

### Standards for Institutions

The standards developed and imposed for skilled nursing facilities and hospitals in which recipients of medical assistance under Title XVIII may receive care and services, are utilized as the standards for skilled nursing facilities and hospitals in which recipients under the plan may receive care or services under Title XIX.

An Executive Order, signed on February 10, 1967, by the Governor of the State of Oklahoma, declared the State Board of Health as the official standard-setting agency for medical facilities in this State, except that the Oklahoma Public Welfare Commission is declared to be the standard-setting authority for medical facilities that are operated by the Department of Public Welfare, "the standards so set to be equal to or higher than those set by the State Board of Health for other medical facilities." Filed February 10, 1967, by the Secretary of State.

Under the authority of the above order, the Department of Institutions, Social and Rehabilitative Services as the standard-setting authority for the intermediate care facilities in the three schools for the mentally retarded is also the certifying authority for compliance with Title XIX regulations.

Effective July 1, 1975, in accordance with an agreement between the Department of Institutions, Social and Rehabilitative Services and the State Department of Health, the State Department of Health will be responsible for licensing and certification of medical facilities in the schools for the mentally retarded. These facilities may include intermediate care facilities, skilled nursing facilities, and hospitals in the schools for the mentally retarded.

### Standard-Setting Authority for Institutions

- (1) The types or kinds of institutions which may provide intermediate care services are those public or private institutions which:
  - (a) are licensed under State law as intermediate care facilities;
  - (b) meet such standards of safety and sanitation as are applicable to nursing homes under State law;
  - (c) do not provide the degree of care required to be provided by a skilled nursing home furnishing services under a State plan approved under Title XIX; and
  - (d) regularly provide a level of care and service beyond room and board and as such provide the residents thereof, on a regular basis, the range or level of care and services which are suitable to the needs of individuals who:
    - (i) because of their physical or mental limitation or both, require living accommodations and care which, as a practical matter, can be made available to them only through institutional facilities; and
    - (ii) do not have such an illness, disease, injury, or other condition as to require the degree of care and treatment which a hospital or skilled nursing home (as that term is employed in Title XIX) is designed to provide.

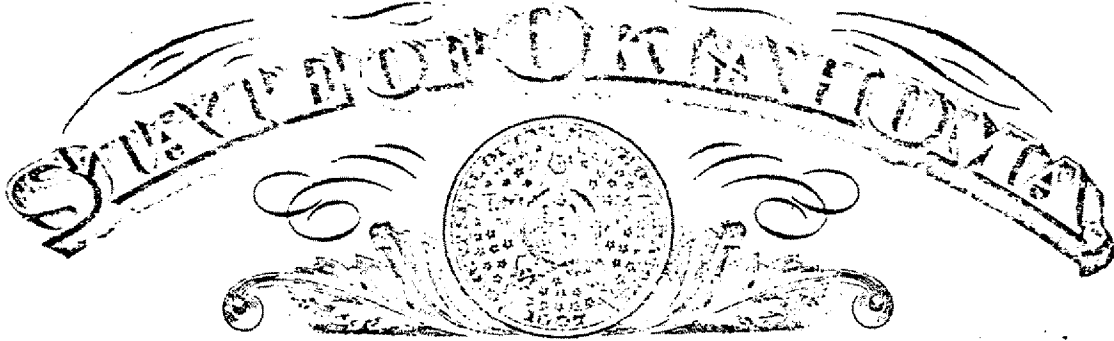
The term "intermediate care facility", also includes a Christian Science sanatorium operated or listed and certified by the First Church of Christ, Scientist, Boston, Massachusetts, but only with respect to institutional services deemed appropriate by the State.

The term "intermediate care facility", also includes a public institution (or distinct part thereof) for the mentally retarded or a private institution providing specialized intermediate care services

if

the primary purpose of such institution is to provide health or rehabilitative services which meet such standards as may be prescribed by the Secretary; and the individual with respect to whom a request for payment is made under a plan approved under this title is receiving active treatment under such a program. The definition of active treatment is "Daily participation, in accordance with an individual treatment plan, in activities, experiences or therapies which are part of a professionally developed and supervised program of health, social or rehabilitative services offered by or procured by the institution for its residents."

OFFICE OF THE SECRETARY OF STATE



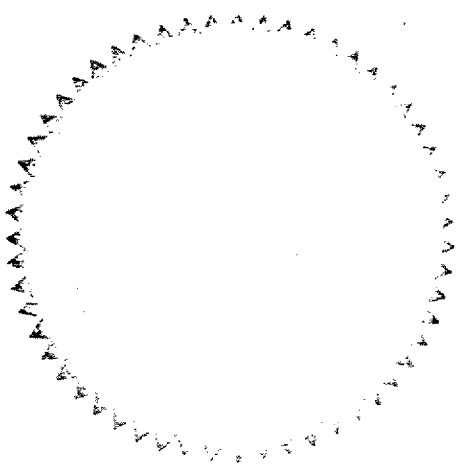
CERTIFICATE OF TRANSCRIPT

I, the undersigned Secretary of State of the State of Oklahoma, do hereby certify that the annexed transcript has been compared with the record on file in my office of which it purports to be a copy, and that the same is a full, true and correct copy of:

EXECUTIVE ORDER

SETTING STANDARDS FOR MEDICAL FACILITIES

FILED: February 10, 1967



In testimony whereof, I have hereunto set my hand and affixed the Great Seal of the State of Oklahoma at the City of Oklahoma City this 11 day of October, 1968

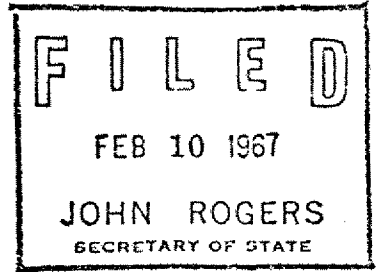
John Rogers  
Secretary of State

By:

L. L. Callaway  
Assistant Secretary of State

OFFICE OF THE GOVERNOR

EXECUTIVE ORDER



TO: HONORABLE JOHN ROGERS  
SECRETARY OF STATE  
STATE CAPITOL BUILDING  
OKLAHOMA CITY, OKLAHOMA

Dear Sir:

Please file for record the following Executive Order:

WHEREAS, medical facilities are required to meet and maintain State standards for the purposes of Title XIX of the Federal Social Security Act; and


WHEREAS, it is necessary that Federal Officials know what agency or agencies in Oklahoma can set such standards; and

WHEREAS, the State Board of Health is the proper agency to set standards for all medical facilities except those which, by law, have been placed under the jurisdiction of other public agencies;

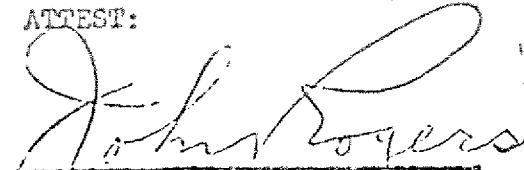
NOW, THEREFORE, BY VIRTUE OF THE AUTHORITY VESTED IN ME AS GOVERNOR AND CHIEF EXECUTIVE OF THE STATE OF OKLAHOMA, I do hereby declare the State Board of Health as the official agency of the State of Oklahoma to set standards for medical facilities in the State of Oklahoma, except the medical facilities that are operated by the Department of Public Welfare and any other State agency, for which facilities the Oklahoma Public Welfare Commission, or the governing Board of such other State agency, is declared to be the standard-setting authority, the standards so set to be equal to or higher than those set by the State Board of Health for other medical facilities.

IN WITNESS WHEREOF, I, DEWEY F. BARTLETT, GOVERNOR OF THE STATE OF OKLAHOMA, have hereunto affixed my name and set my hand and caused to be affixed the GREAT SEAL OF THE STATE OF OKLAHOMA at Oklahoma City, Oklahoma, this 10<sup>th</sup> day of February, 1967.

BY THE GOVERNOR OF THE STATE OF OKLAHOMA

  
DEWEY F. BARTLETT

ATTEST:

  
Secretary of State

The State Department of Mental Health is the State Mental Health Authority in accordance with Title 43-A, Section 24, and such Agency has authority to establish regulations for a statewide system of pre-care and after-care services to the mentally ill, under Title 43-A, Section 152, and is mandated by SJR-22 of the 39th Oklahoma Legislature, Second Session, to certify providers of Community Mental Health services. The following are applicable standards excerpted from the "Oklahoma State Department of Mental Health Standards and Criteria, Mental Health Programs in Oklahoma."

Outpatient Mental Health Clinics

1. Psychiatric outpatient mental health clinic refers to a program which provides a range of services which enables an individual to obtain psychiatric treatment for emotional, mental, or behavioral problems.
2. The program shall have a written plan which specifically describes the organization of outpatient services and the service delivery methods designed for use in meeting various client/patient needs as related to the population being served.
3. The clinical services plan shall include criteria which specifically delineates the program's admission and/or intake, treatment, discharge, and follow-up policies and procedures.
4. There shall be a written treatment plan for each patient which is based upon assessment and evaluation.
5. The program shall employ staff whose skills are of the highest quality.
6. The program shall have sufficient clinical and/or professional staff who have the necessary training or experience and demonstrated competence to make initial decisions related to screening.
7. Planned staff development contributes to effective, meaningful delivery of quality care and service.
8. A program shall establish and implement a system of program, policy, and case review which shall be conducted at least on an annual basis.
9. Medical care within a mental health clinic must be under the professional and clinical direction of a physician, usually a qualified psychiatrist.
10. The clinic shall develop a written referral plan for use when patients are being referred to other community agencies, organizations, and/or individuals.

New 2-1-84

TN# 84-5  
Supersedes  
TN# new

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11. A written plan shall be devised by the program which establishes criteria for discharge of a patient.
12. Staff of the program shall take necessary steps for assisting the client/patient and his/her family in preparation for termination of services.

New 2-1-84

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Community Mental Health Clinics

1. A comprehensive community mental health center shall refer to a program which provides a variety of services and continuity of care for patients with mental illness and emotional disease.
2. The components of comprehensive mental health services which shall be provided through a community mental health center shall include: outpatient services, partial hospitalization services, and crisis intervention services.
3. Each community mental health center shall develop a program which is multidisciplinary in nature which utilizes psychiatrists, psychologists, social workers, nurses, activity therapists, and other mental health workers as necessary for its program and catchment area.
4. Written policies and procedures for the provision of outpatient services shall be described.
5. The community mental health center shall have a sufficient number of appropriately qualified staff and necessary supporting personnel to provide the full range of necessary services.
6. Medical care within a community mental health center must be under the professional and clinical direction and supervision of a physician, usually a qualified psychiatrist.
7. The center and its satellite units shall develop a written referral plan for use when patients are being referred to other community agencies, organizations, and/or individuals.
8. Laboratory and pathology services shall be provided either within the community mental health center or by written agreement with an outside program which will meet client/patient care needs.
9. Planned staff development contributes to effective, meaningful delivery of quality care and service.
10. A program shall establish and implement a system of program, policy, and case review which shall be conducted at least on an annual basis.
11. A written plan shall be devised by the program which establishes criteria for discharge of a patient.
12. Staff of the program shall take necessary steps for assisting the client/patient and his/her family in preparation for termination of services.

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