



OKLAHOMA Mental Health & Substance Abuse

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TITLE 450

CHAPTER 60. STANDARDS AND CRITERIA FOR EATING DISORDER TREATMENT PROGRAMS

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SUBCHAPTER 1. GENERAL PROVISIONS

450:60-1-1. Purpose

(a) This chapter sets forth standards for certification of eating disorders treatment programs and implements 43A O.S. § 3-320, which authorizes the Board of Mental Health and Substance Abuse Services, or the Commissioner upon delegation by the Board, to certify eating disorder treatment programs.

(b) The rules regarding the certification process including but not necessarily limited to application, fees and administrative sanctions are found in the Oklahoma Administrative Code, Title 450 Chapter 1, Subchapters 5 and 9.

(c) Rules outlining general certification qualifications applicable to facilities and organizations certified under this Chapter are found in OAC 450:1-9-5 through OAC 450:1-9-5.6.

450:60-1-2. Definitions

The following words or terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise.

"Abuse" means the causing or permitting of harm or threatened harm to the health, safety, or welfare of a consumer by a staff responsible for the consumer's health, safety, or welfare, including but not limited to: non-accidental physical injury or mental anguish; sexual abuse; sexual exploitation; use of mechanical restraints without proper authority; the intentional use of excessive or unauthorized force aimed at hurting or injuring the consumer; or deprivation of food, clothing, shelter, or healthcare by a staff responsible for providing these services to a consumer.

"Certified Eating Disorder Treatment" or **"CEDT"** means programs certified by ODMHSAS to provide treatment to individuals diagnosed with an eating disorder.

"Consumer" means an individual, adult or child, who has applied for, is receiving or has received evaluation or treatment services from a facility operated or certified by ODMHSAS or with which ODMHSAS contracts and includes all persons referred to in OAC Title 450 as client(s) or patient(s) or resident(s) or a combination thereof.

"Consumer advocacy" includes all activities on behalf of the consumer to assist with or facilitate resolution of problems in the acquisition of resources or services needed by the consumer.

"Dietitian" means an individual trained and licensed in the development, monitoring, and maintenance of food and nutrition.

"Eating disorder" means anorexia nervosa, bulimia nervosa, or any other severe disturbances in eating behavior specified in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders.

"Emergency examination" means the examination by a licensed mental health practitioner of a person in treatment at the CEDT program to determine whether or not an emergency mental health condition (including, but not limited to, suicidality, homicidality, self-harm, delusions, hallucinations, or acute intoxication) exists requiring immediate treatment; further, the licensed behavioral

health practitioner provides or arranges services up to and including hospitalization.

"Emergency medical services" means assessment and diagnosis of a person receiving services at the CEDT program by a qualified medical professional to determine the presence of an emergent medical condition that threatens life, limb, or functioning, or causes uncontrolled pain; further, the qualified medical professional provides or arranges care to stabilize the emergency medical condition.

"Emergency psychiatric services" means services provided by a licensed behavioral health practitioner of a person in treatment at the CEDT program to assess, diagnose, and treat mental health conditions that threaten the life or basic functioning of that person.

"Licensed Behavioral Health Professional" or "LBHP" means:

- (A) Allopathic or Osteopathic Physicians with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or a current resident in psychiatry;
- (B) Practitioners with a license to practice in the state in which services are provided by one of the following licensing boards:
 - (i) Psychology;
 - (ii) Social Work (clinical specialty only);
 - (iii) Professional Counselor;
 - (iv) Marriage and Family Therapist;
 - (v) Behavioral Practitioner; or
 - (vi) Alcohol and Drug Counselor.
- (C) Advanced Practice Nurse (certified in a psychiatric mental health specialty), licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided.
- (D) A Physician Assistant who is licensed in good standing in the state and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions.

"Licensure candidate" means practitioners actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the following licensing boards:

- (A) Psychology;
- (B) Social Work (clinical specialty only);
- (C) Professional Counselor;
- (D) Marriage and Family Therapist;
- (E) Behavioral Practitioner; or
- (F) Alcohol and Drug Counselor.

"ODMHSAS" means the Oklahoma Department of Mental Health and Substance Abuse Services.

"Oklahoma Administrative Code" or "OAC" means the publication authorized by 75 O.S. § 256 known as The Oklahoma Administrative Code, or,

prior to its publication, the compilation of codified rules authorized by 75 O.S. § 256(A)(1)(a) and maintained in the Office of Administrative Rules.

"Progress notes" mean a chronological description of services provided to a consumer, the consumer's progress, or lack thereof, and documentation of the consumer's response related to the intervention plan.

"Psychotherapist" means an individual trained in assessing, evaluating, and treating psychological or social problems which the consumer experiences. A psychotherapist uses a variety of treatment modalities, including individual, group, and family therapies.

"Psychotherapy services" means the professional activity of a psychotherapist to assess, diagnose, and treat the mental disorder(s) and psychological, social, and environmental problems of individuals and families.

"Resident" means an eating disorder consumer admitted to a residential facility for eating disorder treatment.

"Residential facility" means the facility that houses CEDT program consumers during their course of treatment which provides 24 hour on-site nursing supervision and care.

450:60-1-3. Meaning of verbs in rules

The attention of the facility is drawn to the distinction between the use of the words "shall," "should," and "may" in this chapter:

- (1) "Shall" is the term used to indicate a mandatory statement, the only acceptable method under the present standards.
- (2) "Should" is the term used to reflect the most preferable procedure, yet allowing for the use of effective alternatives.
- (3) "May" is the term used to reflect an acceptable method that is recognized but not necessarily preferred.

450:60-1-4. Annual review of standards and criteria [REVOKED]

450:60-1-5. Applicability

The standards for services as subsequently set forth in this chapter are applicable to Certified Eating Disorder Treatment programs as stated in each subchapter.

SUBCHAPTER 3. REQUIRED SERVICES

450:60-3-1. Required core services

- (a) The services in this subchapter are core services, and are required of each CEDT.
- (b) Each CEDT shall provide the following services:
 - (1) Screening, intake, and assessment services;
 - (2) Referral services;
 - (3) Emergency psychiatric services;
 - (4) Emergency and routine medical services;

- (5) Physician services;
- (6) Nursing services;
- (7) Psychotherapy services; and
- (8) Dietary services.

450:60-3-2. Availability of services

The core services shall be available to individuals on a daily basis, either as part of routine or emergency care.

450:60-3-3. Screening, intake, and assessment services

(a) CEDT policy and procedure shall require a comprehensive assessment of each consumer's service needs be completed in a timely manner.

(b) Screening and intake services shall include a complete assessment of each consumer to determine clinical needs. The assessment shall be completed by a LBHP or licensure candidate and shall include but not be limited to an assessment of the following areas and needs:

- (1) Behavioral, including mental health and addictive disorders;
- (2) Emotional, including issues related to past or current trauma and domestic violence;
- (3) Physical, including food and nutrition status;
- (4) Social and recreational; and
- (5) Vocational.

(c) The consumer and family as appropriate shall be an active participant(s) in the intake and assessment process.

(d) The CEDT shall have policy and procedures specific to each program service that dictate timeframes by when assessments must be completed and documented. In the event the consumer is not admitted and the assessment is not included in the clinical record, the policy shall specify how screening and assessment information is maintained and stored.

450:60-3-4. Referral services

Written policy and procedures governing the referral process shall specify the following:

- (1) The information to be obtained on all applicants or referrals for admission;
- (2) The procedures for accepting referrals from outside agencies or organizations;
- (3) The procedure to be followed when an applicant or referral is found to be ineligible for admission;
- (4) Methods of collection of information from family members, significant others or other providers of clinical care or social services;
- (5) Methods for providing or obtaining a physical examination or continued medical care where indicated; and
- (6) Referral to other resources when the consumer has treatment or other service needs the facility cannot meet.

450:60-3-5. Emergency services

(a) CEDT's shall provide, on a twenty-four (24) hour basis, for psychiatric emergencies.

(b) This service shall include the following:

- (1) Assessment and evaluation, including emergency examinations;
- (2) Availability of and arrangement of transportation to acute-care psychiatric referral;
- (3) Face-to-face assessment; and
- (4) Intervention and resolution.

450:60-3-6. Emergency examinations

The CEDT shall provide psychiatric emergency examinations 24 hours per day, seven days a week.

(1) Referral to an acute-care hospital by the CEDT shall occur only after all other less restrictive options have been discussed with the resident and resident's family (when possible) and upon written authorization from the resident.

(2) The CEDT shall notify referral hospital(s) prior to referring non-emergent residents.

(3) If the CEDT is referring the consumer to a state-operated inpatient facility, the resident must meet the criteria in OAC 450:30-9-3 and the CEDT must comply with OAC 450:30-9-4.

450:60-3-7. Emergency examinations, staffing

Staff providing emergency examinations shall be an LMHP as defined in 43A O.S. § 1-103 and meet the CEDT's privileging requirements for the provision of emergency services.

450:60-3-8. Emergency medical services

(a) CEDT's shall provide, on a twenty-four (24) hour basis, for medical emergencies.

(b) This service shall include the following:

- (1) Arrangements for availability of transportation appropriate to the resident's medical condition to a licensed hospital's emergency room;
- (2) Arrangements for availability of evaluation and treatment by a licensed physician at a licensed hospital's emergency room.

450:60-3-9. Routine medical services

The CEDT shall arrange to make available to consumers at a minimum the following general and specialty care services:

- (1) General/internal medicine;
- (2) Cardiology;
- (3) Gastroenterology;
- (4) Laboratory services.

450:60-3-10. Physician services

(a) Because of the medical and psychiatric complexity and fragility of eating-disorder consumers, CEDT's shall provide routine, ongoing physician services.

(b) A physician will be assigned to each consumer's care and be responsible as the attending physician.

(c) At a minimum, the physician will conduct rounds on each resident once per week. Rounds will include:

(1) Evaluation of the resident's medical and psychiatric condition;

(2) Review of response to medications and other interventions;

(3) Prescription or discontinuation of medication;

(4) Ordering of any other needed medical or psychiatric care.

450:60-3-11. Physician requirements

(a) Physicians shall be licensed to practice medicine in the State of Oklahoma.

(b) Physicians shall be privileged by the CEDT to perform as attending physician.

450:60-3-12. Nurse practitioners

Nurses licensed as nurse practitioners with prescriptive authority and who practice under the supervision of a licensed physician may perform the duties of the physician as allowed by State Law and CEDT policy.

450:60-3-13. Nursing services

(a) CEDT's shall provide 24-hour on-site nursing supervision and care of consumers.

(b) At a minimum, one (1) licensed registered nurse shall be present at all times per 15 occupied beds. For 16 to 30 occupied beds, a licensed practical nurse shall be on-site, working under the supervision of the licensed registered nurse.

(c) In addition to the requirements above, CEDT shall provide nursing staff, including mental health technicians or nursing aides, sufficient to meet the needs of residents in a safe, consistent, quality manner.

(d) Nursing staff shall, consistent with the scope of their licenses and CEDT policy, provide:

(1) Supervision of residents.

(2) Administration of medication according to the physician's orders.

(3) Medical treatments according to the resident's immediate needs and/or the physician's orders.

450:60-3-14. Psychotherapist credentialing

(a) All psychotherapists will be credentialed to provide psychotherapy according to the CEDT's policies.

(b) At least one psychotherapist practicing at the CEDT shall meet at least one of the following credentialing criteria, with licensure defined as possessing a valid and current license issued by the State of Oklahoma:

- (1) Licensed clinical psychologist;
 - (2) Licensed clinical social worker;
 - (3) Licensed professional counselor;
 - (4) Licensed marital and family therapist;
 - (5) Licensed behavioral practitioner;
- (c) All psychotherapists shall, at a minimum:
- (1) Possess a master's degree from an accredited college or university in psychology, social work, counseling, or related degree; and
 - (2) Be license-eligible according to State Law and working toward licensure; and
 - (3) If not yet licensed, practice under the supervision of a licensed psychotherapist.

450:60-3-15. Psychotherapy service provision

At a minimum, psychotherapy services shall be provided as follows:

- (1) Individual psychotherapy – 1 hour per week.
- (2) Process group psychotherapy – 5 hours per week.
- (3) Other psychotherapy groups (examples include body image, cognitive-behavioral strategies, anger management, gender issues, family dynamics, grief issues, sexuality, spirituality, etc.) – 12 hours per week.
- (4) Family contact/therapy – depending on the resident's clinical needs and family availability, at least 2 hours of family therapy/contact should be provided on a monthly basis, either face-to-face or by phone.
- (5) Therapeutic meal (eating with the consumers and processing issues as they arise) – 5 meals per week.

450:60-3-16. Dietitian credentialing and service provision

A dietitian must be credentialed as a Registered Dietitian/Licensed Dietitian, and shall provide, at a minimum:

- (1) Individual meetings with each resident - 30 minutes per week per resident, with additional time for consultation as needed.
- (2) Food and nutrition educational groups – 2 hours per week.
- (3) Direct observation of therapeutic meals – 3 meals per week.
- (4) Development of individualized meal plans (including snacks and nutritional supplements) for each resident.
- (5) Ensuring the accurate execution of meal plans by either 1) direct supervision of the dietary staff or 2) consultation with the dietary staff supervisor.

SUBCHAPTER 5. OPTIONAL SERVICES

450:60-5-1. Applicability

The services in this subchapter are optional services. However, if the services in this subchapter are provided, all rules and requirements of this subchapter shall apply to the affected CEDT's certification.

450:60-5-2. Independent living services

- (a) Programs that elect to provide independent living services for consumers clinically ready for outpatient care shall provide housing for such persons.
- (b) At a minimum, the facility shall provide or arrange at least monthly contact for each consumer with a physician, psychotherapist, and dietitian.
- (c) The facility shall provide at least one therapeutic meal per week that is supervised by a psychotherapist.
- (d) A community living program shall have written policies and procedures specifying how, and by whom, the following services shall be performed:
 - (1) Medical treatment for residents on both emergency and routine bases;
 - (2) Mental health and substance abuse services on both emergency and routine bases;
 - (3) Daily living, social and occupational evaluation and progress planning;
 - (4) Daily living and social skills training;
 - (5) Occupational and vocational training;
 - (6) Assistance to residents in locating appropriate alternative living arrangements as clinically indicated or requested by resident or as part of program completion or graduation;
 - (7) A mechanism for orientation and education of new residents, which shall include, at least:
 - (A) Emergency procedures including fire, health and safety procedures;
 - (B) Resident rights and responsibilities; and
 - (C) Program expectations and rules.
 - (8) Assistance to residents in accessing community resources.
- (e) There shall be documentation indicating that each resident has received orientation and education on emergency procedures, resident rights and responsibilities, and program expectations and rules.
- (f) To ensure a safe and sanitary environment for residents, the following shall apply for all CEDT owned and/or managed housing facilities:
 - (1) The apartment or house and furnishings shall be in good repair, and free of unpleasant odors, and insect and rodent infestations.
 - (2) The apartment or house shall contain safe heating and air conditioning systems, which are in proper working conditions. Each apartment or house shall have an annual fire and safety inspection by the State or local Fire Marshal's office.
 - (3) Apartments or houses shall be inspected by CEDT staff on a regular basis as specified in agency Policy and Procedures to ensure that fire, health or safety hazards do not exist.
 - (4) The program shall develop and maintain emergency policy and procedures which shall include but are not limited to:
 - (A) Fire response and evaluations;
 - (B) Response to other disasters;
 - (C) Relocation if housing unit(s) become unlivable; and
 - (D) Personal accident or illness.

450:60-5-3. Outpatient services

(a) Programs that provide outpatient services shall offer a range of services to consumers based on their needs regarding emotional, social and behavioral problems. These outpatient counseling services shall be provided or arranged for, and shall include, but not be limited to the following:

- (1) Individual psychotherapy;
- (2) Group psychotherapy/support groups;
- (3) Marital or family counseling;
- (4) Psychological/psychometric evaluations or testing;
- (5) Psychiatric assessments;
- (6) Food and nutrition consultation.

(b) Outpatient psychotherapy services shall be provided by a licensed practitioner in the appropriate discipline.

SUBCHAPTER 7. FACILITY CLINICAL RECORDS

450:60-7-1. Clinical record keeping system [REVOKED]

450:60-7-2. Applicability

The requirements of this subchapter are applicable to a CEDT's clinical services, core and optional.

450:60-7-3. Basic requirements [REVOKED]

450:60-7-4. Record access for clinical staff [REVOKED]

450:60-7-5. Clinical record content, intake assessment [REVOKED]

450:60-7-6. Service Plan

(a) The service plan shall provide evaluation, formation of measurable service objectives and reflect ongoing changes in goals and objectives based upon consumer's progress or identification of needs, challenges and new problems.

(b) An initial treatment plan shall be completed after completion of intake assessment or after the first treatment session on all consumers.

(c) The CEDT shall have policy and procedures that dictate timeframes by when comprehensive service plans must be completed for each program service to which a consumer is admitted.

(d) Consumers shall be actively involved in the development of the service plan.

(e) Service plans shall be dated and signed by all members of the treatment team who participate in the planning or in providing the services.

(f) The CEDT shall have policy and procedures that dictate timeframes by when service plan updates must be completed for each program service to which a consumer is admitted.

450:60-7-7. Medication record

(a) A medication record shall be maintained on all consumers who receive medications or prescriptions through the outpatient clinic services and shall be a concise and accurate record of the medications the consumer is receiving or prescribed.

(b) The consumer record shall contain a medication record with the following information on all medications ordered or prescribed by physician staff:

(1) The record of medication administered and prescribed shall include all of the following:

- (A) Name of medication,
- (B) Dosage,
- (C) Frequency of administration or prescribed change,
- (D) Route of administration, and
- (E) Staff member who administered each dose, or prescribing physician; and

(2) A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities during intake, updated when required by virtue of new information, and kept in a highly visible location in or on the record.

450:60-7-8. Progress notes

(a) Progress notes shall chronologically describe the services provided by date and, for timed treatment sessions, time of service, and the consumer's progress in treatment.

(b) Progress notes must include the consumer's name, be signed by the service provider, and include the service provider's credentials.

450:60-7-9. Other records content

(a) The consumer record shall contain copies of all consultation reports concerning the consumer.

(b) When psychometric or psychological testing is done, the consumer record shall contain a copy of a written report describing the test results and implications or recommendations for treatment.

(c) The consumer record shall contain any additional information relating to the consumer, which has been secured from sources outside the program.

450:60-7-10. Discharge summary [REVOKED]

**SUBCHAPTER 9. CONSUMER RECORDS AND CONFIDENTIALITY
[REVOKED]**

450:60-9-1. Confidentiality of mental health and drug or alcohol abuse treatment information [REVOKED]

SUBCHAPTER 11. CONSUMER RIGHTS

450:60-11-1. Consumer rights

The CEDT shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

450:60-11-2. Consumer's grievance policy

The CEDT shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

450:60-11-3. ODMHSAS Consumer Advocacy Division

The ODMHSAS Office of Consumer Advocacy, in any investigation or monitoring regarding consumer rights shall have access to consumers, facility records and facility staff as set forth in OAC 450:15-7-3.

SUBCHAPTER 13. ORGANIZATIONAL MANAGEMENT [REVOKED]

450:60-13-1. Organizational and facility description [REVOKED]

450:60-13-2. Information analysis and planning [REVOKED]

SUBCHAPTER 15. PERFORMANCE IMPROVEMENT AND QUALITY MANAGEMENT [REVOKED]

450:60-15-1. Performance improvement program [REVOKED]

450:60-15-2. Incident reporting [REVOKED]

SUBCHAPTER 17. HUMAN RESOURCES [REVOKED]

450:60-17-1. Personnel policies and procedures [REVOKED]

450:60-17-2. Job descriptions [REVOKED]

450:60-17-3. Utilization of volunteers [REVOKED]

SUBCHAPTER 19. STAFF DEVELOPMENT AND TRAINING [REVOKED]

450:60-19-1. Staff qualifications [REVOKED]

450:60-19-2. Staff development [REVOKED]

450:60-19-3. Annually required inservice training for all employees [REVOKED]

450:60-19-4. First Aid and CPR training [REVOKED]

SUBCHAPTER 21. GOVERNING AUTHORITY [REVOKED]

450:60-21-1. Documents of authority [REVOKED]

SUBCHAPTER 23. FACILITY ENVIRONMENT

450:60-23-1. Facility environment

(a) The CEDT shall obtain an annual fire and safety inspection from the State Fire Marshall or local authorities which documents approval for continued occupancy.

(b) CEDT staff shall know the exact location, contents and use of first aid supply kits and fire fighting equipment. First aid supplies and fire fighting equipment shall be maintained in appropriately designated areas within the facility.

(c) There shall be posted written plans and diagrams noting emergency evacuation routes in case of fire, and shelter locations in case of severe weather.

(d) Facility grounds shall be maintained in a manner to provide a safe environment for consumers, personnel, and visitors.

(e) The director of the CEDT or designee shall appoint a safety officer.

(f) The facility shall have an emergency preparedness program designed to provide for the effective utilization of available resources so that consumer care can be continued during a disaster. The emergency preparedness program is evaluated annually and is updated as needed.

(g) Policies for the use and control of personal electrical equipment shall be developed and implemented.

(h) There shall be an emergency power system to provide lighting throughout the facility.

(i) The CEDT director shall ensure there is a written plan to cope with internal and external disasters. External disasters include, but are not limited to, tornados, explosions, and chemical spills.

(j) The environment of the residential setting shall be planned, developed, and maintained to respond to the range of needs of consumers served. The environmental quality and type, and the rationales for the development of environment shall be defined by written policy and procedures. Attention to the needs of special populations shall be reflected in these written policy and procedures.

- (1) The plan for environment shall include the following, as indicated by the clinical status of consumers served:
 - (A) Use of outdoor areas,
 - (B) Safety, security, and sanitation needs,
 - (C) Areas to accommodate a range of social activities,
 - (D) Areas offering privacy to the individual to be alone or talk with staff, family, or others, and
 - (E) Facilities shall be appropriately furnished and supplied with materials and equipment suited to the age and physical status of consumers served.
- (2) Dining and sleeping areas shall be comfortable and conducive to relaxation.
- (3) Consumers shall be allowed to wear their own appropriate clothing.
- (4) Consumers shall be allowed to display personal belongings and decorate their living and sleeping areas as appropriate to clinical status of consumers.
- (5) Consumers shall be encouraged to assume responsibility for maintaining their living areas, as appropriate to their clinical status.

SUBCHAPTER 25. SPECIAL POPULATIONS [REVOKED]

450:60-25-1. Americans with disabilities act of 1990 [REVOKED]

450:60-25-2. Human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Syndrome (AIDS) [REVOKED]