and outcome of services. C~~De-escalation; ¶
(B) Overview of substance use disorders;¶
(C) Overview of mental health symptomology; and¶
(D) Suicide risk and prevention.¶
(4) Clinical supervision and non-clinical supervision: program staff including applicable volunteers and interns providing direct services and or supports, and milieu staff, shall receive documented clinical supervision or non-clinicial supervision, and oversight by a qualified clinical supervisor or manager, as applicable and as defined in these rules. Part time program staff shall receive supervision prorated 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:¶
(a) Clinical Supervision and non-clinical supervision shall be ~~provided to assist program staff and volunteers to increase their skills, i~~related to the development of the staff and the services, and the implementation and outcome of the services. Supervision shall be provided to assist staff to:¶
(b) Increase their skills within their scope of practice;¶
(c) Improve quality of services or supports to individuals~~, and supervise program staff and volunteers' compliance with~~; ¶
(d) Ensure understanding and application of the code of conduct and program policies and procedures~~, including:~~; and¶
(~~a~~e) Documentation ~~of two hours per mo~~shall include the date, amount of time per session and a brief description of the topics addressed and shall demonstrate the following minimum amount~~h~~s of clinical supervision ~~for each person~~:¶
(A) Non-licensed program staff and volunteers meeting the definition of program staff shall receive at least two hours per month of clinical supervise~~d~~ion. The two hours shall include one hour of individual face-to-face ~~contact for each person supervised, or a proportional level of supervision for part-time program staff. Individual face-to-face contact may include real time, two-way audio~~ supervision; ¶
(B) Program staff holding a license issued by a Division recognized credentialing body shall receive at least two hours of clinical supervision quarterly; ¶
(C) Mental Health Interns, Interns and Student Interns shall receive one-hour of indivi~~s~~dual c~~onferencing; or~~linical supervision per week;¶
(~~b~~D) ~~Documentati~~When available, a qualified Peer Delivered Services Supervisor shall provide one of the two hours of ~~quarter~~required monthly supervision ~~for~~to program staff ~~holding a health or allied provider license, including at least one~~providing direct Peer Delivered Services. Remaining hours of ~~individual face-to-face contact for each person~~supervision shall be provided by a qualified clinical supervise~~d;~~or; and¶
(~~c~~E) ~~For persons providing direct Peer Delivered Services, one of the two hours of required supervision shall be provided by a qualified Peer Delivered Services Supervisor as resources are made available~~Non-clinical, group supervision shall be provided to milieu staff by the managing staff or clinical supervisor at least one hour per month.¶
(f) Mental health interns, interns and student interns shall render services and supports under the active supervision of a qualified supervisor, as defined in these rules; and¶
(g) Individualized, non-clinical supervision shall be utilized as needed and documented.
Statutory/Other Authority: ORS 413.042, 430.640, 443.450
Statutes/Other Implemented: ORS 430.010, 430.205 - 430.210, 430.254 - 430.640, 430.850 - 430.955, 443.400 -

443.460, 443.991, 461.549, 743A.168

AMEND: 309-018-0135

NOTICE FILED DATE: 01/20/2023

RULE SUMMARY: Updates to process and documentation for client entry into treatment; updates language from "women who are pregnant" to "individuals who are pregnant"

CHANGES TO RULE:

309-018-0135
Entry ¶

(1) The program shall utilize an entry procedure t~~o ensure~~hat 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 presentation, 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) Individuals shall receive services in the most timely manner feasible consistent with the presenting circumstances; and¶
(c) The provider may not ~~solely~~ deny entry to individuals ~~who are prescribed medication to treat opioid dependence.¶~~
~~(2) Written~~based on the individual's decision to continue their currently prescribed medication to treat opioid dependence while receiving residential substance use disorder services.¶
(2) 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 an~~d~~y further attempts to obtain informed consent shall be ~~made as appropriate.¶~~
~~(3) T~~documented in the service record.¶
(3) Per CRF 440.230, the provider shall develop and maintain service records and other documentation ~~for each individual that demonstrates the specific services and supports.~~that demonstrates amount, duration and scope of each specific services and supports provided for each individual. ¶
(4) The provider shall ~~repor~~submit the ident~~ry of all individuals on the mandated state data system~~ified 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 each individual whose services are paid for in-full or in-part by public funds and for individuals enrolled in DUII services.¶
(5) 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.¶
(6) ~~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) A description of individual rights consistent with these rules;¶
(b) Policies concerning grievances and appeals consistent with these rules, including an example grievance form;¶
(c) Notice of privacy practices; and¶
(d) An opportunity to register to vote, per the National Voter Registration Act of 1993, Section 7.¶
(7) Entry requirements for providers that receive the Substance ~~Abu~~Use, Prevention, Treatment aurinnd Recovery (S~~A~~UPTR) Block Grant:¶
(a) ~~Individuals shall b~~Providers shall maintain waitlist documentation demonstrating that individuals are prioritized for entry in the following order:¶
(A) ~~Women~~Individuals who are pregnant and using substances intravenously;¶
(B) ~~Women~~Individuals who are pregnant;¶
(C) Individuals who are using substances intravenously; and¶
(D) Individuals or families with dependent children.¶
(b) Entry of pregnant ~~women~~individuals shall occur no later than 48 hours from the date of first contact and entry of individuals using substances intravenously shall occur no later than 14 days after the date of first contact. If services are not available within the required timeframes, the provider shall document the reason and provide interim referral and informational services, as defined in these rules, within 48 hours; and¶
(c) Individuals using substances intravenously shall receive interim referrals and information prior to entry to reduce the adverse health effects of substance use, promote the health of the individual, and reduce the risk of transmission of disease. At a minimum, interim referral and informational services shall include:¶

(A) Counseling and education about blood borne pathogens including Hepatitis, HIV, STDs, and Tuberculosis (TB); the risks of needle and paraphernalia sharing; and the likelihood of transmission to sexual partners and infants;¶
(B) Counseling and education about steps that can decrease the likelihood of Hepatitis, HIV, STD, and TB transmission;¶
(C) Referral for Hepatitis, HIV, STD, and TB testing, vaccine, or care services if necessary; and¶
(D) For pregnant ~~women~~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.
Statutory/Other Authority: ORS 413.042, 428.205 - 428.270, 430.640, 443.450
Statutes/Other Implemented: ORS 109.675, 161.390 - 161.400, 179.505, 430.010, 430.205 - 430.210, 430.254 - 430.640, 430.850 - 430.955, 443.400 - 443.460, 443.991, 461.549, 743A.168

AMEND: 309-018-0140

NOTICE FILED DATE: 01/20/2023

RULE SUMMARY: updates assessment requirements to include consistency with ASAM criteria

CHANGES TO RULE:

309-018-0140
Assessment ¶

(1) At the time of entry, an assessment shall be completed.¶
(2) The assessment shall be comple, or updated and signed by a qualified program staff as follows:¶
(a) Supervisory or treatment staff in substance use disorders treatment and recovery programs, and¶
(b) Supervisory or treatment staff in problem gambling treatment and recovery programs.¶
(32) Each assessment shall include:¶
(a) Sufficient information and documentation to justify the presence of a DSM-5-TR diagnosis that is the medically appropriate reason for servicesnecessary reason for services, including identification of each DSM-5-TR- criteria established per diagnosis, and the symptoms supporting each criteria;¶
(b) Screening for the presence of s:¶
(A) Substance use, p;¶
(B) Problem gambling, m; ¶
(C) Mental health conditions, and c; ¶
(D) Chronic medical conditions;¶
(cE) Screening for the pPresence of symptoms related to psychological and physical trauma; and ¶
(dF) Suicide potential shall be assessed, and individual service records shall containrisk.¶
(c) When the screening process determines the presence of any of the above conditions or any risk to health and safety to the individual or others: ¶
(A) Further assessment shall be completed to determine the need for follow-up actions, and referrals when an individual reports symptoms indicating risk of suicdditional services and supports and the level of risk to the individual or to others; and¶
(B) 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.¶
(4d) FIn addition, for substance use disorder services, each assessment shall be consistent with the dimensions described in the ASAM PPC and shall document a diagnosis and level of care determinationand 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 tThe DSM and ASAM PPC.ASAM Criteria, Third Edition:¶
(5A) When the assessment processAn ASAM Level of Care determines the presence of co-occurring substance use and mental health disorders or any significant risk to health and safety:¶
(a) Additional assessments shall be used to determine the need for additional services and supports andation per dimension, overall, and noting any applicable discrepancies; and¶
(B) A 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 lsevelrity of risk to the individual or to others; andcurrently is experiencing.¶
(be) All providers shall document referral for further assessment, planning, and intervention from an appropriate professional, either with the same provider or with a collaborative community provider.ny changes to the ASAM Level of Care placement decision shall be justified within an update to the multidimensional assessment on file; and¶
(6f) Providers shall update assessments within the scope of their practice when there are changes in clinical circumstances.
Statutory/Other Authority: ORS 413.042, 428.205 - 428.270, 430.640, 443.450
Statutes/Other Implemented: ORS 430.010, 430.205 - 430.210, 430.254 - 430.640, 430.850 - 430.955, 443.400 - 443.460, 443.991, 461.549, 743A.168

AMEND: 309-018-0145

NOTICE FILED DATE: 01/20/2023

RULE SUMMARY: addition of ASAM criteria to service plan; updates to frequency of services

CHANGES TO RULE:

309-018-0145
Service Plan and Service Notes ¶

(1) The Service Plan shall be a written, individualized plan 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 records and shall:¶
(a) Be ~~comple~~started prior to the ~~start~~rendering of services; ¶
(b) Reflect the ~~full assessment and the l~~assessment;¶
(c) Address areas of concern identified in the assessment that the individual agrees to address;¶
(d) When applicable, document the ASAM Level of ~~c~~Care ~~to be provided;~~placement. When there is a discrepancy, document the individual's preferred ASAM Level of Care placement; ¶
(~~c~~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;¶
(~~d~~f) Include the participation of the individual~~;¶~~
~~(e) Include the participation of~~ and family members as applicable; and¶
(~~f~~g) Be completed and signed by qualified program staff as follows:¶
(A) Supervisory or treatment staff in substance use disorders treatment and recovery programs~~,~~; and¶
(B) Supervisory or treatment staff in problem gambling treatment and recovery programs.¶
(2) At minimum, each service plan shall include:¶
(a) Treatment objectives that are:¶
(A) Individualized to meet the assessed needs of the individual; and¶
(B) Measurable for the purpose of evaluating individual progress, including a baseline evaluation.¶
(b) The specific services and supports that shall be used to meet the treatment objectives;¶
(c) ~~A projected schedule for service delivery, including t~~The expected frequency ~~and duration~~ of each type of planned ~~therapeutic session or encounter;¶~~
~~(d) The type of personnel furnishing the services~~service or support; and¶
(~~e~~d) 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 personnel rendering the services, including the name, credentials and signature;¶
(e) The setting in which the services were rendered; and¶
(f) Periodic updates describing the individual's progress.~~¶~~
~~(4) The transfer of individuals shall be documented in the service notes and in accordance with OAR 309-018-0155.~~
Statutory/Other Authority: ORS 413.042, 428.205 - 428.270, 430.640, 443.450
Statutes/Other Implemented: ORS 430.010, 430.205 - 430.210, 430.254 - 430.640, 430.850 - 430.955, 443.400 - 443.460, 443.991, 461.549, 743A.168

AMEND: 309-018-0150

NOTICE FILED DATE: 01/20/2023

RULE SUMMARY: Update to include ASAM criteria and sentinel events

CHANGES TO RULE:

309-018-0150
Service Record ¶

(1) Documentation shall be appropriate in quality and quantity to meet professional standards applicable to the provider and any additional standards for documentation in the provider's policies and any pertinent contracts.¶
(2) All providers shall develop and maintain a Service Record for each individual ~~upon entry~~. The record shall, at a minimum, include:¶
(a) Identifying information or documentation of attempts to obtain the information, including:¶
(A) The individual's name, address, telephone number, date of birth, gender, and for adults, marital status, and military status;¶
(B) Name, address, and telephone number of the parent or legal guardian, primary care giver or emergency contact; and¶
(C) Contact information for medical and dental providers.¶
(b) Informed Consent for Service including medications or documentation specifying why the provider could not obtain consent by the individual or guardian as applicable;¶
(c) Written refusal of any services and supports offered, including medications;¶
(d) A signed fee agreement, when applicable;¶
(e) ~~Assessment and updates to the assessment;¶~~
~~(f) A service plan;¶~~
~~(g) Service notes;¶~~
~~(h) Transfer documentation;¶~~
~~(i) Other plans as made available, such as but not limited to recovery plans, wellness action plans, education plans, and advance directives for physical and mental health care;¶~~
~~(j) Applicable signed consents for release of information;¶~~
~~(k)~~ A personal belongings inventory created upon entry and updated whenever an item of significant value is added or removed or on the date of transfer;¶
(~~L) Documentation indicating that the individual and guardian, as applicable, were provided with the required orientation information upon entry;¶~~
(~~m~~f) Background information including strengths and interests, all available previous mental health or substance use assessments, previous living arrangements, service history, behavior support considerations, education service plans if applicable, and family and other support resources;¶
(~~n~~g) Medical information including a brief history of any health conditions, documentation from a LMP or other qualified health care professional of the individual's current physical health, and a written record of any prescribed or recommended medications, services, dietary specifications, and aids to physical functioning;¶
(~~o~~h) Copies of documents relating to guardianship or any other legal considerations, as applicable;¶
(~~p~~i) ~~A copy~~Documentation of the individual's ~~most recent service pl~~ability to evacuate the home consistent with the program's evacuation plan developed in accordance with the Oregon Structural Specialty Code and Oregon Fire Code;¶
(j) Documentation of any safety risks;¶
(k) Documentation of follow-up actions and referrals when an~~, if applicable, or in the case of an emergency or crisis-respite entry, a summary of current substance use or mental health services;¶~~
~~(q) Documentation of the~~individual reports symptoms indicating risk of suicide; and¶
(l) Critical Incidents shall be reported to the Division through submission of an incident report and as applicable, to the Office of Training Investigation and Safety (OTIS), and other authorities:¶
(A) In at least the following examples of circumstances:¶
(i) Death, including by suicide or overdose; ¶
(ii) Severe injury, including injury leading to hospitalization, injury resulting in medical attention needed or no medical attention needed, overdose resulting in hospitalization or needing medical attention, and emergency services needed;¶
(iii) Ongoing risk to health (for example: environmental risks such as black mold); ¶
(iv) Police involvement;¶
(v) Extensive damage to the facility or other substantial change in living conditions; and ¶

(vi) Where abuse or neglect is suspected, including unethical client and staff relationships; and¶
(vii) Relationships between individual's ~~ability to evacuate the home consistent with the program's evacuation plan developed in accordance with the Oregon Structural Specialty Code and Oregon Fire Code~~that result in harm to at least one individual or that are sexual in nature.¶
(B) Within 24 hours of the event;¶
(C) On the original, unredacted incident report;¶
(D) All incident reports shall be maintained in the corresponding service record and in a common file for quality improvement purposes and review by the Division; and¶
(E) In accordance with privacy rules and regulations, incident reports filed in service records shall not contain protected health information belonging to any other individual.¶
(3) Incident reports shall contain, at a minimum, the following information:¶
(a) The time and date of the event;¶
(~~r~~b) ~~Documentation of any~~The time and date of when the incident report form was completed;¶
(c) Name and title of st~~af~~ety risks~~f~~ who filled out the report;¶
(~~s~~d) ~~Documentation of follow-up actions and referrals when an individual reports symptoms indicating risk of suicide~~Identification of all staff involved in the incident and the response to the incident, and their titles;¶
(e) Identification of each individual involved;¶
(f) Description of event;¶
(g) Description of program response;¶
(h) Description of which policies and procedures were followed and when appliable, any that were not followed;¶
(i) Identification of staff who were notified, and their titles; ¶
(j) Identification of which authorities the event was reported to; and¶
(~~t~~k) ~~Incident~~Description of administrative resp~~orts~~nse and follow-up.¶
(~~3~~4) When medical services are provided by the program or a community provider, the following documents shall be part of the Service Record as applicable:¶
(a) Medication administration records as per these rules;¶
(b) Laboratory reports; ~~and~~¶
(c) LMP orders for medication, protocols or procedures; and¶
(d) Documentation of medical screenings, assessments, consultations, interventions, and procedures.
Statutory/Other Authority: ORS 413.042, 428.205 - 428.270, 430.640, 443.450
Statutes/Other Implemented: ORS 430.010, 430.205 - 430.210, 430.254 - 430.640, 430.850 - 430.955, 443.400 - 443.460, 443.991, 461.549, 743A.168

AMEND: 309-018-0155

NOTICE FILED DATE: 01/20/2023

RULE SUMMARY: Updates to include ASAM criteria in level of care transfers.

CHANGES TO RULE:

309-018-0155
Transfer and Continuity of Care ¶

(1) Providers shall maintain direct affiliation with or close coordination for referral to other levels of care and other types of services and supports to coordinate biomedical, psychological, pharmacotherapy, laboratory, community engagement, educational, vocational and other such services and supports that are not offered by the provider. ¶
(2) Prior to transfer, providers shall:¶
(a) When applicable, coordinate and provide appropriate referrals for medical care and medication management. The transferring provider shall assist the individual to identify the medical provider who provides continuing care and to arrange an initial appointment with that provider;¶
(b) ~~Complete~~Document a transfer summary of treatment services; and¶
(c) Report all instances of transfers on the mandated state data system.¶
(~~2~~3) A transfer summary of treatment services shall include:¶
(a) The date of transfer;¶
(b) The reason for the transfer;¶
(c) ~~Consistent ASAM criteria as established in the assessment and throughout treatment;~~When transfer is to another provider, identify the provider where services are to be transferred, including contact information and date of admission or description of steps for the individual to access services;¶
(d) For substance use disorder treatment services, a summary of the current ASAM data for all dimensions, risk assessment, the ASAM assessed Level of Care established for the purposes of transfer of services, and any other recommendation(s) for the next assessed ASAM Level of Care, including other community services; and¶
(~~d~~e) A summary statement ~~that~~ describ~~es~~ing the effectiveness of services ~~in~~to assist~~ing~~ the individual and ~~his or~~ , when applicable, their family ~~to~~in achieve~~ing~~ the ~~treatment~~ objectives ~~identifi~~contained in the service plan~~;~~.¶
(~~e~~4) A transfer summary of support services shall be made available in writing to the individual as requested and include:¶
(a) Where appropriate, a plan for personal wellness and resilience, including relapse prevention;¶
(~~f~~b) Identification of resources to assist the individual and family, if applicable, in accessing recovery and resiliency services and supports;¶
(~~g~~c) Referrals to follow up services and other behavioral health providers; and¶
(~~h~~d) When services are transferred due to the absence of the individual, the provider shall document outreach efforts made to re-engage the individual~~,~~ or document the reason why such efforts were not made.¶
(~~3~~5) ~~If the transfer is to services with another provider, all~~To the extent permitted or required by applicable confidentiality laws, when the transfer summary of treatment services is sent to another provider or level of care, it shall be sent in advance of the individual's entry into services at another provider or the next level of care. To the extent permitted by law, all other documentation contained in the Service Record that is requested by the receiving provider shall be furnished, ~~compliant with applicable confidentiality policies and procedures~~ within 14 days of receipt of a written request for the documentation.¶
~~(4) A complete transfer summary shall be sent to the receiving provider within 30 days of the transfer.~~
Statutory/Other Authority: ORS 413.042, 428.205 - 428.270, 430.640, 443.450
Statutes/Other Implemented: ORS 430.010, 430.205 - 430.210, 430.254 - 430.640, 430.850 - 430.955, 443.400 - 443.460, 443.991, 461.549, 743A.168

ADOPT: 309-018-0181

NOTICE FILED DATE: 01/20/2023

RULE SUMMARY: New rule set consistent with ASAM level of care and program expectations for level 3.1

CHANGES TO RULE:

309-018-0181
SUD Residential ASAM Level of Care 3.1
Clinically Managed Low-Intensity Residential Substance Use Disorder Services ASAM Level of Care 3.1 In addition to any other requirements described in these rules and applicable statutes, programs licensed to render adolescent or adult residential ASAM Level of care 3.1 services shall, at a minimum, meet and maintain documentation demonstrating ongoing compliance with each of the following standards:¶
(1) ASAM Level 3.5 programs shall ensure:¶
(a) ASAM dimensional admission criteria:¶
(A) The individual meets ASAM dimensional admission criteria in each of the Dimensions; ¶
(B) Dimensions 1, 2 and 3 symptoms are assessed as mild to moderate risk, or are stabilized by this 24-hour structured environment;¶
(C) Dimensions 4, 5 and 6 are assessed as moderate to high risk; ¶
(D) Individual needs 24-hour structured environment to make therapeutic gains; ¶
(E) Individual is able to tolerate and benefit from a planned program of therapeutic services and supports; and ¶
(F) Individual meets diagnostic criteria for a moderate or severe substance use or addictive disorder, per DSM-5-TR, or the probability of such a diagnosis is determined through collateral information.¶
(b) Program is able to consult with an LMP daily.¶
(c) Program has direct affiliation with other levels of care and with other service providers. ¶
(2) In addition to any other requirements described in these rules and applicable statutes, programs licensed to render residential adolescent Clinically Managed Low-Intensity Substance Use Disorder Residential Services, ASAM Level of care 3.1 services shall meet and maintain documentation demonstrating ongoing compliance with the following requirements:¶
(a) Adolescents may be placed in ASAM Level 3.1 while concurrently receiving ASAM Level 2.5 services; ¶
(b) Adolescent ASAM dimensional admission criteria:¶
(A) Adolescent meets criteria in at least two of the Dimensions;¶
(B) Adolescent is able to tolerate and benefit from a planned program of therapeutic services and supports; and ¶
(C) Adolescent meets diagnostic criteria for a moderate or severe substance use or addictive disorder, per DSM-5-TR, or the probability of such a diagnosis is determined through collateral information.¶
(c) Adolescent ASAM Level 3.1 programs shall ensure the structure of services includes each of the following: ¶
(A) Offer at least 5 hours per week of low-intensity substance use disorders treatment services and supports in a Recovery Environment to assist the individual in stabilization and developing recovery and relapse prevention skills; ¶
(B) When clinically indicated, the program shall facilitate the continuation of or opportunity to obtain medications to treat opioid use disorders; and¶
(C) Facilitate individuals in obtaining low-barrier mental, physical, dental and other ancillary health care services and supports throughout the treatment episode of care.¶
(d) Staff are knowledgeable about adolescent development and in therapeutic engagement. Staffing shall be made available as follows:¶
(A) At least one milieu or program staff shall be present on the premises of the program and readily accessible and responsive to residents 24 hours a day, 7 days per week;¶
(B) Substance use disorders treatment staff are onsite rendering services 5 days per week; ¶
(C) 24 hour, 7 day per week consultation available with a substance use disorders treatment staff, or a supervising or managing staff; and¶
(D) Program staff are able to consult with a LMP daily.¶
(e) Program shall offer an array of services and supports to meet the documented needs of the individual, including at minimum; ¶
(A) Individual and group counseling sessions;¶
(B) Urinalysis screening when clinically indicated; and¶
(C) Psychoeducation, motivational enhancement and skill building. ¶
(3) Co-occurring Capable ASAM Level of Care 3.1 license. Only programs licensed to render Clinically Managed Low-Intensity Residential Substance Use Disorder Services ASAM Level of Care 3.1 may choose to apply to also be licensed to render Co-Occurring Capable ASAM Level of Care 3.1 services. When licensed as such, in addition

to all requirements for ASAM Level of Care 3.1 services, programs shall, at a minimum, meet and maintain documentation demonstrating ongoing compliance with each of the following requirements: ¶
(a) Demonstrate that each individual placed at this ASAM Level of Care meets the following criteria: ¶
(A) ASAM Dimensional criteria required for ASAM Level of Care 3.1; ¶
(B) Describe how the individual meets diagnostic criteria for a co-occurring mental health disorder, per DSM-5-TR, that meet the stability criteria for placement in a co-occurring capable program, or emotional, behavioral or cognitive symptomology that are troubling or suggestive of a mental health disorder are causing the individual distress but do not meet the threshold for a DSM-5-TR diagnosis; and¶
(C) The mental health condition or symptoms are stable, or concerns are stabilized when in a 24-hour recovery environment. ¶
(b) Offer mental health evaluation and counseling services; ¶
(c) Offer or coordinate psychiatric services when clinically indicated, including medication management and the opportunity to obtain medications to treat mental health conditions; and ¶
(d) Document within the service plan the individual's mental health symptoms, the relationship between the mental health and substance use and addictive disorders and disorders, and describe the individual's mental health status.¶
(4) Co-occurring Enhanced ASAM Level of Care 3.1 license. Only programs licensed to render Clinically Managed Low-Intensity Residential Substance Use Disorder Services ASAM Level of Care 3.1 may choose to apply to also be licensed to render Co-Occurring Enhanced ASAM Level of Care 3.1 services. When licensed as such, in addition to the requirements for ASAM Level of Care 3.1 services, programs shall, at a minimum, meet and maintain documentation demonstrating the ongoing compliance with the following requirements:¶
(a) Individuals placed at this ASAM Level of Care shall meet the following ASAM admission criteria:¶
(A) ASAM dimensional criteria required for ASAM Level of Care 3.1; and¶
(B) Individual meets diagnostic criteria for a co-occurring mental health disorder, per DSM-5-TR, that meet the stability criteria for placement in a co-occurring capable program or the probability of such a diagnosis is determined through collateral information.¶
(b) Offer mental health evaluation and counseling;¶
(c) Offer psychiatric services, including when clinically indicated, medication management and the opportunity to obtain medications to treat mental health conditions; and¶
(d) Document within the service plan the individual's mental health symptoms, the relationship between the mental health and substance use and addictive disorders and describe the individual's mental health status.¶
(5) Biomedical Enhanced ASAM Level of Care 3.1 license. Only programs licensed to render Clinically Managed Low-Intensity Residential Substance Use Disorder Services ASAM Level of Care 3.1 may choose to also apply to be licensed to render Biomedical Enhanced ASAM Level of Care 3.1 services. When licensed as such, in addition to all requirements for ASAM Level of Care 3.1 services, programs shall, at a minimum, meet and maintain documentation demonstrating ongoing compliance with each of the following requirements: ¶
(a) Individuals placed at this ASAM Level of Care shall meet the following criteria: ¶
(A) ASAM Dimensional criteria required for ASAM Level of Care 3.1; and¶
(B) Biomedical condition is stable or does not require medical or nursing monitoring and individual is capable of self-administering medications; or¶
(C) Biomedical condition is not severe enough to warrant impatient treatment but is sufficient to distract from treatment or recovery efforts and requires medical or nursing monitoring by the program or through an established arrangement with another provider. ¶
(b) Medical treatment staff assess, treat and monitor biomedical disorders and monitor medication administration;¶
(c) The intensity of medical and nursing oversight and care meets the individual's needs; and ¶
(d) Program staff have access to consult a LMP 24 hours a day, 7 days a week.
Statutory/Other Authority: ORS 161.390-161.400, 413.042, 428.205-428.270, 430.640, 443.450
Statutes/Other Implemented: ORS 430.010, 430.205-430.210, 430.254-430.640, 430.850-430.955, 443.400-443.460, 443.991, 461.549, 743A.168

ADOPT: 309-018-0182

NOTICE FILED DATE: 01/20/2023

RULE SUMMARY: New rule set consistent with ASAM level of care and program expectations for level 3.3

CHANGES TO RULE:

309-018-0182
SUD Residential ASAM Level of Care 3.3
Clinically Managed Population-Specific High-Intensity Substance Use Disorder Residential Services, ASAM Level of Care 3.3 In addition to any other requirements described in these rules and applicable statutes, programs licensed to render residential adolescent and adult Clinically Managed Population-Specific High-Intensity Substance Use Disorder Residential Services, ASAM Level of Care 3.3 shall, at a minimum, meet and maintain documentation demonstrating ongoing compliance with each of the following standards programming:¶
(1) ASAM Level 3.3 programs shall ensure:¶
(a) ASAM dimensional admission criteria:¶
(A) Dimensions 1, 2 and 3 symptoms are assessed as mild to moderate risk, or are stabilized by this 24-hour structured environment;¶
(B) Dimensions 4, 5 and 6 are assessed as moderate to high risk; ¶
(C) Individual needs 24-hour structured environment to make therapeutic gains; ¶
(D) Individual is able to tolerate and benefit from a planned program of therapeutic services and supports; and ¶
(E) Individual meets diagnostic criteria for a moderate or severe substance use or addictive disorder, per DSM-5-TR, or the probability of such a diagnosis is determined through collateral information.¶
(b) Provide a structured, supportive, recovery environment with a less intensive milieu that treats both the substance use and supports the functional limitations of a co-occurring cognitive disorder or impairment, and: ¶
(A) Programs shall either accept documentation from a medical or mental health professional describing a cognitive condition, or a program staff working within their scope shall document the condition; ¶
(B) Program shall match the pace of delivery of information and services to the cognitive ability of the individual;¶
(C) Program shall deliver concrete information in an intentionally repetitive manner to the extent assistive to the individual; and¶
(D) Program shall facilitate the individual in obtaining low-barrier access to mental, physical, dental and other ancillary health care services throughout the episode of care and in a timeframe that meets the urgency of the condition; and¶
(c) Staffing shall be made available as follows:¶
(A) 24-hour, 7 day per week staffing that is responsive to the number of individuals present and the severity of symptoms;¶
(B) Program shall be trained in substance use disorders, able to identify signs and symptoms of concern as related to substance use, mental health and suicidality, and able to stabilize imminent danger; and¶
(C) At least one LMP is available for staff consultation on-site or by phone 24 hours per day.¶
(d) The program shall offer services in a manner described above that include:¶
(A) Urinalysis screening when clinically indicated;¶
(B) Intensive case management;¶
(C) Individual counseling; and¶
(D) Group counseling and skill building services. ¶
(2) Co-occurring Enhanced ASAM Level of Care 3.3 services are an additional type of ASAM Level of Care 3.3 services. Only programs licensed to render Clinically Managed Population-Specific High-Intensity Substance Use Disorder Residential Services, ASAM Level of Care 3.3 may apply to also be licensed to render Co-occurring Enhanced ASAM Level of Care 3.3 services. When licensed as such, in addition to all requirements for ASAM Level of Care 3.3 services, programs shall, at a minimum, meet and maintain documentation demonstrating ongoing compliance with each of the following requirements: ¶
(a) Individuals placed at Co-occurring Enhanced ASAM Level of Care 3.3 shall meet the following criteria: ¶
(A) ASAM Dimensional criteria required for ASAM Level of Care 3.3; and ¶
(B) Individual meets diagnostic criteria for a co-occurring mental health disorder, per DSM-5-TR, that meet the stability criteria for placement in a co-occurring capable program or the probability of such a diagnosis is determined through documented collateral information. ¶
(b) Offer psychiatric services:¶
(A) Including medication consultation and laboratory services; ¶
(B) Psychiatric services shall be made available within 8 hours by telephone, or off-site within 24 hours. Off-site services shall be closely coordinated; and ¶

(C) Be staffed by credentialed psychiatrists and behavioral health clinicians working within their scope. Program staff shall:¶
(i) Assess and treat co-occurring disorders; and¶
(ii) Have specialized training in behavior management techniques specific to assessing and treating co-occurring disorders.¶
(c) Program staff shall render a psychiatric history, examination, and diagnostic assessment within two weeks of entry and continue to reassess, as determined by the urgency of the individual's mental health condition.¶
(3) Biomedical Enhanced ASAM Level of Care 3.3 services are an additional and optional type of ASAM Level of Care 3.3 services. Only programs licensed to render Clinically Managed Population-Specific High-Intensity Substance Use Disorder Residential Services, ASAM Level of Care 3.3 may apply to also be licensed to render Biomedical Enhanced ASAM Level of Care 3.3 services. When licensed as such, in addition to all requirements for ASAM Level of Care 3.3 services, programs shall, at a minimum, meet and maintain documentation demonstrating ongoing compliance with each of the following requirements: ¶
(a) Individuals placed at Biomedical Enhanced ASAM Level of Care 3.3 shall meet the following criteria: ¶
(A) ASAM Dimensional criteria required for ASAM Level of Care 3.3; and ¶
(B) Individual meets diagnostic criteria for a co-occurring biomedical condition, that is sufficient to distract from treatment or recovery efforts and requires medical monitoring, or the probability of such a diagnosis is determined through documented collateral information. ¶
(b) Ensure a physical examination is provided and documented within two weeks of entry, or sooner as determined by the individual's medical condition; ¶
(c) Be staffed by credentialed medical treatment staff who assess and treat co-occurring disorders and have access to consult a LMP 24 hours a day, 7 days a week; and¶
(d) Ensure nursing care and observation are provided and meet the intensity of the individual's needs.
Statutory/Other Authority: ORS 161.390-161.400, 413.042, 428.205-428.270, 430.640, 443.450
Statutes/Other Implemented: ORS 430.010, 430.205-430.210, 430.254-430.640, 430.850-430.955, 443.400-443.460, 443.991, 461.549, 743A.168

ADOPT: 309-018-0183

NOTICE FILED DATE: 01/20/2023

RULE SUMMARY: New rule set consistent with ASAM level of care and program expectations for level 3.5

CHANGES TO RULE:

309-018-0183
SUD Residential ASAM Level of Care 3.5
Adolescent Clinically Managed Medium-Intensity Substance Use Disorder Residential Services, ASAM Level of Care 3.5 and Adult Clinically Managed High-Intensity Substance Use Disorder Residential Services, ASAM Level of Care 3.5. In addition to any other requirements described in these rules and applicable statutes, programs licensed to render residential adolescent or adult Clinically Managed High-Intensity Substance Use Disorder Residential Services, ASAM Level of care 3.5 services shall, at a minimum, meet and maintain documentation demonstrating ongoing compliance with each of the following requirements:¶
(1) ASAM Level 3.5 programs shall ensure:¶
(a) ASAM dimensional admission criteria:¶
(A) Dimensions 1 and 2 are stable or can be managed at this Level of Care; and¶
(B) Dimensions 3, 4, 5 and 6 are rated as moderate to severe risk without the structure of this setting.¶
(b) ASAM Level of Care 3.5 programs shall ensure the structure of services includes each of the following: ¶
(A) Provide a 24-hour, structured, supportive recovery environment that both treats the substance use and supports the functional limitations of an individual with co-occurring social and psychological conditions;¶
(B) Offer services and supports that are primarily habilitative, addressing educational and vocational limitations, and social and emotional dysfunctional behaviors through use of targeted interventions such as evidence based therapeutic interventions and skills training;¶
(C) Program shall pace the delivering of information and services to the meet the ability of the individual; and¶
(D) Documentation shall include a description of the individual's co-occurring condition(s), the relationship between the co-occurring condition(s) and substance use, and the individual's mental health status. ¶
(c) Staffing shall be made available as follows:¶
(A) Utilize an interdisciplinary team approach as demonstrated through regular, documented meetings;¶
(B) Staff shall include substance use disorders treatment staff, milieu staff, and medical treatment staff including LMP;¶
(C) Program staff and milieu staff are on-site 24-hours, 7 days per week in staffing levels that are responsive to the number of the individuals present and the severity of symptoms, and at least one program staff is readily available to respond to and assist individuals;¶
(D) Medical treatment staff are knowledgeable about biomedical, mental health, substance use, and the interactions of those conditions, have training in behavior management techniques, and are staffed to meet the needs of each individual;¶
(E) LMP shall be available for consult 24-hours per day, 7 days per week; and¶
(F) Supervisory or Management staff who are trained in substance use disorders treatment are available on-site or by phone 24 hours per day, 7 days per week.¶
(d) A variety of services and supports shall be offered daily. Each week the services and supports offered shall include the following:¶
(A) Stabilization services;¶
(B) Motivational and engagement strategies and interventions;¶
(C) Occupational or recreational activities;¶
(D) Skill building to address Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL):¶
(E) Health and medication education and management;¶
(F) Close observation and monitoring of the individual's adherence to medications administered by the program;¶
(G) Relapse prevention, interpersonal, coping and community reintegration skills; ¶
(H) Family services, including services just for families or identified support persons;¶
(I) Urinalysis screening when clinically indicated;¶
(J) Intensive case management; and¶
(K) Individual and group counseling sessions.¶
(2) In addition to any other requirements described in these rules and applicable statutes, programs licensed to render residential Adolescent Clinically Managed Medium-Intensity Substance Use Disorder Residential Services, ASAM Level of care 3.5 services shall, at a minimum, meet and maintain documentation demonstrating ongoing compliance with the following requirements: ¶
(a) Adolescent ASAM dimensional admission criteria:¶

(A) The adolescent meets ASAM Diagnostic Admission Criteria specifications in at least two dimensions;¶
(B) If the adolescent is at risk of or experiencing acute or subacute intoxication or withdrawal, the symptoms are mild to moderate;¶
(C) The adolescent needs 24-hour structured environment to make therapeutic gains; ¶
(D) The adolescent is able to tolerate and benefit from a planned program of therapeutic services and supports; and ¶
(E) The adolescent meets diagnostic criteria for a moderate or severe substance use or addictive disorder, per DSM-5-TR, or the probability of such a diagnosis is determined through collateral information.¶
(b) The facility and milieu shall be a 24-hour, safe, contained, and structured recovery environment. Services and supports are primarily habilitative, addressing behavioral, social, and emotional dysfunction through use of targeted interventions such as evidence based, pro-social, therapeutic interventions and skills training to facilitate healthy reintegration into the community. ¶
(c) Utilize an interdisciplinary team approach, as demonstrated through regular, documented meetings and by ensuring:¶
(A) Milieu staff are on-site 24-hours, 7 days per week in staffing levels that are responsive to the number of the individuals present and the severity of symptoms and at least one program staff is readily available to respond to and assist individuals;¶
(B) Behavioral health clinician(s) trained in recognizing the signs and symptoms of intoxication and withdrawal and the monitoring and treating of those conditions, and behavioral health crisis prevention and response;¶
(C) Medical treatment staff able to implement protocols are staffed to meet the intensity of the oversight and treatment of each individual's needs;¶
(D) LMP with training in adolescence shall be available for emergency consult 24-hours per day, 7 days per week; and¶
(E) Supervisory or Management staff who are trained in substance use disorders treatment are available on-site or by phone 24 hours per day, 7 days per week.¶
(d) Services shall be offered daily and include the following:¶
(A) Educational services shall be provided in accordance with local regulations and provide opportunities to remedy educational deficits;¶
(B) Stabilization services, including:¶
(i) Daily monitoring of withdrawal symptoms; and¶
(ii) Close observation and monitoring of the individual's adherence to medications administered by the program.¶
(C) Relapse prevention, coping and community reintegration skills; ¶
(D) Family services, including services just for families or identified support persons;¶
(E) Motivational and engagement strategies and interventions;¶
(F) Urinalysis screening when clinically indicated;¶
(G) Individual counseling sessions; and¶
(H) Skill building, including teaching and practicing pro-social behaviors.¶
(e) Address co-occurring conditions when applicable:¶
(A) Arrange for or provide appropriate medical procedures, including laboratory and toxicology testing;¶
(B) Arrange for or provide appropriate medical and psychiatric treatment through consultation, referral to a community provider or transfer to another Level of Care; ¶
(C) Have direct affiliation with other ASAM Levels of Care;¶
(D) Pace the delivering of information and services to the meet the ability of the adolescent; and¶
(E) Documentation shall include a description of the adolescent's co-occurring conditions, the relationship between the co-occurring condition(s) and substance use, and the individual's mental health status. ¶
(3) Adolescent ASAM Level of Care 3.5-WM Withdrawal Management Services are an additional and optional version of ASAM Level of Care 3.5 services for adolescents. Only programs licensed to render Adolescent Clinically Managed Medium-Intensity Substance Use Disorder Residential Services, ASAM Level of Care 3.5 may also apply to be licensed to render Adolescent ASAM Level of Care 3.5-WM services. When licensed as such, in addition to all requirements for Adolescent ASAM Level of Care 3.5 services, programs shall, at a minimum, meet and maintain documentation demonstrating ongoing compliance with each of the following requirements: ¶
(a) Medical protocols developed by a physician knowledgeable in withdrawal management that are used to:¶
(A) Determine the nature of the medical monitoring and other interventions required, such as when medical oversight or services are needed;¶
(B) Determine when to transfer to a higher or lower level of care; and ¶
(C) Administration of over-the-counter medication protocols.¶
(b) Program staff provide an organized service that includes 24-hour supervision, observation and support to adolescents who are intoxicated or experiencing mild withdrawal;¶
(c) Program staff are trained to implement those ASAM Level of care 3.2-WM physician protocols that are not

required to be rendered by medical staff and that include:¶
(A) Administration of over-the-counter medications for symptomatic relief;¶
(B) Monitoring withdrawal symptoms and alert medical staff as indicated;¶
(C) Identification when an adolescent requires a higher level of care and facilitate the transfer to that level of care; and¶
(D) Prompt communication with medical staff when there is an indication that medical care is needed.¶
(c) Medical services shall include:¶
(A) Provision of 24-hour per day, 7-days per week program staff access to medical consultation; ¶
(B) Availability for 24-hour per day, 7-days per week medical evaluation; and¶
(C) Monitoring the safety and outcome of the withdrawal management services.¶
(d) There is an emphasis on staff, peer and social supports. ¶
(4) Co-occurring Enhanced ASAM Level of Care 3.5 services are an additional and optional version of ASAM Level of Care 3.5 services. Only programs licensed to render Clinically Managed High-Intensity Substance Use Disorder Residential Services, ASAM Level of Care 3.5 may also apply to be licensed to render Co-occurring Enhanced ASAM Level of Care 3.5 services. When licensed as such, in addition to all requirements for ASAM Level of Care 3.5 services, programs shall, at a minimum, meet and maintain documentation demonstrating ongoing compliance with each of the following requirements: ¶
(a) Individuals placed at this ASAM Level of Care shall meet the following criteria: ¶
(A) ASAM Dimensional criteria required for ASAM Level of Care 3.5; ¶
(B) The individual meets diagnostic criteria for a co-occurring mental health disorder, per DSM-5-TR, or the probability of such a diagnosis is determined through collateral information; and¶
(C) The individual is experiencing a range of psychiatric symptoms that require active monitoring that are assessed as posing a risk of harm to self or others if the individual is not contained within a 24-hour structured environment.¶
(b) Offer or coordinate psychiatric, medication evaluation, and laboratory services;¶
(c) Be staffed by medical treatment staff or behavioral health clinicians. Program staff must be;¶
(A) Able to assess and treat co-occurring disorders;¶
(B) Trained in the biological and psychosocial aspects of substance use disorders and mental health disorders and treatment;¶
(C) Trained in behavior management techniques specific to assessing and treating co-occurring disorders;¶
(D) Able to identify the signs and symptoms of acute psychiatric decompensation; and¶
(E) Ensure individuals receiving ASAM Level of Care 3.5 have access to a LMP 24 hours a day, 7 days a week for consultation.¶
(5) Biomedical Enhanced ASAM Level of Care 3.5 services are an additional and optional version of ASAM Level of Care 3.5 services. Only programs licensed to render Clinically Managed High-Intensity Substance Use Disorder Residential Services, ASAM Level of Care 3.5 may apply to be licensed to render Biomedical Enhanced ASAM Level of Care 3.5 services. When licensed as such, in addition to all requirements for ASAM Level of Care 3.5 services, programs shall, at a minimum, meet and maintain documentation demonstrating ongoing compliance with each of the following requirements: ¶
(a) Individuals placed at this ASAM Level of Care shall meet the following criteria: ¶
(A) ASAM Dimensional criteria required for ASAM Level of Care 3.5; ¶
(B) Individual meets diagnostic criteria for a co-occurring biomedical condition, that is sufficient to distract from treatment or recovery efforts and requires medical monitoring, or the probability of such a diagnosis is determined through documented collateral information; and¶
(C) The individual has a biomedical condition that requires a degree of staff attention by medical treatment staff that is not available in other Level 3.5 programs.¶
(b) Ensure a physical examination is provided and documented within two weeks of entry, sooner if determined by the individual's medical symptoms and condition; ¶
(c) Medical treatment staff assess and treat co-occurring disorders and have access to a LMP 24 hours a day, 7 days a week; and¶
(d) Ensure nursing care and observation meet the intensity of the individuals' needs.
Statutory/Other Authority: ORS 161.390-161.400, 413.042, 428.205-428.270, 430.640, 443.450
Statutes/Other Implemented: ORS 430.010, 430.205-430.210, 430.254-430.640, 430.850-430.955, 443.400-443.460, 443.991, 461.549, 743A.168

ADOPT: 309-018-0184

NOTICE FILED DATE: 01/20/2023

RULE SUMMARY: New rule set consistent with ASAM level of care and program expectations for level 3.7

CHANGES TO RULE:

309-018-0184
SUD Residential ASAM Level of Care 3.7
Medically Monitored Intensive Substance Use Disorder Inpatient Services, ASAM Level of Care 3.7. In addition to any other requirements described in these rules and applicable statutes, programs approved to render Adult Medically Monitored Intensive Inpatient Services, ASAM Level of Care 3.7, or Adolescent Medically Monitored High-Intensity Impatient Services, ASAM Level of Care 3.7, offer a planned and structured regimen of 24-hour professionally directed evaluation, observation, medically monitoring and substance use disorder treatment to in an inpatient setting, and shall, at a minimum, meet and maintain documentation demonstrating ongoing compliance with each of the following requirements: ¶
(1) ASAM Level 3.7 programs shall ensure:¶
(a) ASAM dimensional admission criteria:¶
(A) Meet specifications for at least two of the six dimensions and one of those two dimensions is Dimension 1, 2, or 3.¶
(B) The individual meets diagnostic criteria for a co-occurring mental health disorder, per DSM-5-TR, that meet the stability criteria for placement in a co-occurring capable program, or are experiencing difficulties with mood, behavior, or cognition related to a substance use or mental health condition, or mood, behavior, or cognition symptoms are problematic but do not meet DSM-5-TR criteria for a mental health disorder; and¶
(C) Individual needs 24-hour structured environment to make therapeutic gains; ¶
(D) Individual is able to tolerate and benefit from a planned program of therapeutic services and supports; and ¶
(E) Individual meets diagnostic criteria for a moderate or severe substance use or addictive disorder, per DSM-5-TR, or the probability of such a diagnosis is determined through collateral information.¶
(b) Biomedical assessment shall include: ¶
(A) A comprehensive nursing assessment at the time of entry; and¶
(B) A physical examination, or a review of physical examination conducted within the past 7 calendar days, performed by a physician within 24 hours of entry.¶
(c) At a minimum, ensure staffing as follows:¶
(A) Program staff or milieu staff are on-site 24-hours, 7 days per week in staffing levels that are responsive to the number of the individuals present and the severity of symptoms and at least one program staff is readily available to respond to and assist individuals;¶
(B) Utilize an interdisciplinary team approach, as demonstrated through regular, documented meetings and by ensuring:¶
(i) LMP(s) trained in addiction medicine or addiction psychiatry oversee the treatment process and assures the quality of care, and shall be onsite daily and available for consultation 24-hours per day, 7 days per week; ¶
(ii) Medical treatment staff that have training to identify signs and symptoms of acute psychiatric conditions, including psychiatric decompensation, and to intervene using crisis prevention and response protocols, shall be available on-site 24-hours per day, 7 days per week;¶
(iii) Supervisory or Management staff, which may include LMP, who are trained in substance use disorders treatment are available on-site or by phone 24 hours per day, 7 days per week; and¶
(iv) Behavioral health clinician(s) render services on-site at least 5 days per week.¶
(d) Program shall provide daily medical and behavioral services and supports that meet the documented needs of the individual as identified in the assessments and service plan, and include;¶
(A) Medical monitoring, including close observation and monitoring of the individual's adherence to medications; ¶
(B) Medical stabilization services when medical staffing meets the needs of the individuals; and¶
(C) Planned behavioral, skill building and other supportive service program activities that are adapted as needed to the individual's level of comprehension and include;¶
(i) Health and medication education and management;¶
(ii) Individual and group counseling and skill building;¶
(iii) Motivational and engagement strategies and interventions;¶
(iv) Relapse prevention, interpersonal, coping and community reintegration skills;¶
(v) Urinalysis screening when clinically indicated; and¶
(vi) Intensive case management.¶

(e) Programs shall facilitate access to medical, psychiatric, laboratory, toxicology, mental health, physical, dental and other ancillary health care services and supports according to the severity of the individual's condition and throughout the episode of care.¶
(2) In addition to any other requirements described in these rules and applicable statutes, programs licensed to render residential Adolescent Medically Monitored High-Intensity Inpatient Services, ASAM Level of Care 3.7 services shall meet and maintain documentation demonstrating ongoing compliance with, at a minimum, the following requirements:¶
(a) Adolescents placed at ASAM Level of Care 3.7 shall meet the following dimensional admission criteria: ¶
(A) ASAM Diagnostic Admission Criteria specifications in at least two dimensions, one of which is Dimension 1, 2 or 3;¶
(B) Intoxication or withdrawal is manageable at this level of care, as described by The ASAM Criteria, Third Edition;¶
(C) The adolescent needs 24-hour structured environment to stabilize and make therapeutic gains; ¶
(D) The adolescent meets diagnostic criteria for a moderate or severe substance use or addictive disorder, per DSM-5-TR, or the probability of such a diagnosis is determined through collateral information.¶
(b) The facility and milieu shall be a 24-hour, safe, contained, and structured recovery environment. Services and supports are primarily habilitative, addressing behavioral, social, and emotional dysfunction through use of targeted interventions such as evidence based, pro-social, therapeutic interventions and skills training to facilitate healthy reintegration into the community. ¶
(c) Utilize an interdisciplinary team approach, as demonstrated through regular, documented meetings and by ensuring:¶
(A) Milieu staff are on-site 24-hours, 7 days per week in staffing levels that are responsive to the number of the individuals present and the severity of symptoms, and at least one milieu staff is readily available to respond to and assist adolescents;¶
(B) Behavioral health clinician(s) trained in adolescent development, recognizing the signs and symptoms of intoxication and withdrawal and the monitoring and treating of those conditions, and behavioral health crisis prevention and response;¶
(C) Medical treatment staff, knowledgeable about adolescent development, are able to implement protocols are staffed to meet the intensity of the oversight and treatment of each individual's needs;¶
(D) LMP with training in adolescent development shall be available to assess the adolescent within 24 hours of admission and thereafter as medically necessary, and available for emergency consult 24-hours per day, 7 days per week; and¶
(E) Supervisory or Management staff who are trained in substance use disorders treatment are available for consult on-site or by phone 24 hours per day, 7 days per week.¶
(d) Services shall be offered daily and include the following:¶
(A) Educational services shall be provided in accordance with local regulations and provide opportunities to remedy educational deficits;¶
(B) Daily stabilization services by medical treatment staff, including, at a minimum:¶
(i) Daily assessment, treatment and close monitoring of withdrawal symptoms; ¶
(ii) Close observation and monitoring of the adolescent's adherence to medications administered by the program; and¶
(iii) Any adjustments to protocols made by LMP are documented.¶
(C) Relapse prevention, coping and community reintegration skills; ¶
(D) Family services, including services just for families or identified support persons;¶
(E) Motivational and engagement strategies and interventions;¶
(F) Urinalysis screening when clinically indicated;¶
(G) Individual counseling sessions; and¶
(H) Skill building, including teaching and practicing pro-social behaviors.¶
(e) Address co-occurring conditions when applicable:¶
(A) Arrange for or provide appropriate medical procedures, including laboratory and toxicology testing;¶
(B) Arrange for or provide appropriate medical and psychiatric treatment through consultation, referral to a community provider or transfer to another Level of Care; ¶
(C) Have direct affiliation with other ASAM Levels of Care;¶
(D) Pace the delivering of information and services to the meet the ability of the adolescent; and¶
(E) Documentation shall include a description of the adolescent's co-occurring conditions, the relationship between the co-occurring condition(s) and substance use, and the individual's mental health status. ¶
(3) Co-occurring Enhanced ASAM Level of Care 3.7 services are an additional type of ASAM Level of Care 3.7 services. Only programs licensed to render Medically Monitored Intensive Substance Use Disorder Inpatient Services, ASAM Level of Care 3.7 may apply to be licensed to render Co-occurring Enhanced ASAM Level of Care

3.7 services to adolescents or adults. When licensed as such, in addition to all requirements for ASAM Level of Care 3.7 services, programs shall, at a minimum, meet and maintain documentation demonstrating ongoing compliance with each of the following requirements: ¶
(a) Individuals placed at ASAM Level of Care 3.7 shall meet each of the following criteria: ¶
(A) Dimensional admission specifications for 3.7;¶
(B) Diagnostic criteria for a co-occurring mental health disorder, per DSM-5-TR, or the probability of such a diagnosis is determined through collateral information;¶
(C) Experiencing a range of psychiatric symptoms that require active monitoring and which are assessed as posing a risk of harm to self or others if the individual is not contained within a 24-hour structured environment.¶
(b) Co-occurring Enhanced ASAM Level of Care 3.7 programs shall ensure the structure of services includes each of the following:¶
(A) Promote the stabilization of the individual's substance and mental health needs and symptoms through integration and coordination of substance use, mental health and physical health services;¶
(B) Services are delivered by medical treatment staff and behavioral health clinicians who are trained to assess and treat co-occurring psychiatric disorders, and implement behavioral modification interventions; ¶
(C) A comprehensive psychiatric history, an examination and a psychodiagnostic assessment are performed within a reasonable time, as determined by the individual's needs;¶
(D) Active reassessment of the individual's mental status at a frequency determined by the urgency of symptoms; ¶
(E) Symptom management through mental health treatment and medication management services; and¶
(F) Document the individual's co-occurring disorders, the relationship between the mental health and substance use disorders, and the overall assessment of functioning and mental health status¶
(4) Biomedical Enhanced ASAM Level of Care 3.7 services are an additional type of ASAM Level of Care 3.7 services. Only programs licensed to render Medically Monitored Intensive Substance Use Disorder Inpatient Services, ASAM Level of Care 3.7, may apply to be licensed to render Biomedical Enhanced ASAM Level of Care 3.7 services to adolescents or adults. When licensed as such, in addition to all requirements for ASAM Level of Care 3.7 services, programs shall, at a minimum, meet and maintain documentation demonstrating ongoing compliance with each of the following requirements: ¶
(a) Individuals placed at ASAM Level of Care 3.7 have a biomedical condition that requires a degree of staff attention or intervention that is not available in other Level 3.7 programs;¶
(b) Ensure the services are delivered by medical treatment staff who can monitor, assess and treat co-occurring biomedical conditions; ¶
(c) Ensure the intensity of nursing care and observation is adaptive to sufficiently meet the needs of all individuals; and¶
(d) Promote the stabilization of the individual's behavioral and physical health needs and symptoms.
Statutory/Other Authority: ORS 161.390-161.400, 413.042, 428.205-428.270, 430.640, 443.450
Statutes/Other Implemented: ORS 430.010, 430.205-430.210, 430.254-430.640, 430.850-430.955, 443.400-443.460, 443.991, 461.549, 743A.168