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CHAPTER 415

OREGON HEALTH AUTHORITY

HEALTH SYSTEMS DIVISION: ADDICTION SERVICES

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

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CONTACT: Dana Bowman

503-569-6760

Dana.C.Bowman@oha.oregon.gov

500 Summer St NE

E86

Salem, OR 97301

Filed By:

Hanna Christensen

Rules Coordinator

RULES:

415-050-0015, 415-050-0030, 415-050-0040, 415-050-0050, 415-050-0055, 415-050-0060, 415-050-0065, 415-050-0100, 415-050-0105, 415-050-0110, 415-050-0115, 415-050-0120, 415-050-0125, 415-050-0130, 415-050-0135, 415-050-0140, 415-050-0145, 415-050-0150, 415-050-0155, 415-050-0160, 415-050-0165, 415-050-0170, 415-050-0175, 415-050-0180, 415-050-0185, 415-050-0190, 415-050-0195

REPEAL: 415-050-0015

NOTICE FILED DATE: 01/20/2023

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

CHANGES TO RULE:

415-050-0015

Management of Detoxification Centers

~~(1) Compliance with the sections of OAR 309-013, which address general administrative standards for community mental health contractors. In addition to the policy issues required in OAR 309-014, the program's personnel policies must include:~~

~~(a) The Program's philosophical approach to stabilization;~~

~~(b) Rules of employee conduct, including ethical standards; and~~

~~(c) Standards for employee use and abuse of alcohol and other drugs.~~

~~(2) Compliance with the Civil Rights Act of 1964, as amended in 1972, the Equal Pay Act of 1963, Age Discrimination in Employment Act of 1967, and any subsequent amendments.~~

~~(3) Implementation of a policy and procedure prohibiting client abuse which is consistent with OAR 407-045.~~

~~(4) Implementation of a policy and procedure for resolving employee performance problems, which must specify the sequence of steps to be taken when performance problems arise, and identify the resources to be used in assisting employees to deal with problems which interfere with job performance.~~

~~(5) Maintenance of personnel records for each member of the Program's staff. The personnel record must:~~

~~(a) Contain the employee's resume and/or employment application, wage and salary information, and the employee's formal performance appraisals;~~

~~(b) Contain documentation of training/development needs of the employee and identify specific methods for~~

meeting those needs;¶¶

(c) Contain documentation of any formal corrective actions taken due to employee performance problems;¶¶

(d) Contain documentation of any actions of commendation taken for the employee; and¶¶

(e) Be maintained and utilized in such a way as to insure employee confidentiality. Records must be retained for a period of three years following the departure of an employee.¶¶

(6) Implementation of personnel performance appraisal procedures that must:¶¶

(a) Be based on pre-established performance criteria in terms of specific responsibilities of the position as stated in the job description;¶¶

(b) Be conducted at least annually;¶¶

(c) Require employees to review and discuss their performance appraisals with their supervisors, as evidenced by their signature on the appraisal document;¶¶

(d) Require that when the results of performance appraisal indicates there is a discrepancy between the actual performance of an employee and the criteria established for optimum job performance, the employee must be informed of the specific deficiencies involved, in writing; and¶¶

(e) Require documentation that when deficiencies in employee performance have been found in an appraisal, a remedial plan is developed and implemented with the employee.¶¶

(7) Implementation of a development plan which addresses continuing training for staff members.

Statutory/Other Authority: ORS 413.042, 430.256

Statutes/Other Implemented: ORS 430.306, 430.345–430.375

REPEAL: 415-050-0030

NOTICE FILED DATE: 01/20/2023

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

CHANGES TO RULE:

~~415-050-0030~~

~~Individual Assessment and Evaluation~~

~~Each Program must meet the following standards pertaining to Individual assessment and evaluation:¶~~

~~(1) The program must develop and implement a written procedure for assessing medical and psycho-social factors and evaluating each individual's stabilization needs as soon as the individual is able.¶~~

~~(2) The procedure must specify that the assessment and evaluation be the responsibility of a member of the treatment staff.~~

~~Statutory/Other Authority: ORS 413.042, 430.256~~

~~Statutes/Other Implemented: ORS 430.306, 430.345–430.375~~

REPEAL: 415-050-0040

NOTICE FILED DATE: 01/20/2023

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

CHANGES TO RULE:

~~415-050-0040~~

~~Medical Services-~~

~~Each Program must meet the following standards for medical services:¶¶~~

~~(1) The Program must have written procedures for providing immediate transportation for individuals to a general hospital in case of a medical emergency.¶¶~~

~~(2) The Program must have a written description of its medical policies and procedures. The description must:¶¶~~

~~(a) Specify the level of medical care provided; and¶¶~~

~~(b) Include a written policy and procedure, developed by the Medical Director, for determining the individual's need for medical evaluation.¶¶~~

~~(3) The Medical Director's involvement in the development and review of medical operating procedures, quarterly reviews of physicians' standing orders, and consultation in any medical emergencies must be documented.¶¶~~

~~(4) In clinically managed environments, individuals must have access to intensive inpatient treatment services, as follows:¶¶~~

~~(a) Transfer to medically monitored services as necessary;¶¶~~

~~(b) Medical evaluation and consultation is available 24 hours a day by appropriately credentialed persons who are trained and competent to implement physician-approved protocols.;¶¶~~

~~(c) Medical evaluation and consultation must be available 24 hours a day, in accordance with treatment/transfer practice guidelines;¶¶~~

~~(d) The initial assessment must be conducted by appropriately credentialed personnel.¶¶~~

~~(e) Appropriately licensed and credentialed staff must be available to administer medications in accordance with physician orders. (5) In medically monitored environments, individuals must have access to services which provide intensive inpatient treatment services, as follows:¶¶~~

~~(f) LMPss must be available 24 hours a day by telephone;¶¶~~

~~(g) An individual must be seen by an LMP within 24 hours of admission, or sooner if medically necessary;¶¶~~

~~(h) An LMP must be available to provide onsite monitoring of care and further evaluation on a daily basis;¶¶~~

~~(i) The initial assessment must be conducted by a skilled nursing staff.¶¶~~

~~(j) On-site skilled nursing care must be provided twenty-four (24) hours per day, seven (7) days per week; and¶¶~~

~~(k) Appropriately licensed and credentialed staff must be available to administer medications in accordance with physician orders.~~

~~Statutory/Other Authority: ORS 413.042, 430.256~~

~~Statutes/Other Implemented: ORS 430.306, 430.345 – 430.375~~

REPEAL: 415-050-0050

NOTICE FILED DATE: 01/20/2023

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

CHANGES TO RULE:

415-050-0050

Staffing Pattern

(1) Each Program must be in staffing compliance with ASAM Patient Placement Criteria 2R as follows:¶¶

(a) Clinically Managed Programs must be staffed by:¶¶

(A) Appropriately credentialed personnel who are trained and competent to implement physician-approved protocols for patient observation and supervision, determination of appropriate level of care, and facilitation of patient's transition to continuing care;¶¶

(B) Medical evaluation and consultation must be available 24 hours a day, in accordance with stabilization and transfer practice guidelines; and¶¶

(C) Staff who assess and treat patients must be able to obtain and interpret information regarding the needs of these patients. Such knowledge includes the signs and symptoms of alcohol and other drug intoxication and withdrawal, as well as the appropriate stabilization and monitoring of those conditions and how to facilitate entry into ongoing care.¶¶

(b) Medically Monitored Programs must be staffed by:¶¶

(A) LMPs who are available 24 hours a day by telephone, available to assess the patient within 24 hours of admission, or earlier, (if medically necessary), and available to provide on-site monitoring of care and further evaluation on a daily basis;¶¶

(B) A licensed and credentialed nurse must be available to conduct a nursing assessment upon admission and to oversee the monitoring of the patient's progress and medication administration on an hourly basis, if needed;¶¶

(C) Appropriately licensed and credentialed staff must be available to administer medications in accordance with physician orders; and¶¶

(D) The level of nursing care must be appropriate to the severity of patient needs.¶¶

(2) The Program must maintain a minimum ratio of paid full-time staff to bed capacity as follows:¶¶

(a) 1 through 8 beds – 1 staff person on duty;¶¶

(b) 9 through 18 beds – 2 staff persons on duty;¶¶

(c) 19 through 30 beds – 3 staff persons on duty;¶¶

(d) 31 beds and above – One additional staff person beyond the three staff required above for each additional 15 beds or part thereof.¶¶

(3) The Program's must written staffing plan must address the provision of appropriate and adequate staff coverage during emergency and high demand situations.¶¶

(4) The Program must provide a minimum of one hour per month of personal clinical supervision and consultation for each staff person and volunteer who is responsible for the delivery of treatment services. The clinical supervision must relate to the individual's skill level with the objective of assisting staff and volunteers to increase their treatment skills and quality of services to individuals.

Statutory/Other Authority: ORS 413.042, 430.256

Statutes/Other Implemented: ORS 430.306, 430.345 – 430.375

REPEAL: 415-050-0055

NOTICE FILED DATE: 01/20/2023

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

CHANGES TO RULE:

~~415-050-0055~~

~~Management Staff Qualifications~~

~~Each Program must be directed by a person with the following qualifications at the time of hire:¶¶~~

~~(1) For an individual recovering from a substance use disorder, continuous sobriety for the immediate past two years.¶¶~~

~~(2) Education and/or work experience as follows:¶¶~~

~~(a) Five years of paid full-time experience in the field of substance use disorders, with at least one year in a paid administrative capacity; or¶¶~~

~~(b) A Bachelor's degree in a relevant field and four years of paid full-time experience with at least one year in a paid administrative capacity; or¶¶~~

~~(c) A Master's degree in a relevant field and three years of paid full-time experience with at least one year in a paid administrative capacity.¶¶~~

~~(3) Knowledge and experience demonstrating competence in planning and budgeting, fiscal management, supervision, personnel management, employee performance assessment, data collection, and reporting.~~

~~Statutory/Other Authority: ORS 413.042, 430.256~~

~~Statutes/Other Implemented: ORS 430.306, 430.345 – 430.375~~

REPEAL: 415-050-0060

NOTICE FILED DATE: 01/20/2023

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

CHANGES TO RULE:

415-050-0060

Staff Qualifications

Each Program must have:¶¶

(1) An identified clinical supervisor who has the following qualifications at the time of hire:¶¶

(a) For an individual recovering a substance-use disorder, continuous sobriety for the immediate past two years;¶¶

(b) Education and/or work experience as follows:¶¶

(A) Five years of paid full-time experience in the field of substance use with a minimum of two years of direct substance use treatment experience; or¶¶

(B) A Bachelor's degree in a relevant field and four years of paid full-time experience, with a minimum of two years of direct substance abuse treatment experience; or¶¶

(C) A Master's degree in a relevant field and three years of paid full-time experience with a minimum of two years of direct substance use treatment experience.¶¶

(c) Knowledge and experience demonstrating competence in the treatment of the disease of substance use, including the management of substance withdrawal, individual evaluation; motivational, individual, group, family and other counseling techniques; clinical supervision, including staff development, service planning and case management; and utilization of community resources including Alcoholics Anonymous, Al-Anon, and Alateen.¶¶

(2) If the Program's director meets the qualifications of the clinical supervisor, the director may be the Program's clinical supervisor.¶¶

(3) The Program's treatment staff must:¶¶

(a) For individuals recovering from a substance-use disorder, have maintained continuous sobriety for the immediate past two years at the time of hire;¶¶

(b) Have training knowledge and/or experience demonstrating competence in the treatment of the disease of substance use, including the management of substance withdrawal; individual evaluation; motivational counseling techniques; and the taking and recording of vital signs;¶¶

(c) Within six weeks of employment, be currently certified or in process of certification in first aid methods including cardiopulmonary resuscitation.¶¶

(4) The Program's medical staff must:¶¶

(a) For an individual recovering a substance-use disorder, continuous sobriety for the immediate past two years;¶¶

(b) Operate within the scope of their practice;¶¶

(c) Be appropriately credentialed and certified by the appropriate board or body; and¶¶

(d) Knowledge and experience treating the disease of substance abuse.¶¶

(5) Detoxification Technicians, when employed by a program, must:¶¶

(a) For an individual recovering a substance-use disorder, continuous sobriety for the immediate past two years; and¶¶

(b) Knowledge and experience treating the disease of substance abuse.

Statutory/Other Authority: ORS 413.042, 430.256

Statutes/Other Implemented: ORS 430.306, 430.345 – 430.375

REPEAL: 415-050-0065

NOTICE FILED DATE: 01/20/2023

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

CHANGES TO RULE:

415-050-0065

Use of Volunteers

Each Program utilizing volunteers must have the following standards for volunteers:¶¶

(1) A written policy regarding the use of volunteers that must include:¶¶

(a) Philosophy, goals, and objectives of the volunteer program;¶¶

(b) Specific responsibilities and tasks of volunteers;¶¶

(c) Procedures and criteria used in selecting volunteers, including sobriety requirements for individuals recovering from a substance use disorder;¶¶

(d) Terms of service of volunteers;¶¶

(e) Specific accountability and reporting requirements of volunteers;¶¶

(f) Specific procedure for reviewing the performance of volunteers and providing direct feedback to them; and¶¶

(g) Specific procedure for discontinuing a volunteer's participation in the program.¶¶

(2) There must be documentation that volunteers complete an orientation and training program specific to their responsibilities before they participate in assignments. The orientation and training for volunteers must:¶¶

(a) Include a thorough review of the Program's philosophical approach to stabilization;¶¶

(b) Include information on confidentiality regulations and individual's rights;¶¶

(c) Specify how volunteers are to respond to and follow procedures for unusual incidents;¶¶

(d) Explain the Program's channels of communication and reporting requirements and the accountability requirements for volunteers;¶¶

(e) Explain the procedure for reviewing the volunteer's performance and providing feedback to the volunteer; and¶¶

(f) Explain the procedure for discontinuing a volunteer's participation.

Statutory/Other Authority: ORS 413.042, 430.256

Statutes/Other Implemented: ORS 430.306, 430.345 – 430.375

AMEND: 415-050-0100

NOTICE FILED DATE: 01/20/2023

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

CHANGES TO RULE:

415-050-0100

Purpose ¶

These rules prescribe standards for the development and operation of ~~substance use detoxification programs and services approved by the Addictions and Mental Health~~ withdrawal management programs approved by the Division.

Statutory/Other Authority: ORS 413.042, 430.256

Statutes/Other Implemented: 430.345 - 430.375, ORS 430.306

RULE SUMMARY: Added clarification to several definitions, new definitions added related to ASAM and ASAM Levels of care. Added definitions related to staffing, credentials and program types.

CHANGES TO RULE:

415-050-0105

Definitions ¶¶

- (1) "Alcohol and Other Drug Treatment Staff" means a person certified or licensed by a health or allied provider agency to provide alcohol and other drug treatment services that include assessment, development of an Individual Service and Support Plan (ISSP), and individual, group and family counseling.¶¶
(a) For treatment staff holding certification in addiction counseling, qualifications for the certificate must have included at least:¶¶
(A) 750 hours of supervised experience in substance use counseling;¶¶
(B) 150 contact hours of education and training in substance use related subjects; and¶¶
(C) Successful completion of a written objective examination or portfolio review by the certifying body.¶¶
(b) For treatment staff holding a health or allied provider license, the license or registration must have been issued by one of the following state bodies and the person must possess documentation of at least 60 contact hours of academic or continuing professional education in alcohol and other drug treatment:¶¶
(A) Board of Medical Examiners;¶¶
(B) Board of Psychologist Examiners;¶¶
(C) Board of Licensed Social Workers;¶¶
(D) Board of Licensed Professional Counselors and Therapists; or¶¶
(E) Board of Nursing.¶¶
(2) "ASAM PPC-2R" means American Society of Addictions Medicine (ASAM) Patient Placement Criteria for the Treatment of Substance Related Disorders, Second Edition. ASAM PPC-2R is a multidimensional clinical guide to be used in matching patients to appropriate levels of care. (4) "Biennial Plan" means the document prepared by the Community Mental Health Program (CMHP) or direct contractor and submitted to the Division.¶¶
(3) "Client" means a person receiving services under these rules.¶¶
(4) "Community Mental Health Program" (CMHP) means an entity that is responsible for planning and delivery of services for individuals with substance use or mental illness diagnoses, operated in a specific geographic area of the state under an intergovernmental agreement or a direct contract with the Addictions and Mental Health Division (AMH).¶¶
(5) "Coordinated Care Organization (CCO)" means a corporation, governmental agency, public corporation or other legal entity that is certified as meeting the criteria adopted by the Oregon Health Authority under ORS 414.625 to be accountable for care management and to provide integrated and coordinated health care for each of the organization's members.¶¶
(6) "County" means the board of county commissioners or its representatives.¶¶
(7) "Detoxification Technician" means a person who supports program staff in the promotion of maintaining a safe and orderly subacute environment and may include direct patient care.¶¶
(8) "Division" means the Addictions and Mental Health Division of the Oregon Health Authority.¶¶
(9) "Clinically Managed Residential Detoxification" means clinically managed residential detoxification in a non-medical or social detoxification setting. This level emphasizes peer and social support and is intended for individuals whose intoxication is sufficient to warrant 24-hour support or whose withdrawal symptoms are sufficiently severe to require primary medical nursing care services.¶¶
(10) "Individual" means a person receiving services under these rules.¶¶
(11) "Licensed Medical Practitioner (LMP)" means a person who meets the following minimum qualifications as documented by the Local Mental Health Authority (LMHA) or designee:¶¶
(a) Physician licensed to practice in the State of Oregon; or¶¶
(b) Nurse practitioner licensed to practice in the State of Oregon; or¶¶
(c) Physician's Assistant licensed to practice in the State of Oregon; and¶¶
(d) Whose training, experience and competence demonstrate the ability to conduct a mental health assessment and provide medication management.¶¶
(e) For ICTS and ITS providers, LMP means a board-certified or board-eligible child and adolescent psychiatrist licensed to practice in the State of Oregon.¶¶
(12) "Local Alcohol and Drug Planning Committee" (LADCP) means a committee appointed or designated by a

board of county commissioners. The committee must identify needs and establish priorities for substance use services in the county. Members of the committee must be representative of the geographic area and include a number of minority members which reasonably reflect the proportion of the need for substance use treatment and rehabilitation services of minorities in the community.¶¶

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

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

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

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

(14) "Medically Monitored Detoxification" means an inpatient setting that provides medically managed intensive inpatient treatment services, labeled by ASAM as "Level III.7-D", and automatically also certifies for the provision of Level III.2.D services.¶¶

(15) "Medical Assessment" means a comprehensive survey outlining the information about the individual to aid in proper diagnosing and treatment of his or her presenting physical symptoms.¶¶

(16) "Program" means an organized system of services designed to address the treatment needs of patients.¶¶

(17) "Psycho-Social Assessment" means an evaluation of an individual's mental, physical, and emotional health. (14) "Rehabilitation" means those services to assist in overcoming problems associated with a substance use disorder that enable the individual to function at his or her highest potential.¶¶

(18) "Skilled Nursing Staff" means all nurses working within the scope of their license.¶¶

(19) "Substance Use Disorders" means disorders related to the taking of a drug of abuse including alcohol; to the side effects of a medication; and to a toxin exposure. The disorders include substance use disorders such as substance dependence and substance abuse; substance-induced disorders, including substance intoxication, withdrawal, delirium, and dementia; as well as substance-induced psychotic disorder, mood disorder, etc., as defined in DSM criteria.¶¶

(20) "Treatment" means the specific medical and non-medical therapeutic techniques employed to assist the individual in recovering from a substance use disorder.¶¶

(21) "Treatment Staff" means paid staff directly responsible for client care and treatment. The following definitions apply to 415-050-0100 through 415-050-0195.¶¶

(1) "Abuse of an Adult" means the circumstances defined in ORS 430.735 and OAR Chapter 407, Division 45 for abuse of an adult with mental illness or who is receiving residential substance use disorder treatment or withdrawal management services. ¶¶

(2) "Admission" means the act or process of enrollment into services regulated by these rules.¶¶

(3) "ASAM" means The American Society of Addiction Medicine, Third Edition (ASAM).¶¶

(4) "The ASAM Criteria" means the criteria in the Third Edition of The American Society of Addiction Medicine (ASAM) Criteria for the assessment, level of care placement and treatment of addictive, substance-related, and co-occurring conditions. 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 patients. The ASAM Criteria is incorporated by reference in these rules. ¶¶

(5) "ASAM Dimensional Admission Criteria" means the specifications described in the ASAM Criteria for determining that a patient 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.¶¶

(6) "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 certified outpatient or licensed residential provider. ¶¶

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

(8) "Adolescent ASAM Level 3.7-WM Medically Monitored Withdrawal Management (ASAM Level 3.5-WM)" means a medical, inpatient setting as described in The ASAM Criteria, Third Edition that provides 24-hour medically monitored intensive inpatient withdrawal management services for adolescent patients assessed at ASAM Level 3.7-WM. Adolescent patients meeting criteria to be admitted to this level of care experience moderate to severe withdrawal syndrome and therefore require 24-hour nursing care and LMP visits as needed.¶¶

(9) "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.¶¶

(10) "Adult ASAM Level 3.2-WM Clinically Managed Residential Withdrawal Management (ASAM Level 3.2-WM)" means a setting as described in The ASAM Criteria, Third Edition in which patients experience moderate

withdrawal symptoms and need 24-hour support to complete withdrawal management and increase the likelihood of continuing treatment or recovery. Clinically managed services are directed by non-physician addiction specialists rather than medical and nursing personnel. This level emphasizes peer and social support and is for patients whose intoxication is sufficient to warrant 24-hour support or whose withdrawal symptoms are sufficiently severe to require primary medical nursing care services.¶

(11) "Adult ASAM Level 3.7-WM Medically Monitored Withdrawal Management (ASAM Level 3.7-WM)" means a medical, inpatient setting as described in The ASAM Criteria, Third Edition that provides 24-hour medically monitored intensive inpatient treatment services for patients assessed at ASAM Level 3.7-WM. Patients who meet criteria for admission to this level of care experience severe withdrawal syndrome and need 24-hour nursing care and LMP visits as needed.¶

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

(13) "Oregon Health Authority (Authority) or (OHA)" means the Oregon Health Authority of the state of Oregon.¶

(14) "Community Mental Health Program (CMHP)" an entity that is responsible for planning and delivery of safety net services for persons with mental or emotional disturbances, drug abuse problems, and alcoholism and alcohol abuse in a specific geographic area of the state under a contract with the Division or a local mental health authority and pursuant to OAR Chapter 309, Division 014.¶

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

(16) "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.¶

(17) "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.¶

(18) "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.¶

(19) "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.¶

(20) "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.¶

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

(22) "County" means the board of county commissioners or its representatives.¶

(23) "Criminal Records Check" means documenting the criminal background check results for all employees, contracted staff and interns that render medical or behavioral health services and supports or have access to protected health information such as service records or billing information.¶

(24) "Critical Incident" means any unanticipated event that threatens health, safety or the structural integrity of the facility and is documented in an Incident Report. Critical Incidents are reported to the Division.¶

(25) "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 patients, families, and communities and protects and preserves the dignity of each.¶

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

(27) "Diagnosis" means the principal substance use disorder diagnosis consistent with 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 is the medically necessary reason for services.¶

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

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

(30) "Episode of Care" means the period of care that begins at admission and ends at discharge.¶

(31) "Grievance" means a formal complaint submitted to a provider verbally, or in writing, by a patient, or the patient's chosen representative.¶

(32) "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.¶

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

(34) "Incident" means any event involving an individual or child of an individual receiving services occurring on the premises of the program or involving program staff or during a stabilization plan or care coordination plan activity and including but not limited to injury, major illness, accident, act of physical aggression, medication error, suspected abuse or neglect, or any other unusual or critical event that presents a risk to health and safety. Critical incidents are reported to the Division.¶

(35) "Incident Report" means a written description of any incident.¶

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

(37) "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).¶

(38) "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. ¶

(39) "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.¶

(40) "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 medical exam, a mental health assessment and provide medication management.¶

(41) "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.¶

(42) "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, ORS 419B.010, or ORS 124.060.¶

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

(44) "Medical Assessment" means an assessment by or under the direction of a physician who is licensed to practice medicine in Oregon. The medical assessment includes a complete physical examination and a thorough comprehensive health history, which includes review of behavioral and physical health diagnoses, a description of behavior problems, prior evaluations, and treatment history. The medical assessment also reviews current use of prescription and over-the-counter medications. ¶

(45) "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.¶

(46) "Medical Treatment" means the planned, medically necessary, individualized program of medical procedures and counseling services designed to address symptoms of a DSM-5-TR diagnosis.¶

(47) "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. ¶

- (48) "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.¶
- (49) "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.¶
- (50) "Medication Administration Record (MAR)" means the documentation of the administration of written or verbal orders for medication, laboratory and other medical procedures issued by a LMP acting within the scope of their license.¶
- (51) "Medications for Assisted Treatment (MAT)" means the use of medication in combination with counseling and behavioral therapies for the treatment of substance use disorders.¶
- (52) "Motivational Enhancement Therapy" (MET) means a person-centered approach to therapy that focuses on improving a patient's motivation to change. ¶
- (53) "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 individuals with mental diseases, which includes substance use disorders (SUDs).¶
- (54) "Non-Medical Program Staff" means an individual who, by employment, contract, or volunteer agreement, or internship agreement with the program, provides a service or support within their scope of practice that is not medical and who has the applicable competencies, qualifications, or certification required in this rule to provide the corresponding non-medical service or support.¶
- (55) "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. ¶
- (56) "On-site" means staff are physically present within the licensed facility, on duty, readily accessible and available to assist individuals.¶
- (57) "Patient" means an individual receiving withdrawal management services.¶
- (58) "Peer" means any person supporting a patient or the patient'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 a patient who is a current or former recipient of substance use, problem gambling, or mental health services.¶
- (59) "Peer Support Specialist (PSS)" means a qualified program staff providing peer-delivered services to a patient 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. ¶
- (60) "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.¶
- (61) "Peer-Delivered Services Supervisor" means a 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.¶
- (62) "Peer Wellness Specialist (PWS)" means a program staff who supports a patient in identifying behavioral health service and support needs through community outreach, assisting patients 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 patients 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. ¶
- (63) "Program" means an organized system of services and supports delivered by a provider designed to address the treatment needs of patients and families.¶
- (64) "Program Administrator" or "Program Director" means program staff with appropriate professional qualifications and experience who is designated to manage the operation of a program. ¶
- (65) "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. ¶
- (66) "Provider" means an organizational entity or qualified individual that is certified or licensed by the Division for the direct delivery of substance use, problem gambling, or mental health services and supports.¶
- (67) "Publicly Funded" means financially supported, in part or in full, with revenue from a local, state or federal government.¶
- (68) "Psychiatrist" means a physician licensed by the Oregon Medical Board and who has completed an approved residency training program in psychiatry. ¶

(69) "Psychologist" means an individual who is currently licensed to practice psychology by the Oregon Board of Psychology.¶

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

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

(72) "Restraints" means any chemical or physical methods or devices that are intended to restrict or inhibit the movement, functioning, or behavior of a patient. ¶

(73) "Screening" means the process to determine whether the patient needs further assessment to identify need for referrals or services and supports.¶

(74) "Seclusion" means the involuntary confinement of a resident alone in a room or an area from which the resident is physically prevented from leaving. ¶

(75) "Service Delivery Rules" means the OAR describing specific regulatory standards for the possible array of services covered by licenses issued under Chapter 415, Division 012.¶

(76) "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 stabilization or care coordination plan.¶

(77) "Service Record" means the documentation, written or electronic, regarding a patient and resulting from admission, assessment, stabilization services and supports planning, stabilization services and supports provided, and transfer. ¶

(78) "Services" means those activities and treatments described in the Stabilization or care coordination Plan that are intended to assist the patient's stabilization, withdrawal management and transition to recovery from a substance use disorder.¶

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

(80) "Stabilization" means the application of medical and psychosocial services and supports, through a services plan, and in a manner that results in the reduction of symptomology and increase in skill level to support and redirect 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.¶

(81) "Stabilization Plan" means an individualized plan of medical interventions that sufficiently resolve the withdrawal symptoms or syndrome, and identifies the conditions needed for the patient to safely transition to the next identified ASAM Level of Care.¶

(82) "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 indicated through the patient's enrollment in services; and¶

(c) Discharge or other discontinuation of services.¶

(83) "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. ¶

(84) "Substance Use Disorders (SUD)" as defined in DSM-5-TR means disorders related to the taking of a drug of abuse including alcohol, to 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.¶

(85) "Substance Use Prevention and Treatment and Recovery Block Grant" or "SUPTR 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 (SUD) Treatment Staff" means one type of program staff certified by a Division-approved certification body to render substance use disorders treatment services.¶

(87) "Supports" means activities, referrals and supportive relationships designed to enhance the services delivered to patients and families for the purpose of facilitating progress toward intended outcomes.¶

(88) "Transfer" means the process of assisting a patient to transition from the current services to the next identified setting or ASAM level of care.¶

(89) "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 and addictions services, including recognition of the

traumatic effect of misdiagnosis and coercive treatment. Services are responsive to the vulnerabilities of trauma survivors and are delivered in a way that avoids inadvertent re-traumatization and facilitates patient direction of services.¶

(90) "Treatment" means the planned, medically necessary, individualized program of medical, psychological, and rehabilitative procedures, experiences and activities designed to remediate symptoms of a medical condition or DSM-5-TR diagnosis. ¶

(91) "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.¶

(92) "Urinalysis Test" means a urine sample provided by a patient that is tested by the program using a sensitive, rapid, and inexpensive immunoassay screen to eliminate "true negative" specimens from further consideration.¶

(93) "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.¶

(94) "Volunteer" means a person who performs a service willingly and without pay.¶

(95) "Withdrawal Management Technician" means personnel who supports program staff in the promotion of maintaining a safe and orderly subacute environment and who may provide direct patient care.

Statutory/Other Authority: ORS 413.042, 430.256

Statutes/Other Implemented: 430.345 - 430.375, ORS 430.306

AMEND: 415-050-0110

NOTICE FILED DATE: 01/20/2023

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

CHANGES TO RULE:

415-050-0110

Program Approval

Licensing Standards

(1) Letter of Approval. In order to receive a Letter of Approval from the Division under the process Withdrawal management programs must be licensed by the Division in accordance with OAR 415-012-0000 to render detoxification services under ORS 430.306, henceforth referred to as withdrawal management services. A License issued to a program must 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-a. Licensed programmsts must meet the standards set forth in these rules, ~~those provisions of OAR 309-014 which are applicable, and~~ and all applicable statutes.

(2) In addition to any other administrative rule applicable to the program. A Letter of Approval issued to a program must be effective for information requested by the Division, applicants for renewal or initial licensure must provide sufficient detail in their application that the Division may determine the IMD status. Effective January 1, 2022, the IMD status must be determined by the Division two years from the date of issue and may be renewed or revoked by the Division in the manner set forth in OAR 415-012 be either:

(a) IMD Withdrawal Management; or

(b) Non-IMD Withdrawal Management.

(3) Currently licensed providers must submit complete withdrawal management applications to render each selected ASAM Level(s) of Care no later than October 1, 2023.

(4) Division approved ASAM level(s) of Care must be added to the withdrawal management licenses starting January 1, 2024.

(25) A program seeking approval under these rules must establish to the satisfaction of the Division that the local alcohol and drug planning committee was actively involved in the planning and review of the program as it relates to In addition to any other information requested by the Division, applicants for renewal or initial licensure must identify in their application the ASAM Level(s) of Care. Effective April 1, 2024, all withdrawal management programs must have a valid license designating one or more of the following ASAM Levels of Care approved by the Division:

(a) Adult Clinically Managed Residential Withdrawal Management Services, ASAM Level of Care 3.2-WM;

(b) Adult Medically Monitored Inpatient Withdrawal Management Services, ASAM Level of Care 3.7-WM; or

(c) Adolescent Medically Monitored Inpatient Withdrawal Management Services, ASAM Level of Care 3.7-WM.

(6) Adolescent and adult programs must be licensed separately.

(7) Each program must operate within the community mental health program plan.

(3) Inspection of a program. The Division must inspect at least every two years each program under these rules of the service types listed on their license. Unless otherwise limited by the Division, programs with valid licenses for Adult Medically Monitored Inpatient Withdrawal Management, ASAM Level of Care 3.7-WM may render Adult Clinically Managed Residential Withdrawal Management, ASAM Level 3.2-WM.

(8) The license must be posted in a common area, able to be viewed at all times.

(9) At least every two years the Division must inspect the facility and conduct a review of the program.

Statutory/Other Authority: ORS 430.256

Statutes/Other Implemented: 430.345 - 430.375, ORS 430.306

ADOPT: 415-050-0115

NOTICE FILED DATE: 01/20/2023

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

CHANGES TO RULE:

415-050-0115

Policies, Procedures and Protocols

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

AMEND: 415-050-0120

NOTICE FILED DATE: 01/20/2023

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

CHANGES TO RULE:

415-050-0120

~~C~~Patient Rights~~¶~~

~~Each Program must provide individuals the following rights and protection in addition to those described in OAR 309-016-0760.:~~(1) In addition to all applicable statutory and constitutional rights, every patient receiving services has the right to:¶

~~(a) Choose from available services and supports, those that are consistent with the stabilization and care coordination plans, culturally competent, provided in the most integrated setting in the community and under conditions that are least restrictive to the patient's liberty, that are least intrusive to the patient, and that provide for the greatest degree of independence;¶~~

~~(1b) Individuals must give written informed~~Be treated with dignity and respect;¶

~~(c) Participate in the development of a written stabilization Plan, receive services consistent to treatment. If informed consent is not a possibility due to the inability of the individuals to understand his or her rights, this fact must be recorded in the individual's file with that plan, and participate in periodic review and reassessment of service and support needs, and receive a copy of the written stabilization and care coordination plans;¶~~

~~(d) Have all services explained, including expected outcomes and possible risks;¶~~

~~(e) Confidentiality, and the right to consent to disclosure in accordance with ORS 107.154, 179.505, 179.507, 192.515, 192.507, 42 CFR Part 2 and 45 CFR Part 205.50;¶~~

~~(f) Give informed consent in writing prior to the start of services, except as otherwise permitted by law. ¶~~

~~(g) Inspect their Service Record in accordance with ORS 179.505 and applicable law;¶~~

~~(h) Refuse participation in experimentation;¶~~

~~(i) Receive medication specific to the patient's diagnosed clinical needs, including medications used to treat opioid dependence;¶~~

~~(2j) The Program must have established and implemented controls on individuals labor within the program. Work done as part of the individual's~~Receive prior notice of transfer, unless the circumstances necessitating transfer pose a threat to health and safety;¶

~~(k) Be free from abuse or neglect and to report any incident of abuse or neglect without being subject to retaliation;¶~~

~~(l) Have religious freedom;¶~~

~~(m) Be free from seclusion and restraint;¶~~

~~(n) Be informed at the start of services, and periodically thereafter, of the rights guaranteed by this rule;¶~~

~~(o) Be informed of the policies and procedures, service agreements and fees applicable to the services provided, and to have a custodial parent, guardian, or representative assist with understanding any information presented;¶~~

~~(p) Have family and guardian involvement in stabilization plan or standard program expectations must band care coordination planning and delivery;¶~~

~~(q) File grievances, including appealing decisions resulting from the agreed to, in writing, by the individuals;evance;¶~~

~~(r) Exercise all rights set forth in ORS 109.610 through 109.697 if the patient is a child, as defined by these rules;¶~~

~~(3s) The Program must develop, implement and inform individuals of a policy and procedure regarding grievances which providing for:¶~~

~~(a) Receipt of written grievances from individuals or persons acting on their behalf;¶~~

~~(b) Investigation of the facts supporting or disproving the written grievance~~Exercise all rights set forth in ORS 426.385 if the patient is committed to the Authority; and¶

~~(t) Exercise all rights described in this rule without any form of reprisal or punishment.¶~~

~~(2) In addition to the rights specified in section (1) of this rule, every patient receiving services has the right to:¶~~

~~(a) A safe, secure, and sanitary environment;¶~~

~~(b) A humane service environment that affords reasonable protection from harm, reasonable privacy, and daily access to fresh air and the outdoors;¶~~

~~(c) Keep and use personal clothing and belongings and to have an adequate amount of private, secure storage space. Reasonable restriction of the time and place of use of certain classes of property may be implemented if necessary to prevent the patient or others from harm, provided that notice of this restriction is given to patients and their families, if applicable, upon entry to the program, documented, and reviewed periodically;¶~~

- ~~(d) The taking of necessary action on substantiated grievance~~ Express sexual orientation, gender identity, and gender presentation.
- (e) Have access to and participate in social, religious, and community activities.
- (f) Not be required to perform labor.
- (g) Have access within 72 hours to a variety of food choices 24 hours per day, 7 days per week and three meals per day; and
- ~~(h) Documentation in the individual's record of the receipt, investigation, and any action taken regarding the written grievance~~ A reasonable accommodation or transfer if, due to a disability, services are not sufficiently accessible.
- (3) The provider must give to the patient and, if appropriate, the guardian, a document that describes the applicable patient rights as follows:
 - (a) Information given to the patient must be in written form or, upon request, in an alternative format or language appropriate to the patient's need.
 - (b) The rights and how to exercise them must be explained to the patient, and if appropriate, to their guardian; and
 - (c) Patient rights must be posted in writing in a common area.

Statutory/Other Authority: ORS 430.256

Statutes/Other Implemented: 430.345 - 430.375, ORS 430.306

CHANGES TO RULE:

415-050-0125

Personnel Records

(1) Providers must maintain personnel records for each program staff and withdrawal management technician that contains, at a minimum, all of the following documentation:¶

(a) The results of national and state-wide criminal records check processes applicable to the current position or title for personnel who render substance use disorder treatment services or have access to substance use disorder protected health information such as service records or billing information; ¶

(b) A current position description that includes applicable qualifications, including credentials and competencies;¶

(c) When applicable to the position, copies of relevant licensure or certification, diploma, or certified transcripts from an accredited college, indicating that the personnel meets applicable qualifications;¶

(d) Copies of any action on the credentials as reported by the certification or Licensing Board or body;¶

(e) Periodic performance appraisals that, when deficiencies are noted, contain a performance improvement and training plan, including completion of any required training(s) and resolution of the performance plan;¶

(f) Orientations and trainings required in OAR 415-050;¶

(g) Disciplinary documentation; ¶

(h) Active First Aid and CPR certification for each non-medical personnel; and¶

(i) Results of a Tuberculosis screening as per OAR 333-071-0057.¶

(2) Providers must ensure each program staff receives training applicable to the specific population for whom services are planned, delivered, or supervised. The program must document orientation training for each program staff or individual providing services within 30 days of the hire date. At minimum, orientation training for all program staff must include, but not be limited to:¶

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

(b) A review of emergency evacuation procedures;¶

(c) A review of program policies and procedures;¶

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

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

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

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

(h) A review of care coordination procedures; ¶

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

(j) Training in de-escalation; and ¶

(k) Training in motivational enhancement.¶

(3) Providers must ensure that withdrawal management technician staff receive the following trainings. The program must document orientation training for each withdrawal management staff within 30 days of the hire date. At minimum, orientation training for all program staff must include but not be limited to:¶

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

(b) A review of emergency evacuation procedures;¶

(c) A review of program policies and procedures;¶

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

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

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

(g) A review and agreement to abide by the Code of conduct; ¶

(h) Training in de-escalation; and ¶

(i) Training in motivational enhancement.¶

(4) Medical treatment staff rendering or assisting with medical interventions, including applicable interns, must have the following trainings documented within one week of active employment in such a role:¶

(a) Medical protocols;¶

(b) Use of COWS, CIWA-AR and other evidence-based screening tools.¶

(5) Non-medical program staff must be certified for first aid/ CPR within 6 weeks of active employment.¶

(6) Supervision: all staff who are responsible for the delivery of services or supports must receive documented supervision and oversight by a qualified supervisor or manager, as applicable and as defined in OAR 415-050. Individual face-to face contact may include real time, two-way audio or audio-visual conferencing. Part time

program staff must receive supervision prorated to reflect the average number of hours worked.¶

(a) Supervision must be related to the development of the staff and the services, and the implementation and outcome of the services. Supervision must be provided to assist staff to:¶

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

(B) Improve quality of services or supports to patients; and¶

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

(b) Documentation must include the date, amount of time per session and a brief description of the topics addressed and must demonstrate the following minimum amount of supervision occurred:¶

(A) One hour per month of documented group supervision and consultation to medical treatment staff, non-medical treatment staff, withdrawal management technician, substance use disorder treatment staff, peer support or wellness specialist, and volunteer who is responsible for the delivery of services or supports; and¶

(B) Interns and student interns must receive one-hour of individual clinical supervision per week.¶

(c) Supervision must assist supervisees to ensure safety, increase their skills, improve quality of services to patients, and address understanding of and adherence to program protocols, policies, procedures and code of conduct:¶

(d) When available, a qualified Peer-delivered Services Supervisor must provide the required monthly supervision to program staff providing direct Peer-delivered Services. Otherwise, supervision must be provided by a qualified supervisor; ¶

(e) Interns and student interns must render services and supports under the active supervision of a qualified supervisor; and¶

(f) Individualized non-clinical supervision must be utilized as needed and documented.

Statutory/Other Authority: ORS 413.042, ORS 430.256

Statutes/Other Implemented: ORS 430.306, ORS 430.345-430.375

CHANGES TO RULE:

415-050-0130

Staffing Standards

Providers are responsible for all program staff. Programs must maintain the following minimum staffing standards:¶

- (1) Program staff in the following positions must meet applicable credentialing or licensing standards, including those set forth in OAR 415-050.¶
- (2) Program administrators or program directors must 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. Professional qualifications and experience must include:¶
 - (a) Five years of paid full-time experience in withdrawal management, with at least one year in a paid administrative capacity; or¶
 - (b) A Bachelor's degree in a relevant field and four years of paid full-time experience in withdrawal management with at least one year in a paid administrative capacity; or¶
 - (c) A Master's degree in a relevant field and three years of paid full-time experience in withdrawal management with at least one year in a paid administrative capacity; and¶
 - (d) Knowledge and experience demonstrating competence in planning and budgeting, fiscal management, supervision, personnel management, employee performance assessment, data collection, and reporting.¶
- (3) Supervisors, including clinical supervisors in all programs must demonstrate competence in leadership, wellness, oversight and evaluation of services, staff development, stabilization and care coordination planning, case management and coordination, utilization of community resources, group, family and patient therapy or counseling, documentation and rationale for services to promote intended outcomes and implementation of all provider policies. ¶
- (4) Programs must utilize a written staffing plan that adheres to these rules, reflects the licensed ASAM Level(s) of care, specifies typical staffing patterns and instructs how staff coverage will be added throughout high acuity and emergency situations, and must ensure at a minimum: ¶
 - (a) The level of nursing care is appropriate to the number of patients and severity of patient needs;¶
 - (b) Medical treatment staff rendering medical services are credentialed medical personnel who are trained and competent to implement physician-approved protocols for patient observation and supervision, and facilitation of patient's transition to continuing care; and¶
 - (c) Medical treatment staff who assess and treat patients must be able to obtain and interpret information regarding the medical presentation and needs of patients. Such knowledge includes the signs and symptoms of alcohol and other drug intoxication and withdrawal, as well as the stabilization and monitoring of those conditions and how to facilitate entry into ongoing care.¶
- (5) Medical Treatment Staff must be:¶
 - (a) Qualified to assess and treat patients;¶
 - (b) Trained and competent to implement physician-approved protocols for patient observation and supervision;¶
 - (c) Trained and competent to facilitate patient's transition to continuing care; and¶
 - (d) Able to obtain and interpret information regarding the medical presentation and needs of patients. Such knowledge includes the signs and symptoms of alcohol and other drug intoxication and withdrawal, as well as the stabilization and monitoring of those conditions and how to facilitate entry into ongoing care: ¶
- (6) Medical Treatment Staff includes, but is not limited to:¶
 - (a) Licensed Medical Professional (LMP) licensed by the Oregon Medical Board;¶
 - (b) Licensed Practical Nurse (LPN) licensed by the Oregon State Board of Nursing;¶
 - (c) Registered Nurse (RN) licensed by the Oregon State Board of Nursing; and¶
 - (d) Advanced Practice Nurse including Clinical Nurse Specialist and Certified Nurse Practitioner licensed by the Oregon Board of Nursing.¶
- (7) Certified Nursing Assistants (nursing assistant or CNA) support the medical treatment staff in the observation, monitoring and response to medical symptoms, and other duties assigned that are within the scope of their qualifications, training and credentials. ¶
- (8) Each program must maintain, at a minimum, the following qualified staff to oversee operations and who demonstrate the following at the time of hire:¶

- (a) Medical Director with specialty credentialing, training or experience in addiction medicine or addiction psychiatry and is actively credentialed in the State of Oregon; and¶
- (b) Nursing Manager currently licensed by the Oregon Board of Nursing, or verified documentation the following education and/or work experience; and¶
- (c) Program Administrator or Program Director with professional qualifications and experience meeting those described in these rules, who is designated to manage the administrative operations of a withdrawal management program. ¶
- (9) When applicable to the staffing pattern of the withdrawal management program, clinical supervisors of substance use disorder treatment services must meet qualification and credentialing requirements detailed in OAR 309-018. ¶
- (10) When applicable to the staffing pattern of the withdrawal management program, there must be a Peer-delivered Services Supervisor 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, for programs that offer Peer services. ¶
- (11) The substance use disorders treatment staff must:¶
- (a) Have training knowledge or experience demonstrating competence in the treatment of substance use disorders, including the management of substance withdrawal; patient evaluation; motivational counseling techniques; and de-escalation;¶
- (b) Operate within the scope of their credential, training and education; and¶
- (c) Be currently credentialed by a Division recognized credentialing body.¶
- (12) The Withdrawal Management Technician staff are not required to be credentialed and there are no qualifying prerequisites. When working as a withdrawal management technician, the following conditions apply:¶
- (a) Have knowledge of or experience in, or be trained by the Program in recognizing the signs and symptoms of withdrawal, motivational enhancement techniques, and de-escalation; and¶
- (b) Operate within the scope of their training, education and assigned duties.¶
- (13) The Student Intern or Intern must: ¶
- (a) Render services and supports under the direct supervision of a qualified supervisor employed by the provider of services, within the scope of practice and competencies identified by the collaborative educational agreement, and within the policies and procedures for the credentialing of program staff as established by the provider; and¶
- (b) The Student Intern program staff must:¶
- (A) Be currently enrolled in an undergraduate education program for a degree in psychology, social work, or other related field of behavioral science; or¶
- (B) Have a collaborative educational agreement between the Division-certified provider and the educational program for the student; or¶
- (C) The Student Intern program staff must be working towards obtaining a behavioral health credential.¶
- (14) Peer Support Specialists and Peer Wellness Specialists, including family and youth support and wellness specialists, must meet the requirements in OAR 410-180-0300 to 0380 for certification and continuing education. ¶
- (a) A Peer Support Specialist and Peer Wellness Specialist must 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 behavioral health barrier. ¶
- (b) A Peer Support Specialist and Peer Wellness Specialist must 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. ¶
- (15) Volunteer is a program staff who provides, or assists with providing, a service who is not an employee of the program and is not paid for services. The services must not be behavioral health or medical unless the program staff has the required qualifications or credentials to provide the corresponding service or support. When the service is behavioral health or medical, the volunteer is classified as a Program Staff and is held to all the standards of a Program Staff within these rules.¶
- (16) Program staff include, but are not limited to the following credentials and titles:¶
- (a) Licensed Medical Professional (LMP) licensed by the Oregon Medical Board;¶
- (b) Licensed Practical Nurse (LPN) licensed by the Oregon State Board of Nursing;¶

- (c) Registered Nurse (RN) licensed by the Oregon State 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.¶
 - (l) Registered Bachelor of Social Work issued by the Oregon Board of Licensed Social Workers as described in OAR 877-015-0105; or¶
 - (m) Substance Use Disorders (SUD) Treatment Staff, which includes, but is not limited to: ¶
 - (A) Master Addiction Counselor (MAC) certified by NAADAC, the Association for Addiction Professionals;¶
 - (B) Certified Alcohol and Drug Counselor-Registered (CADC-R); ¶
 - (C) Certified Alcohol and Drug Counselor-I (CADC-I);¶
 - (D) Certified Alcohol and Drug Counselor-II (CADC-II); and¶
 - (E) Certified Alcohol and Drug Counselor-III (CADC-III).¶
 - (n) Peer-Support Specialist (PSS) as defined in OAR 410-180-0305;¶
 - (o) Peer-delivered Services Supervisor;¶
 - (p) Peer Wellness Specialist;¶
 - (q) Student Intern; ¶
 - (r) Withdrawal Management Technician; and¶
 - (s) Volunteer.
- Statutory/Other Authority: ORS 413.042, ORS 430.256
Statutes/Other Implemented: ORS 430.306, ORS 430.345-430.375

415-050-0135

Quality Assurance and Performance Improvement

Providers must develop and implement a structured and ongoing process to assess, monitor, and improve the quality and effectiveness of services provided to patients, including:

(1) The program must document a quality assurance and performance improvement process that occurs at least quarterly and, at a minimum, addresses:

(a) Process improvement projects;

(b) Incident reports; and

(c) Grievances.

(2) Critical Incidents must 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) Including, but not limited to the following circumstances:

(A) Death, including by suicide or overdose;

(B) 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;

(C) Ongoing risk to health, (for example: environmental risks such as black mold);

(D) Police involvement;

(E) Extensive damage to the facility or other substantial change in living conditions; and

(F) Where abuse or neglect is suspected, including unethical client and staff relationships; and

(G) Relationships between individuals 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 must be maintained in the corresponding service record and in a common, secure 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 must not contain protected health information belonging to any other individual.

(3) Incident reports must contain, at a minimum, the following information:

(a) The time and date of the event;

(b) The time and date of when the incident report form was completed;

(c) Name and title of staff who filled out the report;

(d) 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 applicable, 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

(k) Description of administrative response and follow-up.

(4) The program must document the Medical Director's involvement in the development and review of medical standing orders, medical and medication protocols and operating procedures within the first three months of hire for a new Medical Director and annually thereafter.

(5) The provider must develop and maintain service records for each patient that demonstrates the specific services and supports, including:

(a) Identifying information or documentation of attempts to obtain the information;

(b) Informed Consent for Services including medications or documentation specifying why the provider could not obtain consent by the patient or guardian as applicable;

(c) Written refusal of any services and supports offered, including medications;

(d) A signed fee agreement, when applicable;

(e) 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;

(f) Copies of documents relating to guardianship or any other legal considerations, as applicable.

- (g) Documentation of the patient'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;¶
- (h) Documentation of any safety risks;¶
- (i) Documentation of follow-up actions and referrals when patient reports symptoms indicating risk of suicide;¶
- (j) Incident reports involving the patient; and¶
- (k) Report the status date for the entry of all patients on the mandated state data system.¶
- (6) When medical services are provided, the following documents must be part of the service record as applicable:¶
 - (a) Medication administration records as per these rules;¶
 - (b) Laboratory reports;¶
 - (c) LMP orders for medication, protocols or procedures;¶
 - (d) Documentation of medical screenings, assessments, consultations, interventions and procedures;¶
 - (e) The administration of nursing and withdrawal assessments as indicated throughout the episode to safely complete acute withdrawal from each substance of concern;¶
 - (f) The administration or dispensing of medication in accordance with current orders;¶
 - (g) All changes to protocol, including medical rationale must be noted by the LMP or their designee;¶
 - (h) Any deviation from protocol, including circumstance or rationale must be noted in the service record by the responsible program staff;¶
 - (i) The medical stabilization plan;¶
 - (j) Motivational Enhancement services;¶
 - (k) Care coordination, case management, and referral activities and plans; and¶
 - (l) The patient's involvement in stabilization activities and progress toward achieving objectives contained in the patient's stabilization plan.

Statutory/Other Authority: ORS 413.042, 428.205 - 428.270, 430.640, 443.450

Statutes/Other Implemented: ORS 430.010, 430.205- 430.410, 430.254-430.640, 430.850 - 430.955, 443.400-443.460, 443.991, 461.549, 743A.168

AMEND: 415-050-0140

NOTICE FILED DATE: 01/20/2023

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

CHANGES TO RULE:

415-050-0140

~~Admission of Clients~~ ¶

~~Each P~~The program must meet the following standards pertaining to admission of Individuals utilize an admission procedure that at a minimum must ensure the provision and documentation of the following:¶

~~(1) The Program must have written criteria for admission and for rejecting admission requests which includes observation for symptoms of withdrawal. The criteria must be available to Individuals, staff, and the community and be in compliance with ORS 430.397 through 430.401.~~¶

~~(2) The Program must utilize a written intake procedure. The procedure must include:~~¶

~~(a) A determination that the Program's services are appropriate to the needs of the Individual;~~¶

~~(b) Steps for making orientation information must be offered in written format in a language understood by the patient. The orientation information must include:~~¶

~~(a) A written description of the Program's services, including the Program's philosophical approach to stabilization;~~¶

~~(b) Rights;~~¶

~~(c) Responsibilities;~~¶

~~(d) Grievance procedures;~~¶

~~(e) Consent to services; and~~¶

~~(f) Notice of Privacy Practices.~~¶

~~(2) In accordance with ORS 179.505, 42 CFR Part 2, and HIPAA, an authorization for the release of information must be obtained for any confidential information concerning the patient being considered for, or receiving, services.~~¶

~~(3) Screening for admission must meet the following requirements:~~¶

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

~~(b) When the patient is being referred of individuals not admitted to the Program; ated for withdrawal from substance(s) other than the medication prescribed or dispensed to treat opioid dependence;~~¶

~~(c) Steps for accepting referrals from outside agencies; The provider may not deny admission to patients for the reason of a prescribed or dispensed medication to treat opioid dependence; and~~¶

~~(d) A specific time limit within which the initial client assessment must be completed on each Individual; and~~¶

~~(e) Steps for coordinating care with payers and entities responsible for care coordination.~~¶

~~(3) The Program must make available, for Individuals and others, program orientation information. The orientation information must include:~~¶

~~(a) The Program's philosophical approach to stabilization; The provider must support the continuation of access to the medication prescribed or dispensed to treat opioid dependence during the episode of care.~~¶

~~(c) For patients receiving services funded by the SUPTR Block Grant, admission of pregnant patients to services must occur no later than 48 hours from the date of first contact, and no less than 14 days after the date of first contact for patients using substances intravenously. If services are not available within the required timeframe, the provider must document the reason and provide interim referral and informational services as defined in these rules, within 48 hours.~~¶

~~(d) Admission of patients whose services are funded by the SUPTR Block Grant must be prioritized prior to admission in the following order through use of a screening that is documented in the service record:~~¶

~~(a) Information on Individuals' rights and responsibilities Patients who are pregnant and using substances intravenously;~~¶

~~(B) Patients who are pregnant;~~¶

~~(C) Patients who are using substances intravenously; and~~¶

~~(D) Patients while receiving services from the Program;~~¶

~~(e) A written description of the Program's with dependent children.~~¶

~~(e) The admission screening service must be completed prior to rendering services and must document the rationale to recommend assessment for withdrawal management services; and~~¶

~~(d4) Information on the rules governing Individual's behavior and those infractions, if any, that may result in discharge or other actions. Admission documentation must contain: ¶~~

~~(a) Substance use history; ¶~~

~~(b) Initial CIWA-Ar, COWS and/or other evidence-based measure of the severity of withdrawal symptoms; ¶~~

~~(c) Identification of the ASAM Level of Care placement through use of the ASAM Dimensional Admission Criteria; ¶~~

~~(4d) In addition to the information required by the Division's data system, the following information must be recorded in each Individual's Urinalysis collection and on-site testing of a urinary sample using a testing cup, stick or other on-site method; and ¶~~

~~(e) Decision by medical treatment staff to begin admission or to offer services on another date and/ or care coordination for other services. When services are recorded at the time of admission: ¶~~

~~(a) Name, address, and telephone number; ¶~~

~~(b) Who to contact in case of an emergency; ¶~~

~~(c) Name of individual completing intake; and ¶~~

~~(d) Identification of Individual's family and social support, if any not offered, the patient must be provided a list of community service organizations that may be of assistance. ¶~~

~~(5) The provider must report the admission and exit status, and any other data required by the Division in the mandated state data system for each patient whose services are paid for using public funding.~~

Statutory/Other Authority: ORS 413.042, 430.256

Statutes/Other Implemented: 430.345 - 430.375, ORS 430.306

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

415-050-0145

Medical Services

(1) At a minimum, programs must ensure each of the following: ¶

(a) Sufficient medical treatment staff staffing with the ability to transfer or admit patients to ASAM Level 3.7-WM program or a hospital as necessary; ¶

(b) A LMP must be available daily for onsite evaluation of patients; ¶

(c) A LMP must be available for phone consultation with staff 24 hours a day, 7 days per week; and ¶

(d) Medical treatment staff, onsite and readily available 24 hours a day, 7 days per week, that are trained and competent to: ¶

(A) Facilitate entry into withdrawal management services; ¶

(B) Recognize the signs and symptoms of intoxication and withdrawal; ¶

(C) Administer medical treatment; ¶

(D) Monitor conditions; ¶

(E) Implement LMP-approved protocols for patient; and ¶

(F) Facilitate the transfer of patients to other ASAM Levels of Care. ¶

(2) Medications must be administered in accordance with physician or LMP orders, or nursing orders that are in accordance with LMP orders. ¶

(3) The medical assessment and examination must: ¶

(a) Contain a complete physical examination and a thorough comprehensive health history, which includes review of behavioral and physical health diagnoses, a description of behavior problems, prior evaluations, treatment history and a review of current use of prescription and over-the-counter medications. ¶

(b) Be completed by a LMP within 24 hours of entry for each patient in ASAM Level 3.7-WM programs; or ¶

(c) By a medical treatment staff within 24 hours of entry for each patient in ASAM Level 3.2-WM programs; and ¶

(d) Documentation must include: ¶

(A) The ASAM Level of Care placement determination utilizing ASAM Dimensions 1, 2 and 3; ¶

(B) Use of the ASAM dimensional admission criteria and documentation that demonstrates the patient meets ASAM 3.7-WM level of care by justifying the patient is: ¶

(i) Experiencing severe intoxication or withdrawal and needs 24-hour nursing care and daily access to a LMP; ¶

(ii) In addition, may be experiencing severe risk in Dimensions 2 and 3; and ¶

(iii) Unlikely to complete withdrawal management without medical monitoring. ¶

(C) A conclusion that the withdrawal syndrome can be safely managed at the ASAM Level of care placed; ¶

(D) A recommended length of stay; ¶

(E) Medication orders; ¶

(F) Current protocols; and ¶

(G) Identification of the patient's medical needs relevant to stabilization. ¶

(4) A medical stabilization plan must be informed by the medical assessment and: ¶

(a) Be completed by a medical treatment staff; ¶

(b) Identify initial orders for the stabilization of each identified substance for withdrawal; ¶

(c) Identify criteria for meeting safe completion of medical protocols for acute withdrawal management services per substance being treated, including the recommended length of services; ¶

(d) Note the extent of the patient's participation in developing the content of the stabilization plan; ¶

(e) Document any modifications; and ¶

(f) The inclusion or notification of significant others in the stabilization planning process, when applicable. ¶

(5) The following information must be recorded in the patient's service record at the time of admission: ¶

(a) Name, address, and telephone number; ¶

(b) Contact information for individual to contact in case of an emergency or unplanned exit of services, when a corresponding release of information, compliant with 42 CFR part 2 and HIPAA, is also on file and valid; ¶

(c) Identification of patient's family and social support, if any; ¶

(d) The time and date of admission; ¶

(e) The name and credentials of program staff completing the admission documentation; ¶

(f) Documentation of the patient'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; ¶

(g) Documentation of any safety risks;¶

(h) Documentation of follow-up actions and referrals when an patient reports symptoms indicating risk of suicide; and¶

(i) When medical services are provided, the following documents must 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.¶

(6) At the time of transition from withdrawal management services, a medical stabilization summary must be completed by medical treatment staff. The medical stabilization summary must contain:¶

(a) Final evaluation of the patient's progress toward stabilization for each of the substances treated; ¶

(b) Identification of any unresolved withdrawal symptoms; ¶

(c) List of medications prescribed for continuation following the transition; and¶

(d) Where applicable, a medical opinion of the patient's capacity to resolve the identified issue(s) due to any known or observed cause, such as a co-occurring behavioral or medical condition.

Statutory/Other Authority: ORS 413.042, ORS 430.256

Statutes/Other Implemented: ORS 430.306, ORS 430.345-430.375

AMEND: 415-050-0150

NOTICE FILED DATE: 01/20/2023

RULE SUMMARY: Clarified expectations for programs to provide stabilization services

CHANGES TO RULE:

415-050-0150

Supportive Stabilization Services

~~Each~~The Program must meet~~offer~~ the following stabilization standards:

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

(c) Contain the time, date, contact information and type of appointment for any appointment(s) scheduled.

Statutory/Other Authority: ORS 413.042, 430.256

Statutes/Other Implemented: 430.345 - 430.375, ORS 430.306

AMEND: 415-050-0155

NOTICE FILED DATE: 01/20/2023

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

CHANGES TO RULE:

415-050-0155

Management of Medications ¶

Each Program must have:¶

(1) A written order signed by a physician, a physician's standing order, or a physician's order received by phone and signed by the physician at the earliest opportunity before any medication is administered or dispensed to; or self-administered by any ~~individual patient.~~¶

(2) The program must have a policy that requires, at a minimum, each of the following:¶

(2a) Assurances that medications prescribed for one ~~individual patient~~ must not be administered to; or self-administered by another ~~individual patient~~ or employee.;¶

(3b) A policy that no unused, outdated, or recalled drugs must be kept in the Program. All unused, outdated, or recalled drugs must be disposed of in a manner that assures that they cannot be retrieved, except that drugs under the control of the Food and Drug Administration must be mailed with the appropriate forms by express, prepaid, or registered mail, every 30 days to the Oregon Board of Pharmacy. ~~ll~~ prescription drugs stored in the program must be kept in a locked container. Only those medications requiring refrigeration must be stored in a refrigerator.¶

(c) Stored not yet prescribed controlled substance including records and maintain inventories in conformance with 21 U.S.C. Section 827; 21CFR 1304.02 through 1304.11; 1304.21 through 1304.26; 1304.31 through 1304.33; except that a written inventory of all controlled substances must be taken by registrants annually within 365 days of the last written inventory. All such records must be maintained for a period of three years.¶

(d) In the case where a patient self-administers their own medication, self-administration must be recommended by the Program, approved in writing by the Medical Director, and closely monitored by the medical treatment staff.¶

(e) No unused, outdated, wasted or recalled medications, confiscated substances or objects used for substance consumption must be kept by the program or in the facility.¶

(f) All unused, outdated, wasted or recalled medications, and confiscated substances and objects must be disposed of in a manner that assures that they cannot be retrieved within 21 days of identifying need for destruction. ¶

(g) A written record of all disposals of ~~drug~~medications, substances and objects must be maintained in the Program and must include:¶

(aA) A description of the drug, medication or substance including the amount;¶

(bB) The ~~individual patient~~ for whom the medication was prescribed, or from whom the medication, substance or object was confiscated from;¶

(cC) The reason for disposal; and¶

(dD) The method of disposal including:¶

(A) ~~Drug~~Medications that are outdated, damaged, deteriorated, misbranded, or adulterated shall must be quarantined and physically separated from other ~~drug~~medications until they are destroyed or returned to their supplier.¶

~~B; and~~¶

(ii) Controlled substances which are expired, deteriorated or unwanted shall must be disposed of in conformance with 21 CFR 1307.21.¶

(E) Expired, deteriorated, discontinued, or unwanted controlled substances in a long-term care facility shall be destroyed and the ~~d~~The destruction must be documented and signed by the witnesses and the document retained at the facility for a period of at least three years. Destruction must be jointly witnessed on the premises by any two of the following:¶

(i) The consultant pharmacist or registered nurse designee;¶

(ii) The Director of Nursing Services or supervising nurse designee;¶

(iii) The administrator of the facility or an administrative designee; or¶

(iv) A Registered Nurse employed by the facility.¶

(D) The destruction shall be documented and signed by the witnesses and the document retained at the facility for a period of at least three years.¶

(4) A policy that all h) Documentation of each prescription drugs stored in the Program must be kept in a locked stationary container. Only those medications requiring refrigeration must be stored in a refrigerator.¶

(5) A policy for program stored not yet prescribed controlled substance including records and maintain inventories in conformance with 21 U.S.C. Section 827; 21CFR 1304.02 through 1304.11; 1304.21 through 1304.26; 1304.31 through 1304.33; except that a written inventory of all controlled substances shall be taken by registrants annually within 365 days of the last written inventory. All such records shall be maintained for a period of three years medication dispensed, administered to, or self-administered by any patient. This written record must include, at a minimum:

(A) A copy or detailed written description of the signed prescription order, including:

(6i) A policy that in the case where a individual self-administers his or her own medication, self-administration must be recommended by the Program, approved in w Patient's name;

(ii) The date medications were prescribed, reviewed, or renewed;

(iii) Prescribing by the Medical Director, and closely monitored by the treatment staff.

(7) Individual records which must be kept for each individual for any prescription drugs administered to, or self-administered by any individual. This written record must include:

(a) Individual's name;

(b) Prescribing physician's name; physician's name and credential;

(iv) Description of the medication, including the medication name and prescribed dosage; and

(e) Description of medication, including prescribed dosage Method of administration.

(B) Known allergies to medication(s);

(c) Verification in writing by medical treatment staff that the medication was taken, and the times and dates the medication was dispensed, administered, or self-administered;

(d) Method of administration Observed side effects including laboratory findings;

(e) Any adverse reactions to the medication; and

(f) Continuing evaluation of the individual patient's ability to self-administer the medication.

Statutory/Other Authority: ORS 413.042, 430.256

Statutes/Other Implemented: 430.345 - 430.375, ORS 430.306

ADOPT: 415-050-0160

NOTICE FILED DATE: 01/20/2023

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

CHANGES TO RULE:

415-050-0160

Clinically Managed Residential Withdrawal Management, ASAM Level 3.2-WM

In addition to any other requirements described in these rules and applicable statutes, programs approved to render Clinically Managed Residential Withdrawal Management Services, ASAM Level of Care 3.2-WM to adults and must, at a minimum, meet and maintain documentation demonstrating ongoing compliance with each of the following requirements:

(1) Programs must render a planned and structured regimen of 24-hour professionally directed evaluation, observation and support for patients who are intoxicated or experiencing moderate substance use withdrawal management to in a residential setting. These programs emphasize peer and social supports.

(2) Clinically Managed Residential Withdrawal Management, ASAM Level 3.2-WM Programs that are co-located within a Residential Substance Use Disorders Treatment and Recovery facility licensed by the Division do not require additional licensure under these rules. Patients placed at this ASAM Level of Care must meet the following ASAM dimensional assessment criteria required for ASAM Level of Care 3.2-WM:

(a) The patient is experiencing signs and symptoms of moderate withdrawal or there is evidence, based on history or other relevant factors, that moderate withdrawal syndrome is imminent;

(b) The moderate withdrawal syndrome is assessed as manageable at this level of care; and

(c) The patient scores within a defined range on CIWA-Ar, COWs or other assessment metric for the drug(s) identified for withdrawal management services and meets physician-defined protocol for admission at this Level of Care.

(3) Services must include:

(a) On-site, active oversight and responsive support 24 hours per day, 7 days per week;

(b) Services that safely assist patients through withdrawal without the need for continuous on-site medical personnel; and

(c) Medical evaluation and consultation services available 24 hours a day, 7 days per week.

Statutory/Other Authority: ORS 413.042, ORS 430.256

Statutes/Other Implemented: ORS 430.306, ORS 430.345-430.375

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

CHANGES TO RULE:

415-050-0165

Medically Monitored Inpatient Withdrawal Management, ASAM Level of Care 3.7-WM

In addition to any other requirements described in these rules and applicable statutes, programs approved to render Medically Monitored Inpatient Withdrawal Management Services, ASAM Level of Care 3.7-WM to adolescents or adults must, at a minimum, meet and maintain documentation demonstrating ongoing compliance with each of the following requirements:¶

(1) Render a planned and structured regimen of 24-hour professionally directed services delivered by medical treatment staff that include evaluation, observation, medical monitoring, and withdrawal management in an inpatient setting, under a defined set of physician approved and monitored medical procedures and protocols.¶

(2) Patients must meet the following ASAM dimensional assessment criteria required for placement in ASAM Level of Care 3.7-WM:¶

(a) The patient is experiencing signs and symptoms of severe withdrawal or there is evidence, based on history or other relevant factors, that severe withdrawal syndrome is imminent; ¶

(b) The severe withdrawal syndrome is assessed as manageable at this level of care; and ¶

(c) The patient scores within a defined range on CIWA-Ar, COWs or other assessment metric for the drug(s) identified for withdrawal management services and meets physician-defined protocol for admission at this Level of Care.¶

(3) Medical services must include:¶

(a) A LMP onsite daily to render medical assessments, provide monitoring of care and further evaluation;¶

(b) A Medical treatment staff onsite and readily available 24 hours a day, 7 days per week, to oversee the monitoring of the patient's progress and medication administration on an hourly basis, or as needed; and¶

(c) Medical staff must have access to specialized clinical consultation and supervision for biomedical, emotional, or behavioral issues related to intoxication and withdrawal management.¶

(4) Starting April 1, 2024 the following standards are in effect: ASAM Level 3.7-WM Programs must maintain a 24-hour, daily minimum of on-site medical staffing as follows:¶

(a) Minimum licensed nurse staffing: ¶

(A) A medical treatment staff must be on each shift 24 hours per day;¶

(B) An LNP must serve as the licensed charge nurse for no less than eight consecutive hours between the start of day shift and the end of evening shift, seven days a week; and¶

(C) Section (4)(e) of this rule may be variance by the Division. The request for variance must comply with OAR 415-012-0090 and must be reviewed annually. The variance shall be considered by the Division if the program attests that: ¶

(i) The program has been unable to recruit appropriate personnel despite diligent efforts, including offering wages at the community prevailing rate for withdrawal management facilities;¶

(ii) The variance does not endanger the health or safety of patients; and¶

(iii) An RN or physician is available and obligated to immediately respond to telephone calls from the program and respond on-site when medically necessary.¶

(b) Minimum Certified Nursing Assistant (nursing assistant) staffing ratios:¶

(A) Day shift: 1 nursing assistant per 8 patients;¶

(B) Evening shift: 1 nursing assistant per 10 patients; and¶

(C) Night shift: 1 nursing assistant per 16 patients.¶

(c) At a minimum, one additional medical treatment staff must be onsite and readily available 24 hours per day:¶

(A) When the census is between 9-20; and¶

(B) For each additional 10 patients or part thereof when the census is 21 or higher. ¶

(d) Providers are responsible for assuring appropriate staffing and must increase the number of medical treatment staff present beyond the minimum levels set forth above, as necessary to safely monitor and treat patients. Providers must consider patient acuity and medical treatment staff responsibilities when determining the appropriate levels of additional staffing. ¶

(5) The following staffing standards are in effect until March 31, 2024:¶

(a) ASAM Level 3.7-WM Programs must be staffed by: ¶

(A) LMPs who are available 24 hours a day by telephone, available to assess the patient within 24 hours of

admission, or earlier, (if medically necessary), and available to provide on -site monitoring of care and further evaluation on a daily basis;¶

(B) A licensed and credentialed nurse must be available to conduct a nursing assessment upon admission and to oversee the monitoring of the patient's progress and medication administration on an hourly basis, if needed;¶

(C) Appropriately licensed and credentialed staff must be available to administer medications in accordance with physician orders; and¶

(D) The level of nursing care must be appropriate to the severity of patient needs.¶

(b) The Program must maintain a minimum ratio of paid full-time staff to bed capacity as follows:¶

(A) 1 through 8 beds - 1 staff person on duty;¶

(B) 9 through 18 beds - 2 staff persons on duty;¶

(C) 19 through 30 beds - 3 staff persons on duty;¶

(D) 31 beds and above - One additional staff person beyond the three staff required above for each additional 15 beds or part thereof.¶

(c) The Program's written staffing plan must address the provision of appropriate and adequate staff coverage during emergency and high demand situations.¶

(d) The Program must provide a minimum of one hour per month of personal clinical supervision and consultation for each staff person and volunteer who is responsible for the delivery of treatment services. The clinical supervision must relate to the individual's skill level with the objective of assisting staff and volunteers to increase their treatment skills and quality of services to individuals.¶

(6) Adolescent ASAM Level of Care 3.7-WM Withdrawal Management Services are a version of Medically Monitored Inpatient Withdrawal Management, ASAM Level of Care 3.7-WM services, designed specifically for adolescents. When licensed as such, in addition to all requirements for Medically Monitored Inpatient Withdrawal Management, ASAM Level of Care 3.7-WM, programs must, 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 and preferably knowledgeable about adolescent development and medicine;¶

(b) LMPs monitor the delivery of procedures and protocols; ¶

(c) Adolescents placed at this level of care must be experiencing withdrawal signs and symptoms that are moderate to severe and thus require 24-hour medical inpatient care; ¶

(d) Identification of when an adolescent requires a higher level of care and facilitation of the transfer to that level of care; and¶

(e) Medical services must include:¶

(A) Provision of 24-hour per day, 7-days per week access to LMP consultation; ¶

(B) Availability for 24-hour per day, 7-days per week LMP evaluation of adolescents; and¶

(C) 24-hour per day, 7-days per week medical monitoring of the safety and outcome of the withdrawal management services; and¶

(D) Medical treatment staff provide 24-hour per day, 7-days per week organized, on-site services that include medical supervision, observation and treatment.

Statutory/Other Authority: ORS 413.042, ORS 430.256

Statutes/Other Implemented: ORS 430.306, ORS 430.345-430.375

AMEND: 415-050-0170

NOTICE FILED DATE: 01/20/2023

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

CHANGES TO RULE:

415-050-0170

Building Requirements ¶¶

In addition to the building requirements for outpatient Alcohol and Other Drug treatment programs, ~~detoxification~~withdrawal management programs must meet the following standards:¶¶

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

(A) Food, kitchen supplies, and utensils;¶¶

(B) Clean linens;¶¶

(C) Soiled linens and clothing;¶¶

(D) Cleaning compounds and equipment; and¶¶

(E) Poisons, chemicals, insecticides, and other toxic materials, which must be properly labeled, stored in the original container, and kept in a locked storage area.¶¶

(i) Effective July 1, 2012, programs both licensed and funded by AMH must not allow tobacco use in program facilities and on program grounds.¶¶

~~[Publications: Publications referenced are available from the agency.]~~

Statutory/Other Authority: ORS 413.042, 430.256

Statutes/Other Implemented: 430.345 - 430.375, ORS 430.306

AMEND: 415-050-0175

NOTICE FILED DATE: 01/20/2023

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

CHANGES TO RULE:

415-050-0175

Client Furnishings and Linens ¶¶

(1) Each Program must provide furniture for each individual patient which must include:¶¶

(a) A bed with a frame and a clean mattress and pillow; ~~and~~¶¶

(b) A private dresser or similar storage area for personal belongings which is readily accessible to the ~~individual;~~
~~and~~¶¶

~~(c) Access to a closet or similar storage area for clothing and~~patient.¶¶

(2) Linens must be provided for each individual patient and must include:¶¶

(a) Sheets and pillowcases;¶¶

(b) Blankets, appropriate in number and type for the season and the ~~individual~~patient's comfort; and¶¶

(c) Towel and washcloth.¶¶

(3) A ~~locked area~~or otherwise secure storage area, managed by the program and not readily accessible to
individuals~~patient,~~ for safe storage of such items as money and jewelry, or other items the program identifies as
not safe to remain in the withdrawal management services area.

Statutory/Other Authority: ORS 413.042, 430.256

Statutes/Other Implemented: 430.345 - 430.375, ORS 430.306

AMEND: 415-050-0180

NOTICE FILED DATE: 01/20/2023

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

CHANGES TO RULE:

415-050-0180

Safety ¶

The program must ~~meet~~ the following safety requirements:¶

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

~~[Publications: Publications referenced are available from the agency.]~~

Statutory/Other Authority: ORS 430.256

Statutes/Other Implemented: 430.345 - 430.375, ORS 430.306

AMEND: 415-050-0185

NOTICE FILED DATE: 01/20/2023

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

CHANGES TO RULE:

415-050-0185

Sanitation ¶

Each Program must comply with the following sanitation standards:¶

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

Statutory/Other Authority: ORS 413.042, 430.256

Statutes/Other Implemented: 430.345 - 430.375, ORS 430.306

AMEND: 415-050-0190

NOTICE FILED DATE: 01/20/2023

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

CHANGES TO RULE:

415-050-0190

Food Service ¶

The ~~detoxification~~withdrawal management program must meet the requirements of the State of Oregon Sanitary Code for Eating and Drinking Establishments relating to the preparation, storage, and serving of food. At minimum:¶

(1) Menus must be prepared in advance to provide a sufficient variety of foods served in adequate amounts for each resident at each meal;¶

(2) Records of menus as served must be filed and maintained in the ~~detoxification~~withdrawal management program records for at least 30 days;¶

(3) All modified or special diets must be ordered by an LMP;¶

(4) At least three meals must be provided daily;¶

(5) A variety of snack food options must be accessible to the patients 24 hours per day, 7 days per week.¶

(6) Supplies of staple foods for a minimum of one week and of perishable foods for a minimum of a two-day period must be maintained on the premises;¶

(67) Food must be stored and served at proper temperature;¶

(78) All utensils, including dishes, glassware, and silverware used in the serving or preparation of drink or food for ~~individuals~~the patient must be effectively washed, rinsed, sanitized, and stored after each ~~individual~~patient use to prevent contamination in accordance with Health Division standards; ~~and.~~¶

(89) Raw milk and home-canned vegetables, meats, and fish must not be served or stored in a ~~residential~~ program.¶

~~[Publications: Publications referenced are available from the agency.]~~program.

Statutory/Other Authority: ORS 430.256

Statutes/Other Implemented: 430.345 - 430.375, ORS 430.306

AMEND: 415-050-0195

NOTICE FILED DATE: 01/20/2023

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

CHANGES TO RULE:

415-050-0195

Variances ¶

Requirements and standards for requesting and granting variances or exceptions are found in OAR 415-012-0090.

Statutory/Other Authority: ORS 413.042, 430.256

Statutes/Other Implemented: 430.345 - 430.375, ORS 430.306