

Volume 32
Number 10
February 2, 2015
Pages 407 - 490

The Oklahoma Register

Oklahoma
Secretary of State
Office of Administrative Rules



Mary Fallin, Governor
Chris Benge,
Secretary of State
Peggy Coe, Editor-in-Chief

THE OKLAHOMA REGISTER is an official publication of the State of Oklahoma. It is published semi-monthly on the first working day of the month and on the first working day following the 14th day of the month under the authority of 75 O.S., Sections 250 et seq. and OAC 655:10-15-1. The rules of the State of Oklahoma are codified and published in the *Oklahoma Administrative Code*.

The Oklahoma Register and the documents accepted for publication are **AVAILABLE FOR PUBLIC INSPECTION** at the Office of Administrative Rules pursuant to the Oklahoma Open Records Act. Copies of the *Register* are also available for public inspection at many County Clerks' offices in Oklahoma, the Jan Eric Cartwright Memorial Law Library in the State Capitol, and the following depository libraries:

Ada - East Central University, Linscheid Library

Alva - Northwestern Oklahoma State University,
J.W. Martin Library

Bartlesville - Bartlesville Public Library

Claremore - Rogers State University, Stratton Taylor Library

Clinton - Clinton Public Library

Durant - Southeastern Oklahoma State University, H.G.
Bennett Memorial Library

Edmond - University of Central Oklahoma, Chambers Library

Enid - Public Library of Enid and Garfield County

Goodwell - Oklahoma Panhandle State University, Marvin E.
McKee Library

Lawton - Lawton Public Library

McAlester - McAlester Public Library

Norman - University of Oklahoma, Bizzell Memorial
Library

Oklahoma City - Metropolitan Library System

Oklahoma City - Oklahoma Department of Libraries

Stillwater - Oklahoma State University, Edmon Low
Library

Tahlequah - Northeastern State University, John
Vaughan Library

Tulsa - Tulsa City-County Library System

Tulsa - University of Tulsa, McFarlin Library

Weatherford - Southwestern Oklahoma State
University, Al Harris Library

CITE MATERIAL PUBLISHED IN THE OKLAHOMA REGISTER by the volume and the beginning page number of the document in the *Register*. For example: 31 *Ok Reg* 256.

SUBSCRIPTION RATES for the *Register* are \$500.00 per year for the printed issues and \$300.00 per year for the CD-ROM issues, payable in advance. When available, individual printed issues may be purchased for \$20.00 plus the cost of postage, payable in advance. Make checks payable to "Secretary of State." Send subscription requests, change of address notices, and undelivered copies to: Secretary of State, Office of Administrative Rules, 2300 N. Lincoln Boulevard, Suite 101, Oklahoma City, OK 73105.

INFORMATION ABOUT THIS PUBLICATION may be obtained by contacting the OAR by mail at Oklahoma Secretary of State, Office of Administrative Rules, 2300 North Lincoln Boulevard, Suite 101, Oklahoma City, OK 73105, by phone at (405) 521-4911, or by fax at (405) 522-3555. Information may also be obtained by visiting the OAR's office, located in Room 220, Will Rogers Building, 2401 N. Lincoln Boulevard, Oklahoma City, between 8:00 a.m. and 5:00 p.m., Monday through Friday.

This publication is issued and printed by the Secretary of State as authorized by 75 O.S., Section 255. 45 copies have been prepared and distributed at a cost of \$594.82. Copies have been deposited with the Oklahoma Department of Libraries, Publications Clearinghouse.

ISSN 0030-1728

Table of Contents

Agency/Action/Subject Index	iii
Rules Affected Index	iv
Agency Index (Title numbers assigned)	viii
Notices of Rulemaking Intent	
Consumer Credit, Department of (Title 160)	407
Management and Enterprise Services, Office of (Title 260)	408
Housing Finance Agency, Oklahoma (Title 330)	408
Insurance Department (Title 365)	409, 411, 412, 414
Law Enforcement Education and Training, Council on (Title 390)	415, 416, 417, 418, 419
Mental Health and Substance Abuse Services, Department of (Title 450)	420, 421, 422, 423, 424
Private Vocational Schools, Oklahoma Board of (Title 565)	425, 426
Submissions to Governor and Legislature	
Education, State Department of (Title 210)	429
Emergency Adoptions	
Aeronautics Commission, Oklahoma (Title 25)	431
Construction Industries Board (Title 158)	432, 434, 435
Education, State Department of (Title 210)	452
Management and Enterprise Services, Office of (Title 260)	455
Mental Health and Substance Abuse Services, Department of (Title 450)	456, 468, 478
Executive Orders (Title 1)	487
Miscellaneous	
State Bond Advisor's Office	489

Agency/Action/Subject Index

STATE Bond Advisor’s Office

Miscellaneous

Notice of State Ceiling Amount for the Calendar Year
2015 489

AERONAUTICS Commission, Oklahoma (Title 25)

Emergency Adoptions

Anemometer Tower Regulations (Chapter 35) 431

CONSTRUCTION Industries Board (Title 158)

Emergency Adoptions

Procedures of the Oklahoma Construction Industries Board
(Chapter 1) 432

Fine Schedule (Chapter 10) 434

Roofing Contractor Registration Regulations
(Chapter 85) 435

CONSUMER Credit, Department of (Title 160)

Notices of Rulemaking Intent

Consumer Litigation Funding (Chapter 75) 407

EDUCATION, State Department of (Title 210)

Submissions to Governor and Legislature

School Administration and Instructional Services
(Chapter 10) 429

Curriculum and Instruction (Chapter 15) 429

Staff (Chapter 20) 429

Emergency Adoptions

School Administration and Instructional Services
(Chapter 10) 452

MANAGEMENT and Enterprise Services, Office of (Title 260)

Notices of Rulemaking Intent

Fleet Management Department (Chapter 75) 408

Emergency Adoptions

Facilities Management (Chapter 60) 455

GOVERNOR

Executive Orders

Temporary exemption from certain requirements for vehicles
transporting propane in Oklahoma (15-1) 487

Establishing Oklahoma Justice Reform Steering Committee
(15-2) 487

HOUSING Finance Agency, Oklahoma (Title 330)

Notices of Rulemaking Intent

Residential Rental Multifamily Bond Program Rules
(Chapter 30) 408

INSURANCE Department (Title 365)

Notices of Rulemaking Intent

Administrative Operations (Chapter 1) 409

Life, Accident and Health (Chapter 10) 409

Property and Casualty (Chapter 15) 411

Title Insurance (Chapter 20) 412

~~Licensure of Producers, Adjusters, Bail Bondsmen,
Companies, Prepaid Funeral Benefits, Cemetery
Merchandise Trusts, and Viatical Settlement Providers and
Brokers~~ Other Licensees (Chapter 25) 412

INSURANCE Department – continued

Notices of Rulemaking Intent – continued

Health Maintenance Organizations (HMO)
(Chapter 40) 414

LAW Enforcement Education and Training, Council on (Title 390)

Notices of Rulemaking Intent

Peace Officer Certification (Chapter 10) 415

Basic Peace Officer Certification Training
(Chapter 15) 416

Reserve Officer Certification and Training
(Chapter 20) 416

Police Officer Annual Firearms Requalification
(Chapter 27) 417

CDS Detector Dog Certification (Chapter 30) 417

Bomb Detector Dog Certification (Chapter 31) 418

Regulation of Private Security Industry (Chapter 35) 418

Regulating Oklahoma Bail Enforcement (Chapter 60) 419

MENTAL Health and Substance Abuse Services, Department of (Title 450)

Notices of Rulemaking Intent

Administration (Chapter 1) 420

Standards and Criteria for Community Mental Health Centers
(Chapter 17) 420

Standards and Criteria for Substance Related and Addictive
Disorder Treatment Services (Chapter 18) 421

Standards and Criteria for Community-Based Structured Crisis
Centers (Chapter 23) 422

Standards and Criteria for Comprehensive Community
Addiction Recovery Centers (Chapter 24) 422

Standards and Criteria for Mental Illness Service Programs
(Chapter 27) 423

Standards and Criteria for Certified Behavioral Health Case
Managers (Chapter 50) 423

Standards and Criteria for Programs of Assertive Community
Treatment (Chapter 55) 424

Standards and Criteria for Gambling Treatment Programs
(Chapter 65) 424

Emergency Adoptions

Standards and Criteria for Community Mental Health Centers
(Chapter 17) 456

Standards and Criteria for Mental Illness Service Programs
(Chapter 27) 468

Standards and Criteria for Programs of Assertive Community
Treatment (Chapter 55) 478

PRIVATE Vocational Schools, Oklahoma Board of (Title 565)

Notices of Rulemaking Intent

Administrative Operations (Chapter 1) 425

Licensure and Regulation of Private Vocational Schools and
Representatives (Chapter 10) 426

Rules Affected Index

[(E) = Emergency action]

Rule	Register Page	Rule	Register Page
25:35-1-1.....	[NEW] (E) 431	86:10-17-6.1.....	[NEW] (E) 153
25:35-1-2.....	[NEW] (E) 431	86:10-17-6.2.....	[NEW] (E) 154
25:35-1-3.....	[NEW] (E) 432	86:10-17-6.3.....	[NEW] (E) 154
25:35-3-1.....	[NEW] (E) 432	86:10-17-6.4.....	[NEW] (E) 154
25:35-5-1.....	[NEW] (E) 432	86:10-17-7.....	[NEW] (E) 154
25:35-7-1.....	[NEW] (E) 432	86:10-17-8.....	[NEW] (E) 154
25:35-9-1.....	[NEW] (E) 432	86:10-19-1.....	[NEW] (E) 154
86:10-1-1.....	[NEW] (E) 140	86:10-19-1.1.....	[NEW] (E) 154
86:10-1-2.....	[NEW] (E) 140	86:10-19-2.....	[NEW] (E) 154
86:10-1-3.....	[NEW] (E) 141	86:10-19-3.....	[NEW] (E) 154
86:10-3-1.....	[NEW] (E) 141	86:10-19-4.....	[NEW] (E) 154
86:10-3-2.....	[NEW] (E) 141	86:10-19-5.....	[NEW] (E) 154
86:10-3-3.....	[NEW] (E) 142	86:10-21-1.....	[NEW] (E) 154
86:10-3-3.1.....	[NEW] (E) 143	86:10-21-2.....	[NEW] (E) 154
86:10-3-4.....	[NEW] (E) 143	86:10-21-3.....	[NEW] (E) 154
86:10-3-4.1.....	[NEW] (E) 143	86:10-21-3.1.....	[NEW] (E) 154
86:10-3-5.....	[NEW] (E) 144	86:10-21-3.2.....	[NEW] (E) 155
86:10-3-6.....	[NEW] (E) 144	86:10-21-4.....	[NEW] (E) 155
86:10-5-1.....	[NEW] (E) 144	86:10-21-5.....	[NEW] (E) 155
86:10-5-2.....	[NEW] (E) 144	86:10-21-6.....	[NEW] (E) 155
86:10-5-3.....	[NEW] (E) 145	86:10-21-7.....	[NEW] (E) 155
86:10-7-1.....	[NEW] (E) 145	86:10-23-1.....	[NEW] (E) 155
86:10-7-2.....	[NEW] (E) 145	86:10-23-2.....	[NEW] (E) 155
86:10-7-2.1.....	[NEW] (E) 146	86:10-23-3.....	[NEW] (E) 155
86:10-7-3.....	[NEW] (E) 146	86:10-23-4.....	[NEW] (E) 155
86:10-7-4.....	[NEW] (E) 146	86:10-25-1.....	[NEW] (E) 155
86:10-7-5.....	[NEW] (E) 146	86:10-25-2.....	[NEW] (E) 156
86:10-7-6.....	[NEW] (E) 146	86:10-25-3.....	[NEW] (E) 156
86:10-7-7.....	[NEW] (E) 147	86:10-27-1.....	[NEW] (E) 156
86:10-7-8.....	[NEW] (E) 147	86:10-27-2.....	[NEW] (E) 156
86:10-7-8.1.....	[NEW] (E) 147	86:10-27-3.....	[NEW] (E) 156
86:10-7-9.....	[NEW] (E) 147	86:10-27-4.....	[NEW] (E) 156
86:10-9-1.....	[NEW] (E) 147	86:10-29-1.....	[NEW] (E) 156
86:10-9-2.....	[NEW] (E) 147	86:10-29-2.....	[NEW] (E) 156
86:10-11-1.....	[NEW] (E) 149	86:10-29-3.....	[NEW] (E) 157
86:10-11-2.....	[NEW] (E) 149	86:10-29-4.....	[NEW] (E) 158
86:10-11-3.....	[NEW] (E) 149	86:10-29-5.....	[NEW] (E) 158
86:10-11-4.....	[NEW] (E) 149	86:10-29-6.....	[NEW] (E) 158
86:10-11-5.....	[NEW] (E) 150	86:10-29-7.....	[NEW] (E) 158
86:10-11-6.....	[NEW] (E) 150	86:10-29-8.....	[NEW] (E) 158
86:10-11-7.....	[NEW] (E) 150	86:10-29-9.....	[NEW] (E) 159
86:10-13-1.....	[NEW] (E) 151	86:10-29-10.....	[NEW] (E) 159
86:10-13-2.....	[NEW] (E) 151	86:10-29-11.....	[NEW] (E) 159
86:10-13-3.....	[NEW] (E) 151	86:10-29-12.....	[NEW] (E) 159
86:10-13-4.....	[NEW] (E) 151	86:10-29-13.....	[NEW] (E) 159
86:10-13-5.....	[NEW] (E) 151	86:10-29-14.....	[NEW] (E) 159
86:10-15-1.....	[NEW] (E) 151	86:10-29-15.....	[NEW] (E) 159
86:10-15-2.....	[NEW] (E) 151	86:15-1-1.....	[NEW] (E) 160
86:10-15-3.....	[NEW] (E) 151	86:15-1-2.....	[NEW] (E) 160
86:10-15-4.....	[NEW] (E) 151	86:15-1-3.....	[NEW] (E) 160
86:10-15-5.....	[NEW] (E) 152	86:15-1-4.....	[NEW] (E) 161
86:10-15-6.....	[NEW] (E) 152	86:15-3-1.....	[NEW] (E) 161
86:10-15-7.....	[NEW] (E) 152	86:15-3-2.....	[NEW] (E) 161
86:10-15-8.....	[NEW] (E) 152	86:15-3-3.....	[NEW] (E) 162
86:10-17-1.....	[NEW] (E) 152	86:15-3-4.....	[NEW] (E) 163
86:10-17-2.....	[NEW] (E) 152	86:15-3-5.....	[NEW] (E) 163
86:10-17-3.....	[NEW] (E) 152	86:15-3-6.....	[NEW] (E) 163
86:10-17-4.....	[NEW] (E) 153	86:15-3-7.....	[NEW] (E) 163
86:10-17-4.1.....	[NEW] (E) 153	86:15-3-8.....	[NEW] (E) 164
86:10-17-5.....	[NEW] (E) 153	86:15-3-8.1.....	[NEW] (E) 164
86:10-17-6.....	[NEW] (E) 153	86:15-3-9.....	[NEW] (E) 164

86:15-5-1.	[NEW] (E)	164	86:20-9-5.	[NEW] (E)	182
86:15-5-2.	[NEW] (E)	164	86:20-9-6.	[NEW] (E)	182
86:15-5-2.1.	[NEW] (E)	165	86:20-9-7.	[NEW] (E)	183
86:15-5-2.2.	[NEW] (E)	166	86:20-9-8.	[NEW] (E)	183
86:15-5-3.	[NEW] (E)	166	86:20-9-9.	[NEW] (E)	183
86:15-5-4.	[NEW] (E)	166	86:20-9-10.	[NEW] (E)	183
86:15-7-1.	[NEW] (E)	167	86:20-9-11.	[NEW] (E)	184
86:15-7-2.	[NEW] (E)	167	86:20-11-1.	[NEW] (E)	184
86:15-7-3.	[NEW] (E)	167	86:20-11-2.	[NEW] (E)	184
86:15-7-4.	[NEW] (E)	167	86:20-13-1.	[NEW] (E)	184
86:15-7-5.	[NEW] (E)	167	86:20-13-2.	[NEW] (E)	184
86:15-7-6.	[NEW] (E)	167	86:20-13-3.	[NEW] (E)	185
86:15-9-1.	[NEW] (E)	167	86:20-13-4.	[NEW] (E)	185
86:15-9-2.	[NEW] (E)	167	86:20-13-5.	[NEW] (E)	185
86:15-9-3.	[NEW] (E)	168	86:20-13-6.	[NEW] (E)	185
86:15-9-4.	[NEW] (E)	168	86:20-13-7.	[NEW] (E)	185
86:15-9-5.	[NEW] (E)	169	86:20-15-1.	[NEW] (E)	186
86:15-11-1.	[NEW] (E)	169	86:20-15-2.	[NEW] (E)	186
86:15-11-2.	[NEW] (E)	169	86:20-17-1.	[NEW] (E)	186
86:15-11-3.	[NEW] (E)	169	86:20-17-1.1.	[NEW] (E)	186
86:15-11-4.	[NEW] (E)	169	86:20-17-2.	[NEW] (E)	186
86:15-11-5.	[NEW] (E)	169	86:20-17-3.	[NEW] (E)	186
86:15-13-1.	[NEW] (E)	169	86:20-17-4.	[NEW] (E)	186
86:15-13-2.	[NEW] (E)	169	86:20-17-5.	[NEW] (E)	186
86:15-13-3.	[NEW] (E)	169	86:20-17-6.	[NEW] (E)	186
86:15-13-4.	[NEW] (E)	170	86:20-17-6.1.	[NEW] (E)	187
86:15-13-5.	[NEW] (E)	172	86:20-17-7.	[NEW] (E)	187
86:15-13-6.	[NEW] (E)	172	86:20-19-1.	[NEW] (E)	187
86:15-13-7.	[NEW] (E)	172	86:20-19-1.1.	[NEW] (E)	187
86:15-13-8.	[NEW] (E)	172	86:20-19-2.	[NEW] (E)	187
86:15-15-1.	[NEW] (E)	173	86:20-19-3.	[NEW] (E)	187
86:15-15-2.	[NEW] (E)	173	86:20-19-3.1.	[NEW] (E)	187
86:15-15-3.	[NEW] (E)	173	86:20-19-4.	[NEW] (E)	187
86:15-15-4.	[NEW] (E)	174	86:20-19-5.	[NEW] (E)	187
86:15-15-5.	[NEW] (E)	174	86:20-19-6.	[NEW] (E)	188
86:15-15-6.	[NEW] (E)	175	86:20-19-7.	[NEW] (E)	188
86:15-15-7.	[NEW] (E)	175	86:20-19-8.	[NEW] (E)	188
86:15-15-8.	[NEW] (E)	175	86:20-21-1.	[NEW] (E)	188
86:15-15-9.	[NEW] (E)	175	86:20-21-1.1.	[NEW] (E)	188
86:15-15-10.	[NEW] (E)	175	86:20-21-2.	[NEW] (E)	188
86:15-15-11.	[NEW] (E)	175	86:20-21-3.	[NEW] (E)	188
86:15-15-12.	[NEW] (E)	175	86:20-21-4.	[NEW] (E)	188
86:15-15-13.	[NEW] (E)	175	86:20-21-5.	[NEW] (E)	188
86:15-15-14.	[NEW] (E)	175	86:20-23-1.	[NEW] (E)	188
86:15-15-15.	[NEW] (E)	175	86:20-23-2.	[NEW] (E)	188
86:20-1-1.	[NEW] (E)	177	86:20-23-3.	[NEW] (E)	188
86:20-1-2.	[NEW] (E)	177	86:20-23-4.	[NEW] (E)	188
86:20-1-3.	[NEW] (E)	177	86:20-23-5.	[NEW] (E)	188
86:20-1-4.	[NEW] (E)	177	86:20-23-6.	[NEW] (E)	189
86:20-3-1.	[NEW] (E)	177	86:20-23-7.	[NEW] (E)	189
86:20-3-2.	[NEW] (E)	177	86:20-23-8.	[NEW] (E)	189
86:20-5-1.	[NEW] (E)	178	86:20-23-9.	[NEW] (E)	189
86:20-5-2.	[NEW] (E)	178	86:20-23-10.	[NEW] (E)	189
86:20-5-3.	[NEW] (E)	179	86:20-23-11.	[NEW] (E)	189
86:20-5-4.	[NEW] (E)	180	86:20-23-12.	[NEW] (E)	189
86:20-5-4.1.	[NEW] (E)	180	86:20-25-1.	[NEW] (E)	189
86:20-5-5.	[NEW] (E)	181	86:20-25-2.	[NEW] (E)	189
86:20-5-6.	[NEW] (E)	181	86:20-25-3.	[NEW] (E)	190
86:20-5-7.	[NEW] (E)	181	86:20-27-1.	[NEW] (E)	190
86:20-5-8.	[NEW] (E)	182	86:20-27-2.	[NEW] (E)	190
86:20-7-1.	[NEW] (E)	182	86:20-27-3.	[NEW] (E)	190
86:20-7-2.	[NEW] (E)	182	86:20-29-1.	[NEW] (E)	190
86:20-7-3.	[NEW] (E)	182	86:20-29-2.	[NEW] (E)	190
86:20-9-1.	[NEW] (E)	182	86:20-29-3.	[NEW] (E)	190
86:20-9-2.	[NEW] (E)	182	86:20-29-4.	[NEW] (E)	192
86:20-9-3.	[NEW] (E)	182	86:20-29-5.	[NEW] (E)	192
86:20-9-4.	[NEW] (E)	182	86:20-29-6.	[NEW] (E)	192

Rules Affected Index – *continued*

86:20-29-7.	[NEW] (E)	192	317:35-5-41.2.	[AMENDED] (E)	233
86:20-29-8.	[NEW] (E)	192	317:35-5-41.3.	[AMENDED] (E)	235
86:20-29-9.	[AMENDED] (E)	192	317:35-5-42.	[AMENDED] (E)	235
86:20-29-10.	[NEW] (E)	192	317:50-1-14.	[AMENDED] (E)	240
86:20-29-11.	[NEW] (E)	192	317:50-3-14.	[AMENDED] (E)	247
86:20-29-12.	[NEW] (E)	192	317:50-5-14.	[AMENDED] (E)	256
86:20-29-13.	[NEW] (E)	192	340:65-11-3.	[AMENDED] (E)	295
86:20-29-14.	[NEW] (E)	193	340:75-1-12.	[AMENDED] (E)	297
86:20-29-15.	[AMENDED] (E)	193	340:75-1-16.	[AMENDED] (E)	297
158:1-3-10.	[AMENDED] (E)	433	340:75-1-16.1.	[NEW] (E)	299
158:1-3-11.	[AMENDED] (E)	433	340:75-1-17.	[AMENDED] (E)	299
158:1-3-12.	[AMENDED] (E)	433	340:75-1-18.	[AMENDED] (E)	299
158:10-3-1.	[AMENDED] (E)	434	340:75-1-18.1.	[AMENDED] (E)	300
158:30-9-1.	[AMENDED] (E)	193	340:75-1-20.	[AMENDED] (E)	301
158:85-1-1.	[NEW] (E)	436	340:75-6-40.9.	[AMENDED] (E)	302
158:85-1-2.	[NEW] (E)	436	340:75-6-85.	[AMENDED] (E)	305
158:85-1-3.	[NEW] (E)	438	340:75-6-86.	[AMENDED] (E)	307
158:85-1-4.	[NEW] (E)	438	340:75-7-65.	[AMENDED] (E)	307
158:85-2-1.	[NEW] (E)	438	340:75-7-292.	[NEW] (E)	311
158:85-2-2.	[NEW] (E)	438	365:10-31-1.	[NEW] (E)	312
158:85-2-3.	[NEW] (E)	439	365:10-31-2.	[NEW] (E)	312
158:85-2-4.	[NEW] (E)	440	365:10-31-3.	[NEW] (E)	312
158:85-2-5.	[NEW] (E)	440	365:10-31-4.	[NEW] (E)	312
158:85-2-6.	[NEW] (E)	440	365:10-31-5.	[NEW] (E)	312
158:85-2-7.	[NEW] (E)	441	365:10-31-6.	[NEW] (E)	313
158:85-2-8.	[NEW] (E)	441	365:10-31-7.	[NEW] (E)	313
158:85-2-9.	[RESERVED] (E)	442	365:25-3-1.	[AMENDED] (E)	25
158:85-2-10.	[RESERVED] (E)	442	365:25-3-14.	[AMENDED] (E)	29
158:85-2-11.	[RESERVED] (E)	442	377:3-1-34.	[AMENDED] (E)	391
158:85-2-12.	[RESERVED] (E)	442	377:3-13-39.	[AMENDED] (E)	392
158:85-2-13.	[RESERVED] (E)	442	377:3-13-43.	[AMENDED] (E)	393
158:85-2-14.	[RESERVED] (E)	442	377:3-13-88.	[AMENDED] (E)	396
158:85-2-15.	[NEW] (E)	442	377:3-17-29.	[AMENDED] (E)	399
158:85-3-1.	[NEW] (E)	442	377:10-1-8.	[AMENDED] (E)	399
158:85-3-2.	[NEW] (E)	442	377:10-7-3.2.	[AMENDED] (E)	401
158:85-3-4.	[NEW] (E)	443	377:10-7-30.	[AMENDED] (E)	402
158:85-5-1.	[NEW] (E)	443	377:15-11-3.	[AMENDED] (E)	402
158:85-5-2.	[NEW] (E)	443	377:25-3-1.	[AMENDED] (E)	405
158:85-5-3.	[NEW] (E)	443	377:25-3-2.	[AMENDED] (E)	405
158:85-5-4.	[NEW] (E)	444	435:10-7-12.	[AMENDED] (E)	97
158:85-5-5.	[NEW] (E)	444	450:17-1-2.	[AMENDED] (E)	456
158:85-9-1.	[NEW] (E)	445	450:17-5-140.	[NEW] (E)	462
158:85-9-2.	[NEW] (E)	445	450:17-5-141.	[NEW] (E)	462
158:85-9-3.	[NEW] (E)	445	450:17-5-142.	[NEW] (E)	462
158:85-9-4.	[NEW] (E)	446	450:17-5-143.	[NEW] (E)	463
158:85-10-1.	[NEW] (E)	449	450:17-5-144.	[NEW] (E)	463
158:85-11-1.	[NEW] (E)	450	450:17-5-145.	[NEW] (E)	463
158:85-11-2.	[NEW] (E)	450	450:17-5-146.	[NEW] (E)	463
158:85-13-1.	[NEW] (E)	451	450:17-5-147.	[NEW] (E)	464
158:85-13-2.	[NEW] (E)	451	450:17-5-148.	[NEW] (E)	464
158:85-13-3.	[NEW] (E)	452	450:17-5-149.	[NEW] (E)	464
210:10-1-18.	[AMENDED] (E)	19	450:17-5-150.	[NEW] (E)	464
210:10-13-23.	[NEW] (E)	452	450:17-5-151.	[NEW] (E)	465
210:15-4-1.	[REVOKED] (E)	5	450:17-5-152.	[NEW] (E)	465
210:15-4-2.	[REVOKED] (E)	5	450:17-5-153.	[NEW] (E)	465
210:15-4-3.	[REVOKED] (E)	6	450:17-5-154.	[NEW] (E)	465
210:15-34-1.	[AMENDED] (E)	7	450:17-5-155.	[NEW] (E)	465
210:20-9-105.	[NEW] (E)	23	450:17-5-156.	[NEW] (E)	466
260:60-3-2.	[AMENDED] (E)	455	450:17-5-157.	[NEW] (E)	466
317:30-5-241.	[AMENDED] (E)	225	450:17-5-158.	[NEW] (E)	466
317:30-5-250.	[NEW] (E)	230	450:17-5-159.	[NEW] (E)	466
317:30-5-251.	[NEW] (E)	230	450:17-5-160.	[NEW] (E)	466
317:30-5-252.	[NEW] (E)	230	450:17-5-161.	[NEW] (E)	467
317:30-5-253.	[NEW] (E)	232	450:17-5-162.	[NEW] (E)	467
317:30-5-254.	[NEW] (E)	232	450:17-5-163.	[NEW] (E)	467
317:30-5-276.	[AMENDED] (E)	226	450:27-1-2.	[AMENDED] (E)	469
317:30-5-281.	[AMENDED] (E)	227	450:27-7-21.	[AMENDED] (E)	471

450:27-9-1. [NEW] (E)	472	595:10-1-25. [AMENDED] (E)	33
450:27-9-2. [NEW] (E)	472	595:10-1-26. [AMENDED] (E)	34
450:27-9-3. [NEW] (E)	472	595:10-1-27. [AMENDED] (E)	34
450:27-9-4. [NEW] (E)	473	595:11-1-12. [AMENDED] (E)	35
450:27-9-5. [NEW] (E)	473	595:11-1-51. [AMENDED] (E)	36
450:27-9-6. [NEW] (E)	473	595:11-3-6. [AMENDED] (E)	37
450:27-9-7. [NEW] (E)	474	595:11-3-7. [AMENDED] (E)	38
450:27-9-8. [NEW] (E)	474	595:11-5-7. [AMENDED] (E)	38
450:27-9-9. [NEW] (E)	474	595:11-5-9. [AMENDED] (E)	39
450:27-9-10. [NEW] (E)	474	595:11-5-15. [AMENDED] (E)	39
450:27-9-11. [NEW] (E)	474	595:11-7-3. [AMENDED] (E)	40
450:27-9-12. [NEW] (E)	475	595:11-7-4. [AMENDED] (E)	41
450:27-9-13. [NEW] (E)	475	595:11-7-13. [AMENDED] (E)	41
450:27-9-14. [NEW] (E)	475	715:1-1-19. [NEW] (E)	8
450:27-9-15. [NEW] (E)	475	765:40-1-1. [NEW] (E)	98
450:27-9-16. [NEW] (E)	475	765:40-1-2. [NEW] (E)	98
450:27-9-17. [NEW] (E)	476	765:40-1-3. [NEW] (E)	98
450:27-9-18. [NEW] (E)	476	765:40-1-4. [NEW] (E)	98
450:27-9-19. [NEW] (E)	476	765:40-1-5. [NEW] (E)	99
450:27-9-20. [NEW] (E)	476	765:40-1-6. [NEW] (E)	99
450:27-9-21. [NEW] (E)	477	765:40-1-7. [NEW] (E)	99
450:27-9-22. [NEW] (E)	477	765:40-1-8. [NEW] (E)	99
450:27-9-23. [NEW] (E)	477	765:40-3-1. [NEW] (E)	99
450:27-9-24. [NEW] (E)	477	765:40-3-2. [NEW] (E)	100
450:55-1-2. [AMENDED] (E)	479	765:40-5-1. [NEW] (E)	100
450:55-25-1. [NEW] (E)	481	765:40-5-2. [NEW] (E)	100
450:55-25-2. [NEW] (E)	481	770:1-1-1. [AMENDED] (E)	101
450:55-25-3. [NEW] (E)	481	770:1-3-2. [AMENDED] (E)	101
450:55-25-4. [NEW] (E)	482	770:1-5-1. [AMENDED] (E)	101
450:55-25-5. [NEW] (E)	482	770:10-1-3. [AMENDED] (E)	102
450:55-25-6. [NEW] (E)	482	770:10-1-4. [AMENDED] (E)	102
450:55-25-7. [NEW] (E)	482	770:10-3-1. [AMENDED] (E)	103
450:55-25-8. [NEW] (E)	483	770:15-1-1. [AMENDED] (E)	105
450:55-25-9. [NEW] (E)	483	770:15-3-1. [AMENDED] (E)	105
450:55-25-10. [NEW] (E)	483	770:15-3-2. [AMENDED] (E)	106
450:55-25-11. [NEW] (E)	483	770:15-5-1. [AMENDED] (E)	106
450:55-25-12. [NEW] (E)	483	800:10-1-3. [AMENDED] (E)	264
450:55-25-13. [NEW] (E)	484	800:10-1-4. [AMENDED] (E)	264
450:55-25-14. [NEW] (E)	484	800:10-1-5. [AMENDED] (E)	265
450:55-25-15. [NEW] (E)	484	800:10-3-5. [AMENDED] (E)	266
450:55-25-16. [NEW] (E)	484	800:10-5-2. [AMENDED] (E)	269
450:55-25-17. [NEW] (E)	484	800:10-5-3. [AMENDED] (E)	53
450:55-25-18. [NEW] (E)	485	800:25-37-1. [AMENDED] (E)	271
450:55-25-19. [NEW] (E)	485	800:25-37-2. [AMENDED] (E)	271
450:55-25-20. [NEW] (E)	485	800:25-37-3. [REVOKED] (E)	271
450:55-25-21. [NEW] (E)	485	800:25-37-4. [AMENDED] (E)	271
450:55-25-22. [NEW] (E)	486	800:25-37-5. [AMENDED] (E)	271
450:55-25-23. [NEW] (E)	486		

Agency/Title Index

[Assigned as of 2-2-15]

Agency	Title	Agency	Title
Oklahoma ABSTRACTORS Board	5	Board of Regents of EASTERN Oklahoma State College (<i>exempted 11-1-98</i>)	205
Oklahoma ACCOUNTANCY Board	10	EDGE Fund Policy Board	208
State ACCREDITING Agency	15	State Department of EDUCATION	210
AD Valorem Task Force (<i>abolished 7-1-93</i>)	20	EDUCATION Oversight Board (<i>merged under Office of Educational Quality and Accountability 7-1-14 - See Title 218</i>)	215
Oklahoma AERONAUTICS Commission	25	Office of EDUCATIONAL Quality and Accountability	218
Board of Regents for the Oklahoma AGRICULTURAL and Mechanical Colleges (<i>exempted 11-1-98</i>)	30	Oklahoma EDUCATIONAL Television Authority	220
Oklahoma Department of AGRICULTURE , Food, and Forestry	35	[RESERVED]	225
Oklahoma Board of Licensed ALCOHOL and Drug Counselors	38	State ELECTION Board	230
Board of Tests for ALCOHOL and Drug Influence	40	Oklahoma FUNERAL Board (<i>Formerly: Oklahoma State Board of</i>	
ALCOHOLIC Beverage Laws Enforcement Commission	45	EMBALMERS and Funeral Directors)	235
ANATOMICAL Board of the State of Oklahoma	50	Oklahoma Department of EMERGENCY Management (<i>Formerly: Department of CIVIL Emergency Management - See Title 145</i>)	
Board of Governors of the Licensed ARCHITECTS , Landscape Architects and Registered Interior Designers of Oklahoma (<i>Formerly: Board of Governors of the Licensed ARCHITECTS and Landscape Architects of Oklahoma; and Board of Governors of the Licensed ARCHITECTS, Landscape Architects and Interior Designers of Oklahoma</i>)	55	Oklahoma EMPLOYMENT Security Commission	240
ARCHIVES and Records Commission	60	Oklahoma ENERGY Resources Board	243
Board of Trustees for the ARDMORE Higher Education Program (<i>exempted 11-1-98</i>)	65	State Board of Licensure for Professional ENGINEERS and Land Surveyors (<i>Formerly: State Board of Registration for Professional ENGINEERS and Land Surveyors</i>)	245
Oklahoma ARTS Council	70	Board of Trustees for the ENID Higher Education Program (<i>exempted 11-1-98</i>)	250
Oklahoma State ATHLETIC Commission (<i>Formerly: Oklahoma Professional BOXING Commission</i>) - <i>See Title 92</i>		Department of ENVIRONMENTAL Quality	252
ATTORNEY General	75	State Board of EQUALIZATION	255
State AUDITOR and Inspector	80	ETHICS Commission (<i>Title revoked</i>)	257
State BANKING Department	85	ETHICS Commission	258
State Board of BEHAVIORAL Health Licensure	86	Office of MANAGEMENT and Enterprise Services (<i>Formerly: Office of State FINANCE</i>)	260
Oklahoma State Employees BENEFITS Council	87	State FIRE Marshal Commission	265
Council of BOND Oversight	90	Oklahoma Council on FIREFIGHTER Training	268
Oklahoma State ATHLETIC Commission (<i>Formerly: Oklahoma Professional BOXING Commission</i>)	92	Oklahoma FIREFIGHTERS Pension and Retirement System	270
State BURIAL Board (<i>abolished 7-1-92</i>)	95	[RESERVED]	275
[RESERVED]	100	FORENSIC Review Board	277
Oklahoma CAPITAL Investment Board	105	State Board of Registration for FORESTERS	280
Oklahoma CAPITOL Improvement Authority	110	FOSTER Care Review Advisory Board	285
State CAPITOL Preservation Commission	115	Oklahoma FUNERAL Board (<i>Formerly: Oklahoma State Board of</i>	
CAPITOL-MEDICAL Center Improvement and Zoning Commission	120	Embalmers and Funeral Directors) - <i>See Title 235</i>	
Oklahoma Department of CAREER and Technology Education (<i>Formerly: Oklahoma Department of VOCATIONAL and Technical Education</i>) - <i>See Title 780</i>		Oklahoma FUTURES	290
Board of Regents of CARL Albert State College (<i>exempted 11-1-98</i>)	125	GOVERNOR (<i>See also Title 1, Executive Orders</i>)	295
Department of CENTRAL Services (<i>Formerly: Office of PUBLIC Affairs</i>) - <i>See Title 580</i>		GRAND River Dam Authority	300
CEREBRAL Palsy Commission	130	Group Self-Insurance Association GUARANTY Fund Board	302
Commission on CHILDREN and Youth	135	Individual Self-Insured GUARANTY Fund Board	303
Board of CHIROPRACTIC Examiners	140	STATE Use Committee (<i>Formerly: Committee on Purchases of Products and Services of the Severely HANDICAPPED</i>)	304
Oklahoma Department of EMERGENCY Management (<i>Formerly: Department of CIVIL Emergency Management</i>)	145	Office of DISABILITY Concerns (<i>Formerly: Office of HANDICAPPED Concerns</i>)	305
Oklahoma Department of COMMERCE	150	Oklahoma State Department of HEALTH	310
COMMUNITY Hospitals Authority	152	Oklahoma Basic HEALTH Benefits Board (<i>abolished 11-1-97</i>)	315
COMPSOURCE Oklahoma (<i>Formerly: State INSURANCE Fund</i>) - <i>See Title 370</i>		Oklahoma HEALTH Care Authority	317
Oklahoma CONSERVATION Commission	155	HIGHWAY Construction Materials Technician Certification Board	318
CONSTRUCTION Industries Board	158	Oklahoma HISTORICAL Society	320
Department of CONSUMER Credit	160	Oklahoma HORSE Racing Commission	325
CORPORATION Commission	165	Oklahoma HOUSING Finance Agency	330
Department of CORRECTIONS	170	Oklahoma HUMAN Rights Commission	335
State Board of COSMETOLOGY and Barbering	175	Department of HUMAN Services	340
Oklahoma State CREDIT Union Board	180	Committee for INCENTIVE Awards for State Employees	345
CRIME Victims Compensation Board	185	Oklahoma INDIAN Affairs Commission	350
Joint CRIMINAL Justice System Task Force Committee	190	Oklahoma INDIGENT Defense System	352
Board of DENTISTRY	195	Oklahoma INDUSTRIAL Finance Authority	355
Oklahoma DEVELOPMENT Finance Authority	200	INJURY Review Board	357
Office of DISABILITY Concerns (<i>Formerly: Office of HANDICAPPED Concerns</i>) - <i>See Title 305</i>		Oklahoma State and Education Employees Group INSURANCE Board	360
		INSURANCE Department	365
		COMPSOURCE Oklahoma (<i>Formerly: State INSURANCE Fund</i>)	370
		Oklahoma State Bureau of INVESTIGATION	375
		Council on JUDICIAL Complaints	376
		Office of JUVENILE Affairs	377

Agency	Title	Agency	Title
Department of LABOR	380	Board of Regents of ROSE State College (<i>exempted 11-1-98</i>)	620
Department of the Commissioners of the LAND Office	385	Oklahoma SAVINGS and Loan Board (<i>abolished 7-1-93</i>)	625
Council on LAW Enforcement Education and Training	390	SCENIC Rivers Commission	630
Oklahoma LAW Enforcement Retirement System	395	Oklahoma Commission on SCHOOL and County Funds	
Board on LEGISLATIVE Compensation	400	Management	635
Oklahoma Department of LIBRARIES	405	Advisory Task Force on the Sale of SCHOOL Lands (<i>functions</i>	
LIEUTENANT Governor	410	<i>concluded 2-92</i>)	640
Oklahoma LINKED Deposit Review Board	415	The Oklahoma School of SCIENCE and Mathematics	645
Oklahoma LIQUEFIED Petroleum Gas Board	420	Oklahoma Center for the Advancement of SCIENCE and	
Oklahoma LIQUEFIED Petroleum Gas Research, Marketing and Safety		Technology	650
Commission	422	SECRETARY of State	655
LITERACY Initiatives Commission	425	Department of SECURITIES	660
LONG-RANGE Capital Planning Commission	428	Board of Regents of SEMINOLE State College (<i>exempted</i>	
Oklahoma State Board of Examiners for LONG-TERM Care		<i>11-1-98</i>)	665
Administrators (<i>Formerly</i> : Oklahoma State Board of Examiners		SHEEP and Wool Commission	670
for NURSING Home Administrators) - <i>See</i> Title 490		State Board of Licensed SOCIAL Workers	675
LOTTERY Commission, Oklahoma	429	SOUTHERN Growth Policies Board	680
Board of Trustees for the MCCURTAIN County Higher Education		Oklahoma SOYBEAN Commission (<i>abolished 7-1-97</i>)	685
Program (<i>exempted 11-1-98</i>)	430	Board of Examiners for SPEECH-LANGUAGE Pathology and	
Office of MANAGEMENT and Enterprise Services (<i>Formerly</i> : Office		Audiology (<i>Formerly</i> : Board of Examiners for SPEECH	
of State FINANCE) - <i>See</i> Title 260		Pathology and Audiology)	690
Commission on MARGINALLY Producing Oil and Gas Wells	432	STATE Employee Charitable Contributions, Oversight	
State Board of MEDICAL Licensure and Supervision	435	Committee for (<i>Formerly</i> : STATE Agency	
MEDICAL Technology and Research Authority of Oklahoma	440	Review Committee)	695
Board of MEDICOLEGAL Investigations	445	STATE Use Committee (<i>Formerly</i> : Committee on Purchases of Products	
Department of MENTAL Health and Substance Abuse Services	450	and Services of the Severely HANDICAPPED) - <i>See</i> Title 304	
MERIT Protection Commission	455	Oklahoma STUDENT Loan Authority	700
MILITARY Planning Commission, Oklahoma Strategic	457	TASK Force 2000	705
Department of MINES	460	Oklahoma TAX Commission	710
Oklahoma MOTOR Vehicle Commission	465	Oklahoma Commission for TEACHER Preparation (<i>merged under</i>	
Board of Regents of MURRAY State College (<i>exempted 11-1-98</i>)	470	<i>Office of Educational Quality and Accountability 7-1-14 - See Title</i>	
Oklahoma State Bureau of NARCOTICS and Dangerous Drugs		<i>218</i>)	712
Control	475	TEACHERS' Retirement System	715
Board of Regents of NORTHERN Oklahoma College (<i>exempted</i>		State TEXTBOOK Committee	720
<i>11-1-98</i>)	480	TOBACCO Settlement Endowment Trust Fund	723
Oklahoma Board of NURSING	485	Oklahoma TOURISM and Recreation Department	725
Oklahoma State Board of Examiners for LONG-TERM Care		Department of TRANSPORTATION	730
Administrators (<i>Formerly</i> : Oklahoma State Board of Examiners		Oklahoma TRANSPORTATION Authority (<i>Name changed to</i>	
for NURSING Home Administrators)	490	Oklahoma TURNPIKE Authority <i>11-1-05</i>) - <i>See</i> Title 731	
Board of Regents of OKLAHOMA City Community College (<i>exempted</i>		Oklahoma TURNPIKE Authority (<i>Formerly</i> : Oklahoma	
<i>11-1-98</i>)	495	TRANSPORTATION Authority AND Oklahoma TURNPIKE	
Board of Regents of OKLAHOMA Colleges (<i>exempted 11-1-98</i>)	500	Authority) - <i>See</i> also Title 745	731
Board of Examiners in OPTOMETRY	505	State TREASURER	735
State Board of OSTEOPATHIC Examiners	510	Board of Regents of TULSA Community College (<i>exempted</i>	
PARDON and Parole Board	515	<i>11-1-98</i>)	740
Oklahoma PEANUT Commission	520	Oklahoma TURNPIKE Authority (<i>Name changed to Oklahoma</i>	
Oklahoma State PENSION Commission	525	TRANSPORATION Authority <i>11-1-99 - no rules enacted in this</i>	
State Board of Examiners of PERFUSIONISTS	527	<i>Title - See</i> Title 731)	745
Office of PERSONNEL Management	530	Oklahoma UNIFORM Building Code Commission	748
Board of Commercial PET Breeders	532	Board of Trustees for the UNIVERSITY Center at Tulsa (<i>exempted</i>	
Oklahoma State Board of PHARMACY	535	<i>11-1-98</i>)	750
PHYSICIAN Manpower Training Commission	540	UNIVERSITY Hospitals Authority	752
Board of PODIATRIC Medical Examiners	545	UNIVERSITY Hospitals Trust	753
Oklahoma POLICE Pension and Retirement System	550	Board of Regents of the UNIVERSITY of Oklahoma (<i>exempted</i>	
State Department of POLLUTION Control (<i>abolished 1-1-93</i>)	555	<i>11-1-98</i>)	755
POLYGRAPH Examiners Board	560	Board of Regents of the UNIVERSITY of Science and Arts	
Oklahoma Board of PRIVATE Vocational Schools	565	of Oklahoma (<i>exempted 11-1-98</i>)	760
State Board for PROPERTY and Casualty Rates		Oklahoma USED Motor Vehicle and Parts Commission	765
(<i>abolished 7-1-06; see also Title 365</i>)	570	Oklahoma Department of VETERANS Affairs	770
State Board of Examiners of PSYCHOLOGISTS	575	Board of VETERINARY Medical Examiners	775
Department of CENTRAL Services (<i>Formerly</i> : Office of PUBLIC		Statewide VIRTUAL Charter School Board	777
Affairs)	580	Oklahoma Department of CAREER and Technology Education	
PUBLIC Employees Relations Board	585	(<i>Formerly</i> : Oklahoma Department of VOCATIONAL and	
Oklahoma PUBLIC Employees Retirement System	590	Technical Education)	780
Department of PUBLIC Safety	595	Oklahoma WATER Resources Board	785
REAL Estate Appraiser Board	600	Board of Regents of WESTERN Oklahoma State College (<i>exempted</i>	
Oklahoma REAL Estate Commission	605	<i>11-1-98</i>)	790
Board of Regents of REDLANDS Community College (<i>exempted</i>		Oklahoma WHEAT Commission	795
<i>11-1-98</i>)	607	Department of WILDLIFE Conservation	800
State REGENTS for Higher Education	610	WILL Rogers and J.M. Davis Memorials Commission	805
State Department of REHABILITATION Services	612	Oklahoma WORKERS' Compensation Commission	810
Board of Regents of ROGERS State College (<i>exempted 11-1-98</i>)	615		

Notices of Rulemaking Intent

Prior to adoption and gubernatorial/legislative review of a proposed PERMANENT rulemaking action, an agency must publish a Notice of Rulemaking Intent in the *Register*. In addition, an agency may publish a Notice of Rulemaking Intent in the *Register* prior to adoption of a proposed EMERGENCY or PREEMPTIVE rulemaking action.

A Notice of Rulemaking Intent announces a comment period, or a comment period and public hearing, and provides other information about the intended rulemaking action as required by law, including where copies of proposed rules may be obtained.

For additional information on Notices of Rulemaking Intent, see 75 O.S., Section 303.

TITLE 160. DEPARTMENT OF CONSUMER CREDIT **CHAPTER 75. CONSUMER LITIGATION FUNDING**

[OAR Docket #15-01]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

Subchapter 1. General Provisions [NEW]

160:75-1-1 [NEW]

160:75-1-2 [NEW]

160:75-1-3 [NEW]

Subchapter 3. Licensing [NEW]

160:75-3-1 [NEW]

160:75-3-2 [NEW]

160:75-3-3 [NEW]

160:75-3-4 [NEW]

Subchapter 5. Records [NEW]

160:75-5-1 [NEW]

Subchapter 7. Complaints and Investigations [NEW]

160:75-7-1 [NEW]

160:75-7-2 [NEW]

Subchapter 9. Forms [NEW]

160:75-9-1 [NEW]

Appendix A. Consumer Litigation Funding Agreement Model Form [NEW]

SUMMARY:

The proposed rules implement the Consumer Litigation Funding Act, 14A O.S. §§ 3-801-3-817. The proposed rules regarding Subchapter 1, General Provisions, state the purpose of the rules and includes a severability provision and a definitions section.

The proposed rules regarding Subchapter 3, Licensing, establish requirements for a license application. The proposed rules also establish license renewal requirements and procedures for license changes and address changes.

The proposed rules regarding Subchapter 5, Records, establish a minimum time period for maintaining records. The proposed rules also specify that records may be maintained in an electronic format.

The proposed rules regarding Subchapter 7, Complaints and Investigations, specify the required content for complaints. The proposed rules establish a time period for the production of information in connection with an investigation. The proposed rules also authorize the production of information in

connection with an investigation to be made by electronic mail, United States mail or courier service.

The proposed rules regarding Subchapter 9, Forms, state that the Administrator may publish a consumer litigation funding agreement model form. The proposed rule further specifies that the utilization of the consumer litigation funding agreement model form by a consumer litigation funder creates a presumption that the required disclosures of the Consumer Litigation Funding Act have been provided.

The proposed rules also include a consumer litigation funding agreement model form as an appendix. The model form includes the disclosures required to be provided by consumer litigation funders to consumers.

AUTHORITY:

Administrator of Consumer Credit; 14A O.S. § 3-816.

COMMENT PERIOD:

Written and oral comments will be accepted during the period of February 2, 2015 through March 4, 2015. Comments may be submitted to Roy John Martin, General Counsel, Department of Consumer Credit, 3613 N.W. 56th Street, Suite 240, Oklahoma City, Oklahoma 73112 or via email at rmartin@okdocc.ok.gov.

PUBLIC HEARING:

A public hearing regarding the proposed rules will be held at 9:30 a.m. on Wednesday, March 4, 2015 at the Department of Consumer Credit, 3613 N.W. 56th Street, Suite 240, Oklahoma City, Oklahoma 73112.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

Business entities affected by the proposed rules are requested to provide the agency with information, in dollar amounts if possible, about the increase in the level of direct costs, indirect costs, or other costs expected to be incurred by the business entity due to compliance with the proposed rules. Business entities may submit this information in writing during the period of February 2, 2015 through March 4, 2015 at the above address.

COPIES OF PROPOSED RULES:

Copies of the proposed rules may be obtained from the Department of Consumer Credit, 3613 N.W. 56th Street, Suite 240, Oklahoma City, OK 73112 or the Department of Consumer Credit Internet website at www.ok.gov/okdocc/Rules_and_Actions/index.html.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S. § 303(D), a rule impact statement will be prepared and will be available on and after February 17, 2015 at the same locations listed above for reviewing and obtaining copies of the proposed rules.

Notices of Rulemaking Intent

CONTACT PERSON:

Roy John Martin, General Counsel, Department of Consumer Credit, 3613 N.W. 56th Street, Suite 240, Oklahoma City, OK 73112, 405-522-4665, rmartin@okdccc.ok.gov.

[OAR Docket #15-01; filed 1-6-15]

TITLE 260. OFFICE OF MANAGEMENT AND ENTERPRISE SERVICES CHAPTER 75. FLEET MANAGEMENT DEPARTMENT

[OAR Docket #15-11]

RULEMAKING ACTION:

Notice of proposed permanent rulemaking

PROPOSED RULES:

- 260:75-1-1. General Provisions [AMENDED]
- 260:75-1-2. Vehicle inventory control [AMENDED]
- 260:75-1-4. Use of state owned and leased vehicles [AMENDED]
- 260:75-1-5. ~~Service, lease and rental rates~~Rates [AMENDED]
- 260:75-1-6. Daily rental reservations and monthly lease assignments [AMENDED]
- 260:75-1-7. ~~Fuel Gasoline and oil~~ purchases [AMENDED]
- 260:75-1-8. Wrecker service, on-the-road breakdown and repairs [AMENDED]
- 260:75-1-9. Other credit and cash purchases [AMENDED]
- 260:75-1-10. Care and maintenance of vehicles [AMENDED]

SUMMARY:

The purpose of this proposed rulemaking action is to streamline processes, to correct citations and scrivener's errors, and to improve the clarity of the rules. Changes may also be made to reduce administrative burdens on state agencies where possible.

AUTHORITY:

74 O.S. §78; Director of the Office of Management and Enterprise Services

COMMENT PERIOD:

Persons may submit written and oral comments to Kimberlee Williams at Kimberlee.Williams@omes.ok.gov during the period from February 2, 2015 through March 6, 2015.

PUBLIC HEARING:

A public hearing has been scheduled for 9:00 a.m. March 6, 2015 at the offices of the Division of Capital Assets Management, 2401 N. Lincoln Blvd (Will Rogers Building), Conference Room 216, Oklahoma City, OK.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

This proposed rulemaking action is not intended to impose costs on business entities.

COPIES OF PROPOSED RULES:

Copies of the proposed rule may be obtained by written request directed to Kimberlee.Williams@omes.ok.gov.

RULE IMPACT STATEMENT:

As required by 75 O.S. §303(D), a rule impact statement will be available beginning February 2, 2015.

CONTACT PERSON:

Kimberlee Williams, (405) 522-3615 or Kimberlee.Williams@omes.ok.gov.

[OAR Docket #15-11; filed 1-7-15]

TITLE 330. OKLAHOMA HOUSING FINANCE AGENCY CHAPTER 30. RESIDENTIAL RENTAL MULTIFAMILY BOND PROGRAM RULES

[OAR Docket #15-12]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

Chapter 30. Residential Rental Multifamily Bond Program Rules [AMENDED]

SUMMARY:

OHFA conducts programs, transactions and activities relating to the financing of residential multifamily rental property and cooperatives with tax exempt debt and/or taxable debt. The Chapter 30. Residential Rental Multifamily Bond Program Rules (Rules) are intended to provide Sponsors and Owners seeking bond financing through the issuance of multifamily revenue bonds by OHFA with guidance in preparing an application for OHFA's consideration and in operating projects approved for financing. The Rules establish certain minimum criteria for evaluating proposed projects and other Program requirements. The Rules do not interpret or reference any related rules or statute. These Rules establish certain minimum criteria for evaluating proposed projects and other Program requirements.

AUTHORITY:

These Chapter 30 Rules are authorized by the Board of Trustees of the Oklahoma Housing Finance Agency ("OHFA"), the amended trust indenture of OHFA, and the Bylaws of OHFA as established by the OHFA Board of Trustees.

COMMENT PERIOD:

Persons wishing to present their views orally or in writing may submit written or oral comments to Darrell Beavers, Housing Development Program Supervisor, or Pamela Miller, Housing Finance Analyst, at Oklahoma Housing Finance Agency by 4:00 PM on or before March 6, 2015. Written comments should be sent to Oklahoma Housing Finance Agency, Post Office Box 26720, Oklahoma City, Oklahoma 73126-0720, Attn: Pam Miller

PUBLIC HEARING:

A public hearing will be held: March 5, 2015 at 10:00 AM, at the offices of OHFA, 100 NW 63rd, Oklahoma City, OK 73126, in the Will Rogers Room. All interested persons are invited to attend and present their views.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

OHFA requests that all business entities, developers, contractors, applicants, etc., provide OHFA on or before, March 6, 2015, in dollar amounts, if possible, the level of costs (indirect or direct including reporting, record keeping, etc.) expected to be incurred due to compliance with the proposed amendments.

COPIES OF PROPOSED RULES:

Copies of the Proposed Rules are available on the OHFA website located at ohfa.org or are available at the Oklahoma Housing Finance Agency, 100 Northwest 63rd, Post Office Box 26720, Oklahoma City, Oklahoma 73126-0720. Persons requesting more than one (1) copy of these proposed rules will be charged \$5.00 per copy.

RULE IMPACT STATEMENT:

A rule impact statement will be issued and made available on or before February 17, 2015 at the offices of OHFA.

CONTACT PERSON:

Darrell Beavers, Housing Development Program Supervisor, 1-(405)-419-8261 or Pamela Miller, Housing Finance Analyst, 1-(405)-419-8134.

[OAR Docket #15-12; filed 1-8-15]

**TITLE 365. INSURANCE DEPARTMENT
CHAPTER 1. ADMINISTRATIVE
OPERATIONS**

[OAR Docket #15-22]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking
PROPOSED RULES:

- Subchapter 9. Description of Forms and Instructions
- 365:1-9-2. Deposit of securities forms [AMENDED]
- 365:1-9-18. Bail bond forms [AMENDED]

SUMMARY:

The amendments to 365:1-9-2 and 365:1-9-18 both reflect a legislative change made by SB 1319 in 2014. Company deposits are no longer held at the State Treasurer's office, but are held at the Oklahoma Insurance Department. These amendments simply remove the references to the State Treasurer's office. 365:1-9-18 is also amended to include multicounty agent bondsmen, which is a license created by new law in 2014.

AUTHORITY:

Insurance Commissioner, 36 O.S. §§ 307.1; 59 O.S. § 1302

COMMENT PERIOD:

Written or oral comments regarding the proposed rule amendments shall be received on or before 5:00 p.m. on March 4, 2015. Comments shall be directed to Buddy Combs, Director of Public Policy and Assistant General Counsel, Oklahoma Insurance Department, Five Corporate Plaza, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112.

PUBLIC HEARING:

A public hearing regarding the proposed rule amendments will be held March 5, 2015, at 1:30 p.m. at the Oklahoma Insurance Department, Five Corporate Plaza, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112.

REQUEST FOR COMMENTS FROM BUSINESS ENTITIES:

Business entities are requested to provide any increase in costs expected to be incurred due to compliance with the proposed rules. The comments shall be submitted to Buddy Combs, Director of Public Policy and Assistant General Counsel, Oklahoma Insurance Department, at the mailing address above on or before 5:00 p.m. on March 4, 2015.

COPIES OF PROPOSED RULES:

Copies of the proposed rule amendments may be inspected at the Oklahoma Insurance Department at the physical address listed above. Office hours are from 8:00 a.m. through 5:00 p.m., Monday through Friday. Copies of the rules may also be inspected and obtained on the Insurance Department's website at www.ok.gov/oid.

RULE IMPACT STATEMENT:

A rule impact statement will be available on and after February 2, 2015, in accordance with 75 O.S. § 303(D). A copy of the statement may be obtained at the physical address above.

CONTACT PERSON:

Buddy Combs, Director of Public Policy and Assistant General Counsel, (405) 522-4609.

[OAR Docket #15-22; filed 1-8-15]

**TITLE 365. INSURANCE DEPARTMENT
CHAPTER 10. LIFE, ACCIDENT AND
HEALTH**

[OAR Docket #15-23]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking
PROPOSED RULES:

- Subchapter 1. General Provisions
- Part 1. General Provisions
- 365:10-1-13. Notification required upon rejection [REVOKED]
- 365:10-1-15. Eliminating unfair discrimination on basis of children as single applicants [REVOKED]
- Subchapter 3. Advertising
- Part 1. Accident and Health Insurance
- 365:10-3-3. Definitions [AMENDED]

Notices of Rulemaking Intent

Part 3. Life Insurance Advertising

365:10-3-31. Definitions [AMENDED]

Subchapter 9. Annuities

Part 1. New Annuity Mortality Table for Use in Determining Reserve Liabilities for Annuities

365:10-9-1. Purpose [AMENDED]

365:10-9-2. Definitions [AMENDED]

365:10-9-3. Individual annuity or pure endowment contracts [AMENDED]

365:10-9-3.1. Application of the 2012 IAR Mortality Table [NEW]

Subchapter 31. Navigators and Navigator Entities [NEW]

365:10-31-1. Purpose [NEW]

365:10-31-2. Scope [NEW]

365:10-31-3. Authority [NEW]

365:10-31-4. Individual navigator registration application, registration renewals, fees, and civil penalties [NEW]

365:10-31-5. Navigator entity registration application, registration renewals, fees, and civil penalties [NEW]

365:10-31-6. Individual navigator requirements [NEW]

365:10-31-7. Navigator entity requirements [NEW]

Appendix WW. 2012 IAM Period Table, Female, Age Nearest Birthday [NEW]

Appendix XX. 2012 IAM Period Table, Male, Age Nearest Birthday [NEW]

Appendix YY. Projection Scale G2, Female, Age Nearest Birthday [NEW]

Appendix ZZ. Projection Scale G2, Male, Age Nearest Birthday [NEW]

SUMMARY:

365:10-1-13 is revoked because the rule no longer has a statutory basis. 36 O.S. § 4509.2(C) was amended in 2014 to delete this requirement set out in the rule. Furthermore, 36 O.S. § 6533 was amended in 2014 to prohibit the issuance of health insurance through the Oklahoma Health Insurance High Risk Pool effective June, 2014, and all coverage terminated December 31, 2014. 365:10-1-15 is revoked because it is no longer necessary. Federal law no longer permits a health insurance carrier to deny coverage to an applicant of any age on the basis of pre-existing conditions. 365:10-3-3 and 365:10-3-31 are amended to include social media in the definition of advertisement. These two rules are also amended to correct formatting and numbering errors. An amendment to 365:10-3-31 also corrects a spelling error.

The amendments in Subchapter 9 address the National Association of Insurance Commissioners' December 2012 adoption of the revised Model Rule for Recognizing a New Annuity Mortality Table for Use in Determining Reserve Liabilities for Annuities. The revised model adds the 2012 Individual Annuity Reserving Mortality Table (2012 IAR Mortality Table). The amendments include (1) adding the 2012 IAR Mortality Table to the list of recognized mortality tables; (2) adding definitions for Period Table, Generational Mortality Table, 2012 IAR Mortality Table, 2012 IAM Period

Table, and Projection Scale G2; and (3) establishing when and how the 2012 IAR Mortality Table may be used. Four new appendices (WW, XX, YY, and ZZ) are added to reflect these changes.

In 2014, the regulation of navigators and navigator entities was placed under the authority of the Insurance Commissioner with the passage of HB 3286. Subchapter 31 sets out the rules to implement the provisions of that law, now codified in 36 O.S. §§ 1415.2-1415.5. Sections 1-3 set out the purpose, scope, and authority for the new rules. 365:10-31-4 sets out the process for individual navigators to register with the Oklahoma Insurance Department, required background checks, required fees, and the procedure in the event of a denial of a registration application. 365:10-31-5 sets out the process for navigator entities to register with the Oklahoma Insurance Department, required fees, and the procedure in the event of a denial of a registration application. 365:10-31-6 sets out the record keeping requirements for individual navigators and guidelines for dealing with private consumer information. 365:10-31-7 sets out the record keeping requirements for navigator entities and required reporting to the Commissioner.

AUTHORITY:

Insurance Commissioner, 36 O.S. §§ 307.1 and 1415.5

COMMENT PERIOD:

Written or oral comments regarding the proposed rule amendments shall be received on or before 5:00 p.m. on March 4, 2015. Comments shall be directed to Buddy Combs, Director of Public Policy and Assistant General Counsel, Oklahoma Insurance Department, Five Corporate Plaza, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112.

PUBLIC HEARING:

A public hearing regarding the proposed rule amendments will be held March 5, 2015, at 1:30 p.m. at the Oklahoma Insurance Department, Five Corporate Plaza, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112.

REQUEST FOR COMMENTS FROM BUSINESS ENTITIES:

Business entities are requested to provide any increase in costs expected to be incurred due to compliance with the proposed rules. The comments shall be submitted to Buddy Combs, Director of Public Policy and Assistant General Counsel, Oklahoma Insurance Department, at the mailing address above on or before 5:00 p.m. on March 4, 2015.

COPIES OF PROPOSED RULES:

Copies of the proposed rule amendments may be inspected at the Oklahoma Insurance Department at the physical address listed above. Office hours are from 8:00 a.m. through 5:00 p.m., Monday through Friday. Copies of the rules may also be inspected and obtained on the Insurance Department's website at www.ok.gov/oid.

RULE IMPACT STATEMENT:

A rule impact statement will be available on and after February 2, 2015, in accordance with 75 O.S. § 303(D). A copy of the statement may be obtained at the physical address above.

CONTACT PERSON:

Buddy Combs, Director of Public Policy and Assistant General Counsel, (405) 522-4609.

[OAR Docket #15-23; filed 1-8-15]

**TITLE 365. INSURANCE DEPARTMENT
CHAPTER 15. PROPERTY AND CASUALTY**

[OAR Docket #15-24]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

Subchapter 1. General Provisions

365:15-1-3. Property and casualty form filings [AMENDED]

365:15-1-3.1. Workers' compensation ~~medical—claims~~ ~~small~~ optional deductible form [AMENDED]

Subchapter 7. Property and Casualty Competitive Loss Cost Rating Regulation

365:15-7-3. Property and casualty rate, loss cost and manual rule filings [AMENDED]

Subchapter 9. Medical Professional Liability Rate Setting [REVOKED]

365:15-9-1. Purpose [REVOKED]

365:15-9-2. Severability [REVOKED]

365:15-9-3. Notice to Policyholders [REVOKED]

365:15-9-4. Certified Shorthand reporter [REVOKED]

365:15-9-5. Purchasing Groups [REVOKED]

365:15-9-6. Rating organizations [REVOKED]

365:15-9-6.1. Umbrella medical professional liability coverage [REVOKED]

365:15-9-7. Right to appeal [REVOKED]

365:15-9-8. Miscellaneous [REVOKED]

365:15-9-9. Rate change application is a public record [REVOKED]

365:15-9-10. Property and casualty rate, loss cost and manual rule filings [REVOKED]

365:15-9-11. Duration of filings [REVOKED]

365:15-9-12. Forms governed by Article 36 [REVOKED]

365:15-9-13. Group filings [REVOKED]

365:15-9-14. Independent filings [REVOKED]

365:15-9-15. Reference filings [REVOKED]

365:15-9-16. Members of or subscribers to a licensed advisory organization [REVOKED]

365:15-9-17. Resubmittal of disapproved or rejected filings- [REVOKED]

365:15-9-18. Statistical plans [REVOKED]

365:15-9-19. Outside Review [REVOKED]

365:15-9-20. Individual risk rating plans [REVOKED]

365:15-9-21. Waiver of Premium [REVOKED]

365:15-9-22. Withdrawal or discontinue writing [REVOKED]

Appendix B. Oklahoma Workers' Compensation Small Deductible Acceptance/Rejection Form [REVOKED]

Appendix B. Oklahoma Workers' Compensation Optional Deductible Acceptance/Rejection Form [NEW]

Appendix D. Format for Notification to Policyholders of Application for Rate Change [REVOKED]

SUMMARY:

The proposed revision to 365:15-1-3 eliminates the word "paper" because the Insurance Department is moving toward all filings being done electronically. 365:15-1-3.1 is amended to reflect a legislative change to the referenced statute. The proposed revision to 365:15-7-3 eliminates the word "paper" because the Insurance Department is moving toward all filings being done electronically.

The entirety of Subchapter 9 is revoked because the statutory basis for the rules, 36 O.S. § 6821, was repealed in HB 1512 in 2013.

Appendix B is revoked and re-passed to reflect a change to the authorizing statute.

Appendix D is revoked because the authorizing statute has been repealed.

AUTHORITY:

Insurance Commissioner; 36 O.S. §§ 307.1 and 987

COMMENT PERIOD:

Written or oral comments regarding the proposed rule amendments shall be received on or before 5:00 p.m. on March 4, 2015. Comments shall be directed to Buddy Combs, Director of Public Policy and Assistant General Counsel, Oklahoma Insurance Department, Five Corporate Plaza, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112.

PUBLIC HEARING:

A public hearing regarding the proposed rule amendments will be held March 5, 2015, at 1:30 p.m. at the Oklahoma Insurance Department, Five Corporate Plaza, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112.

REQUEST FOR COMMENTS FROM BUSINESS ENTITIES:

Business entities are requested to provide any increase in costs expected to be incurred due to compliance with the proposed rules. The comments shall be submitted to Buddy Combs, Director of Public Policy and Assistant General Counsel, Oklahoma Insurance Department, at the mailing address above on or before 5:00 p.m. on March 4, 2015.

COPIES OF PROPOSED RULES:

Copies of the proposed rule amendments may be inspected at the Oklahoma Insurance Department at the physical address listed above. Office hours are from 8:00 a.m. through 5:00 p.m., Monday through Friday. Copies of the rules may also be inspected and obtained on the Insurance Department's website at www.ok.gov/oid.

RULE IMPACT STATEMENT:

A rule impact statement will be available on and after February 2, 2015, in accordance with 75 O.S. § 303(D). A copy of the statement may be obtained at the physical address above.

Notices of Rulemaking Intent

CONTACT PERSON:

Buddy Combs, Director of Public Policy and Assistant General Counsel, (405) 522-4609.

[OAR Docket #15-24; filed 1-8-15]

TITLE 365. INSURANCE DEPARTMENT CHAPTER 20. TITLE INSURANCE

[OAR Docket #15-25]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

Subchapter 3. Oklahoma Title Insurance Policies
365:20-3-3. Documentation [AMENDED]

SUMMARY:

The proposed revision to 365:20-3-3 removes the words "and Inspector" as the State Auditor and Inspector no longer licenses abstractors. Abstractors are licensed by the State Abstractors Board.

AUTHORITY:

Insurance Commissioner; 36 O.S. § 307.1

COMMENT PERIOD:

Written or oral comments regarding the proposed rule amendments shall be received on or before 5:00 p.m. on March 4, 2015. Comments shall be directed to Buddy Combs, Director of Public Policy and Assistant General Counsel, Oklahoma Insurance Department, Five Corporate Plaza, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112.

PUBLIC HEARING:

A public hearing regarding the proposed rule amendments will be held March 5, 2015, at 1:30 p.m. at the Oklahoma Insurance Department, Five Corporate Plaza, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112.

REQUEST FOR COMMENTS FROM BUSINESS ENTITIES:

Business entities are requested to provide any increase in costs expected to be incurred due to compliance with the proposed rules. The comments shall be submitted to Buddy Combs, Director of Public Policy and Assistant General Counsel, Oklahoma Insurance Department, at the mailing address above on or before 5:00 p.m. on March 4, 2015.

COPIES OF PROPOSED RULES:

Copies of the proposed rule amendments may be inspected at the Oklahoma Insurance Department at the physical address listed above. Office hours are from 8:00 a.m. through 5:00 p.m., Monday through Friday. Copies of the rules may also be inspected and obtained on the Insurance Department's website at www.ok.gov/oid.

RULE IMPACT STATEMENT:

A rule impact statement will be available on and after February 2, 2015, in accordance with 75 O.S. § 303(D). A copy of the statement may be obtained at the physical address above.

CONTACT PERSON:

Buddy Combs, Director of Public Policy and Assistant General Counsel, (405) 522-4609.

[OAR Docket #15-25; filed 1-8-15]

TITLE 365. INSURANCE DEPARTMENT CHAPTER 25. LICENSURE OF ~~PRODUCERS, ADJUSTERS, BAIL BONDSMEN, COMPANIES, PREPAID FUNERAL BENEFITS, CEMETERY MERCHANDISE TRUSTS, AND VIATICAL SETTLEMENT PROVIDERS AND BROKERS~~ OTHER LICENSEES

[OAR Docket #15-26]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

Subchapter 3. Producers, Brokers, Limited Lines Producers and Vehicle Protection Product Warrantors

365:25-3-1. Insurance producers continuing education [AMENDED]

365:25-3-14. Insurance adjusters continuing education [AMENDED]

Subchapter 5. Bail Bondsmen

Part 5. General Provisions Pertaining to Bail Bondsmen

365:25-5-31. ~~Residence, business, mailing, and e-mail addresses~~ Information to be included on applications [AMENDED]

365:25-5-41. Special deposit [AMENDED]

365:25-5-44. Notice of return to custody [AMENDED]

365:25-5-48. Acts of a bail bondsman [NEW]

Subchapter 15. Captive Insurance Companies Regulation

365:25-15-2. Annual reporting requirements [AMENDED]

365:25-15-3. Annual Audit [AMENDED]

365:25-15-4. Independent Certified Public Accountant [AMENDED]

365:25-15-5. Deposit Requirement [AMENDED]

365:25-15-6. Organizational examination [AMENDED]

365:25-15-7. Reinsurance [AMENDED]

365:25-15-9. Executive officers and directors [AMENDED]

365:25-15-10. Conflict of interest [AMENDED]

365:25-15-11. Rescission of captive license [REVOKED]

365:25-15-12. Acquisition of control of or merger with domestic company [AMENDED]

365:25-15-13. Change of business [AMENDED]

365:25-15-14. Prior approval [AMENDED]

365:25-15-15. Severability Provision [REVOKED]

365:25-15-16. Consolidated or combined audits [NEW]

365:25-15-17. Sponsored captive shares and dividends [NEW]

365:25-15-18. Variable contracts [NEW]

365:25-15-19. Qualification of sponsors [NEW]

- 365:25-15-20. Sponsored captive and cell assets [NEW]
- 365:25-15-21. Delinquency of sponsored captive insurance companies [NEW]
- 365:25-15-22. Reinsurance of life insurance policies [NEW]
- 365:25-15-23. Dormant captive insurance companies [NEW]
- 365:25-15-24. Severability [NEW]
- Subchapter 19. Annuity Disclosure Regulation
- 365:25-19-3. Applicability and scope [AMENDED]
- Subchapter 25. Oklahoma Employee Injury Benefit Act [NEW]
- 365:25-25-1. Purpose [NEW]
- 365:25-25-2. Scope [NEW]
- 365:25-25-3. Authority [NEW]
- 365:25-25-4. Definitions [NEW]
- 365:25-25-5. Election notification to the Oklahoma Insurance Department [NEW]
- 365:25-25-6. Election fee [NEW]
- 365:25-25-7. Written benefit plan [NEW]
- 365:25-25-8. Employee notice [NEW]
- 365:25-25-9. Funding of Qualified Employer's benefit plan, liability, and other insurable risk [NEW]
- 365:25-25-10. Insuring Qualified Employer's benefit plan, liability, and other insurable risk [NEW]
- 365:25-25-11. Self-Funding Qualified Employer's benefit plan, liability, and other insurable risk [NEW]
- 365:25-25-12. Surety bond and irrevocable letter of credit [NEW]
- 365:25-25-13. Release of security deposit [NEW]
- 365:25-25-14. Oklahoma Option Self-Insured Guaranty Fund [NEW]
- 365:25-25-15. Severability [NEW]
- Subchapter 29. Pharmacy Benefits Managers [NEW]
- 365:25-29-1. Purpose [NEW]
- 365:25-29-2. Scope [NEW]
- 365:25-29-3. Authority [NEW]
- 365:25-29-4. Definitions [NEW]
- 365:25-29-5. Forms and contents of application for PBM license [NEW]
- 365:25-29-6. Surety bond [NEW]
- 365:25-29-7. License term, renewals, and fees [NEW]
- 365:25-29-8. PBM to file certain financial statements with the Commissioner [NEW]
- 365:25-29-9. Contractual requirements - maximum allowable cost [NEW]
- 365:25-29-10. Disclosure of price - reimbursement differential [NEW]
- 365:25-29-11. Penalty for noncompliance [NEW]
- 365:25-29-12. "Doing pharmacy benefits management business in this state" defined - venue - exceptions [NEW]
- Appendix Z. Notice to Employees Concerning Qualified Employer [NEW]

SUMMARY:

365:25-3-1 and 365:25-3-14 are amended to require insurance producers and adjusters to undergo at least 1 hour of continuing education regarding earthquake insurance every two years.

365:25-5-31 is amended to add telephone number and legal name to the list of information a bail bond license applicant must include on his or her application. 365:25-5-41 is amended to reflect a legislative change made by SB 1319 in 2014. Company deposits are no longer held at the State Treasurer's office, but are held at the Oklahoma Insurance Department. The amendment simply removes the references to the State Treasurer's office. 365:25-5-44 is amended to clean up a statutory reference. 365:25-5-48 provides a definition for the "acts of a bail bondsman" to give clarity to the provisions of 59 O.S. § 1311.3.

365:25-15-2 is amended to correct reporting requirements for pure captives and require an independent audit and opinion. 365:25-15-3 is amended to require an audit of annual report, an auditor to address material weaknesses and remedial actions, and to restate the audit exemption for small captive insurers. 365:25-15-4 is amended to provide the Commissioner with 90 additional days notice of selection of auditor, clarify definition of "working papers", and require the rotation of audit partners. 365:25-15-5 is amended to clarify Commissioners authority to require deposit of additional capital. The change to 365:25-15-6 broadens the Commissioner's discretion to plan an examination of captives. 365:25-15-7 is repealed as unnecessary. 365:25-15-9 is amended to provide exception to personal interest prohibition. 365:25-15-10 is amended to require adoption of conflict of interest policy and board disclosure. 365:25-15-11 is repealed because its provisions exist in statute. 365:25-15-12 is amended to correct statutory reference regarding change of control of captive. 365:25-15-13 is amended to delete exemption from prior approval requirement; defines "nature of the captive business" 365:25-15-14 is amended to change "forms as determined by the Commissioner" to "forms as prescribed by the Commissioner." 365:25-15-15 is repealed but the language is enacted again at the end of the Subchapter. 365:25-15-16 is a new section that provides for consolidated audits. 365:25-15-17 provides for incorporated protected cells, dividends on protected cell shares, and allows a sponsored captive insurer to act on behalf of protected cells. 365:25-15-18 provides for separate accounts for variable life and annuity contracts; compliance with 36 O.S. § 6061. 365:25-15-19 provides that "sponsor" of sponsored captive insurance company may be any person approved by the Commissioner; establishes criteria for qualification as "sponsor." 365:25-15-20 provides for distinction between assets of sponsored captive and assets of protected cells. 365:25-15-21 provides special rules for handling assets of protected cells and sponsored captive insurer in the event of insolvency. 365:25-15-22 establishes reserve requirements and the form of the annual report required of a captive insurance company that reinsures life insurance policies.

Notices of Rulemaking Intent

365:25-15-23 provides license status for pure captives that have ceased transacting and specifies requirements for "certificate of dormancy." 365:25-15-24 provides severability.

365:25-19-3 corrects a spelling error and adds annuities used to fund prepaid funeral benefits to the list of contracts exempted from the requirements of the Subchapter.

The new Subchapter 25 sets out the procedure and requirements for employers to elect to become a Qualified Employer under the Oklahoma Employee Injury Benefit Act, 85A O.S. § 200 et seq. Sections 365:25-25-1 through 3 set out the purpose, scope, and authority for promulgating these rules. Section 4 sets out the definitions of terms used in the Subchapter. Section 5 describes the process for an employer to elect to become a Qualified Employer. Section 6 sets out the fee for electing to become a Qualified Employer. Section 7 outlines the specific documents and information an employer must file along with its election form. Section 8 requires an Employee Notice be provided by employers electing to become a Qualified Employer, and provides specific instructions for the use and placement of the Notice. Section 9 sets out the ways in which a Qualified Employer may fund its benefit plan. Section 10 sets out the requirements for Qualified Employers choosing to insure its benefits payable under its benefit plan. Section 11 sets out the requirements for Qualified Employers choosing to self-fund its benefits payable under its benefit plan. Section 12 sets out the surety bond and letter of credit requirements for Qualified Employers. Section 13 sets out regulations regarding a Qualified Employer's security deposit and how and when that security deposit may be released. Section 14 sets out the procedure for the Commissioner to petition the Workers' Compensation Commission for its approval that the Commissioner release a Qualified Employer's security and notify the Oklahoma Property and Casualty Insurance Guaranty Association. Section 15 is a severability clause.

Subchapter 29, Sections 1-3 set out the purpose, scope, and authority for the new rules relating to pharmacy benefits managers. Section 4 sets out the definitions for terms used in the Subchapter. Section 5 mandates the form and required contents for applications for a PBM license. Section 6 sets out the surety bond requirements for PBM licensees. Section 7 sets out the length of the PBM license term, procedures for license renewals, fees for license renewals, and provides a procedure for a PBM to follow if the PBM's license renewal has been denied. Section 8 requires a PBM to annually file an audited financial statement with the Commissioner. Section 9 sets out the requirements for contracts between a PBM and a provider. Section 10 requires a PBM to disclose to providers the amount of rebates and other revenue received by the PBM from pharmaceutical manufacturers or labelers. Section 11 sets out the penalty for noncompliance with the terms of the statutes or rules related to PBM licensing. Section 12 provides a definition for "doing pharmacy benefits management in this state."

AUTHORITY:

Insurance Commissioner, 36 O.S. §§ 307.1, 1435.19, 1435.29, 6217; 59 O.S. §§ 358 and 1302; 85A O.S. § 202

COMMENT PERIOD:

Written or oral comments regarding the proposed rule amendments shall be received on or before 5:00 p.m. on March 4, 2015. Comments shall be directed to Buddy Combs, Director of Public Policy and Assistant General Counsel, Oklahoma Insurance Department, Five Corporate Plaza, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112.

PUBLIC HEARING:

A public hearing regarding the proposed rule amendments will be held March 5, 2015, at 1:30 p.m. at the Oklahoma Insurance Department, Five Corporate Plaza, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112.

REQUEST FOR COMMENTS FROM BUSINESS ENTITIES:

Business entities are requested to provide any increase in costs expected to be incurred due to compliance with the proposed rules. The comments shall be submitted to Buddy Combs, Director of Public Policy and Assistant General Counsel, Oklahoma Insurance Department, at the mailing address above on or before 5:00 p.m. on March 4, 2015.

COPIES OF PROPOSED RULES:

Copies of the proposed rule amendments may be inspected at the Oklahoma Insurance Department at the physical address listed above. Office hours are from 8:00 a.m. through 5:00 p.m., Monday through Friday. Copies of the rules may also be inspected and obtained on the Insurance Department's website at www.ok.gov/oid.

RULE IMPACT STATEMENT:

A rule impact statement will be available on and after February 2, 2015, in accordance with 75 O.S. § 303(D). A copy of the statement may be obtained at the physical address above.

CONTACT PERSON:

Buddy Combs, Director of Public Policy and Assistant General Counsel, (405) 522-4609.

[OAR Docket #15-26; filed 1-8-15]

TITLE 365. INSURANCE DEPARTMENT CHAPTER 40. HEALTH MAINTENANCE ORGANIZATIONS (HMO)

[OAR Docket #15-27]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

Subchapter 3. Financial

Part 1. HMO Forms and Instructions

365:40-3-2. Deposit of securities forms [AMENDED]

Subchapter 5. Life, Accident & Health Division and
Consumer Assistance and Claims Division Rules

Part 11. Coordination of Benefits

365:40-5-51. Definitions [AMENDED]

365:40-5-58. ~~Retroactivity~~ Applicability [AMENDED]

SUMMARY:

365:40-3-2 is amended to reflect a legislative change made by SB 1319 in 2014. Company deposits are no longer held at the State Treasurer's office, but are held at the Oklahoma Insurance Department. These amendments simply remove the references to the State Treasurer's office.

365:40-5-51 and 365:40-5-58 are amended to require coordination between individual and group health insurance products, as well as between group health insurance products, in order to prevent over-insurance of a person's health insurance risk. In turn, this will help keep premiums low for policyholders. An identical rule change was made in 2014 for PPOs. This rule brings HMOs in line with the same requirements.

AUTHORITY:

Insurance Commissioner, 36 O.S. § 307.1

COMMENT PERIOD:

Written or oral comments regarding the proposed rule amendments shall be received on or before 5:00 p.m. on March 4, 2015. Comments shall be directed to Buddy Combs, Director of Public Policy and Assistant General Counsel, Oklahoma Insurance Department, Five Corporate Plaza, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112.

PUBLIC HEARING:

A public hearing regarding the proposed rule amendments will be held March 5, 2015, at 1:30 p.m. at the Oklahoma Insurance Department, Five Corporate Plaza, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112.

REQUEST FOR COMMENTS FROM BUSINESS ENTITIES:

Business entities are requested to provide any increase in costs expected to be incurred due to compliance with the proposed rules. The comments shall be submitted to Buddy Combs, Director of Public Policy and Assistant General Counsel, Oklahoma Insurance Department, at the mailing address above on or before 5:00 p.m. on March 4, 2015.

COPIES OF PROPOSED RULES:

Copies of the proposed rule amendments may be inspected at the Oklahoma Insurance Department at the physical address listed above. Office hours are from 8:00 a.m. through 5:00 p.m., Monday through Friday. Copies of the rules may also be inspected and obtained on the Insurance Department's website at www.ok.gov/oid.

RULE IMPACT STATEMENT:

A rule impact statement will be available on and after February 2, 2015, in accordance with 75 O.S. § 303(D). A copy of the statement may be obtained at the physical address above.

CONTACT PERSON:

Buddy Combs, Director of Public Policy and Assistant General Counsel, (405) 522-4609.

[OAR Docket #15-27; filed 1-8-15]

**TITLE 390. COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING
CHAPTER 10. PEACE OFFICER CERTIFICATION**

[OAR Docket #15-02]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

390:10-1-3 [AMENDED]

390:10-1-5 [AMENDED]

SUMMARY:

Amendments are necessary to correct a statutory citation, as well as setting out format for agencies to submit address information for all commissioned employees. Last change requires all students, including those attending refresher or reciprocity training, to fully participate in the training and follow all CLEET rules and policies.

AUTHORITY:

Council on Law Enforcement Education and Training; 70 O.S., § 3311.2 through 3311.13.

COMMENT PERIOD:

Persons wishing to make written or oral comments may do so by 4:00 p.m. on March 9, 2015 at CLEET, 2401 Egypt Road, Ada, Oklahoma 74820-0669, Attn: Norma Floyd, or by e-mail to norma.floyd@cleet.state.ok.us.

PUBLIC HEARING:

Public hearings will be held to provide an opportunity for persons to orally present their views. Each person will be allowed a maximum of 5 minutes to speak and must sign in at the door. The public hearing will be held at 10:00 a.m. on March 9, 2015 at CLEET, 2401 Egypt Road, Ada, Oklahoma.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

CLEET requests that business entities affected by these proposed rule changes provide CLEET, within the comment period, in dollar amounts if possible, the increase in the level of direct costs such as fees, and indirect costs such as labor, reporting, professional services or other costs expected to be incurred by the particular business entity due to compliance with the proposed rules. Business entities may submit this information in writing to Norma Floyd, at the above address, before the close of the comment period on March 9, 2015.

COPIES OF PROPOSED RULES:

Copies of the proposed rules may be obtained by contacting Norma Floyd at CLEET, 2401 Egypt Road, Ada, Oklahoma 74820-0669, 405-945-9153, 405-239-5166 or from the CLEET web site at www.ok.gov/cleet.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S., Section 303(D), a rule impact statement will be issued and made available on January 8, 2015 at the CLEET offices and web address listed above.

Notices of Rulemaking Intent

CONTACT PERSON:

Norma Floyd, Administrative Assistant, 405-945-9153 or 405-239-5166.

[OAR Docket #15-02; filed 1-6-15]

**TITLE 390. COUNCIL ON LAW
ENFORCEMENT EDUCATION AND
TRAINING
CHAPTER 15. BASIC PEACE OFFICER
CERTIFICATION TRAINING**

[OAR Docket #15-03]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

Subchapter 3. Collegiate Officer Program
390:15-3-10 [AMENDED]

Subchapter 5. Reserve Officer Bridge Academy
390:15-5-2 [AMENDED]

SUMMARY:

Amendments include requirement that Collegiate Officer Program students who reenter the COP program must complete any course work that is more than five (5) years old. Outlines that eligible students for the reserve officer bridge academy, must have completed a CLEET 240 hour reserve officer academy.

AUTHORITY:

Council on Law Enforcement Education and Training; 70 O.S., § 3311 through 3311.13; 20 O.S., § 1313.2.

COMMENT PERIOD:

Persons wishing to make written or oral comments may do so by 4:00 p.m. on March 9, 2015 at CLEET, 2401 Egypt Road, Ada, Oklahoma 74820-0669, Attn: Norma Floyd, or by e-mail to norma.floyd@cleet.state.ok.us.

PUBLIC HEARING:

Public hearings will be held to provide an opportunity for persons to orally present their views. Each person will be allowed a maximum of 5 minutes to speak and must sign in at the door. The public hearing will be held at 10:00 a.m. on March 9, 2015 at CLEET, 2401 Egypt Road, Ada, Oklahoma.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

CLEET requests that business entities affected by these proposed rule changes provide CLEET, within the comment period, in dollar amounts if possible, the increase in the level of direct costs such as fees, and indirect costs such as labor, reporting, professional services or other costs expected to be incurred by the particular business entity due to compliance with the proposed rules. Business entities may submit this information in writing to Norma Floyd, at the above address, before the close of the comment period on March 9, 2015.

COPIES OF PROPOSED RULES:

Copies of the proposed rules may be obtained by contacting Norma Floyd at CLEET, 2401 Egypt Road, Ada, Oklahoma

74820-0669, 405-945-9153, 405-239-5166, or from the CLEET web site at www.ok.gov/cleet.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S., Section 303(D), a rule impact statement will be issued and made available on January 8, 2015, at the CLEET offices and web address listed above.

CONTACT PERSON:

Norma Floyd, Administrative Assistant, 405-945-9153 or 405-239-5166.

[OAR Docket #15-03; filed 1-6-15]

**TITLE 390. COUNCIL ON LAW
ENFORCEMENT EDUCATION AND
TRAINING
CHAPTER 20. RESERVE OFFICER
CERTIFICATION AND TRAINING**

[OAR Docket #15-04]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

390:20-1-2 [AMENDED]

390:20-1-6 [AMENDED]

SUMMARY:

Amendments allows the Council or designee, the ability to grant extensions for certification for reserve peace officers. Also, changes the submission date of reserve academy schedule, list of instructors and list of guest instructors from 30 to 90 days prior to the start of the reserve academy.

AUTHORITY:

Council on Law Enforcement Education and Training; 70 O.S., § 3311 through 3311.13; 11 O.S., § 34-101; 19 O.S., § 547; 63 O.S., § 683.1 et. seq.

COMMENT PERIOD:

Persons wishing to make written or oral comments may do so by 4:00 p.m. on March 9, 2015, at CLEET, 2401 Egypt Road, Ada, Oklahoma 74820-0669, Attn: Norma Floyd, or by e-mail to norma.floyd@cleet.state.ok.us.

PUBLIC HEARING:

Public hearings will be held to provide an opportunity for persons to orally present their views. Each person will be allowed a maximum of 5 minutes to speak and must sign in at the door. The public hearing will be held at 10:00 a.m. on March 9, 2015, at CLEET, 2401 Egypt Road, Ada, Oklahoma.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

CLEET requests that business entities affected by these proposed rule changes provide CLEET, within the comment period, in dollar amounts if possible, the increase in the level of direct costs such as fees, and indirect costs such as labor, reporting, professional services or other costs expected to be incurred by the particular business entity due to compliance with the proposed rules. Business entities may submit this

information in writing to Norma Floyd, at the above address, before the close of the comment period on March 9, 2015.

COPIES OF PROPOSED RULES:

Copies of the proposed rules may be obtained by contacting Norma Floyd at CLEET, 2401 Egypt Road, Ada, Oklahoma 74820-0669, 405-945-9153, 405-239-5166 or from the CLEET web site at www.ok.gov/cleet.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S., Section 303(D), a rule impact statement will be issued and made available on January 8, 2015, at the CLEET offices and web address listed above.

CONTACT PERSON:

Norma Floyd, Administrative Assistant, 405-945-9153 or 405-239-5166.

[OAR Docket #15-04; filed 1-6-15]

**TITLE 390. COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING
CHAPTER 27. POLICE OFFICER ANNUAL FIREARMS REQUALIFICATION**

[OAR Docket #15-05]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

- 390:27-1-2 [AMENDED]
- 390:27-1-5 [AMENDED]

SUMMARY:

Amendments are necessary to specifically identify CLEET certified line safety officers as having the authority to re-qualify officers annually. Also requires specific information to be included in Firearms Qualification Report, and requires agency heads to validate the credentials of firearms instructor when not utilizing CLEET certified firearms instructors or certified line safety officers.

AUTHORITY:

Council on Law Enforcement Education and Training; 70 O. S., § 3311.2 through 3311.13.

COMMENT PERIOD:

Persons wishing to make written or oral comments may do so by 4:00 p.m. on March 9, 2015 at CLEET, 2401 Egypt Road, Ada, Oklahoma 74820-0669, Attn: Norma Floyd, or by e-mail to norma.floyd@cleet.state.ok.us.

PUBLIC HEARING:

Public hearings will be held to provide an opportunity for persons to orally present their views. Each person will be allowed a maximum of 5 minutes to speak and must sign in at the door. The public hearing will be held at 10:00 a.m. on March 9, 2015 at CLEET, 2401 Egypt Road, Ada, Oklahoma.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

CLEET requests that business entities affected by these proposed rule changes provide CLEET, within the comment

period, in dollar amounts if possible, the increase in the level of direct costs such as fees, and indirect costs such as labor, reporting, professional services or other costs expected to be incurred by the particular business entity due to compliance with the proposed rules. Business entities may submit this information in writing to Norma Floyd, at the above address, before the close of the comment period on March 9, 2015.

COPIES OF PROPOSED RULES:

Copies of the proposed rules may be obtained by contacting Norma Floyd at CLEET, 2401 Egypt Road, Ada, Oklahoma 74820-0669, 405-945-9153, 405-239-5166, or from the CLEET web site at www.ok.gov/cleet.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S., Section 303(D), a rule impact statement will be issued and made available on January 8, 2015 at the CLEET offices and web address listed above.

CONTACT PERSON:

Norma Floyd, Administrative Assistant, 405-945-9153, 405-239-5166.

[OAR Docket #15-05; filed 1-6-15]

**TITLE 390. COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING
CHAPTER 30. CDS DETECTOR DOG CERTIFICATION**

[OAR Docket #15-06]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

- 390:30-1-5 [AMENDED]

SUMMARY:

Amendment restricts CLEET employees from participating in the training or testing of any canine team.

AUTHORITY:

Council on Law Enforcement Education and Training; 70 O. S., § 3311 through 3311.13; 51 O.S., § 24.A.1 et seq.; and 75, O.S. §250 et seq.

COMMENT PERIOD:

Persons wishing to make written or oral comments may do so by 4:00 p.m. on March 9, 2015 at CLEET, 2401 Egypt Road, Ada, Oklahoma 74820-0669, Attn: Norma Floyd, or by e-mail to norma.floyd@cleet.state.ok.us.

PUBLIC HEARING:

Public hearings will be held to provide an opportunity for persons to orally present their views. Each person will be allowed a maximum of 5 minutes to speak and must sign in at the door. The public hearing will be held at 10:00 a.m. on March 9, 2015, at CLEET, 2401 Egypt Road, Ada, Oklahoma.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

CLEET requests that business entities affected by these proposed rule changes provide CLEET, within the comment

Notices of Rulemaking Intent

period, in dollar amounts if possible, the increase in the level of direct costs such as fees, and indirect costs such as labor, reporting, professional services or other costs expected to be incurred by the particular business entity due to compliance with the proposed rules. Business entities may submit this information in writing to Norma Floyd, at the above address, before the close of the comment period on March 9, 2015.

COPIES OF PROPOSED RULES:

Copies of the proposed rules may be obtained by contacting Norma Floyd at CLEET, 2401 Egypt Road, Ada, Oklahoma 74820-0669, 405-945-9153, 405-239-5166, or from the CLEET web site at www.ok.gov/cleet.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S., Section 303(D), a rule impact statement will be issued and made available on January 8, 2015 at the CLEET offices and web address listed above.

CONTACT PERSON:

Norma Floyd, Administrative Assistant, 405-945-9153 or 405-239-5166.

[OAR Docket #15-06; filed 1-6-15]

TITLE 390. COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING CHAPTER 31. BOMB DETECTOR DOG CERTIFICATION

[OAR Docket #15-07]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

390:31-1-6 [AMENDED]

SUMMARY:

Amendment restricts CLEET employees from participating in the training or testing of any canine team.

AUTHORITY:

Council on Law Enforcement Education and Training; 70 O. S., § 3311 through 3311.13; 51 O.S., § 24.A.1 et seq.; and 75, O.S. §250 et seq.

COMMENT PERIOD:

Persons wishing to make written or oral comments may do so by 4:00 p.m. on March 9, 2015 at CLEET, 2401 Egypt Road, Ada, Oklahoma 74820-0669, Attn: Norma Floyd, or by e-mail to norma.floyd@cleet.state.ok.us.

PUBLIC HEARING:

Public hearings will be held to provide an opportunity for persons to orally present their views. Each person will be allowed a maximum of 5 minutes to speak and must sign in at the door. The public hearing will be held at 10:00 a.m. on March 9, 2015, at CLEET, 2401 Egypt Road, Ada, Oklahoma.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

CLEET requests that business entities affected by these proposed rule changes provide CLEET, within the comment

period, in dollar amounts if possible, the increase in the level of direct costs such as fees, and indirect costs such as labor, reporting, professional services or other costs expected to be incurred by the particular business entity due to compliance with the proposed rules. Business entities may submit this information in writing to Norma Floyd, at the above address, before the close of the comment period on March 9, 2015.

COPIES OF PROPOSED RULES:

Copies of the proposed rules may be obtained by contacting Norma Floyd at CLEET, 2401 Egypt Road, Ada, Oklahoma 74820-0669, 405-945-9153, 405-239-5166, or from the CLEET web site at www.ok.gov/cleet.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S., Section 303(D), a rule impact statement will be issued and made available on January 8, 2015 at the CLEET offices and web address listed above.

CONTACT PERSON:

Norma Floyd, Administrative Assistant, 405-945-9153 or 405-239-5166.

[OAR Docket #15-07; filed 1-6-15]

TITLE 390. COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING CHAPTER 35. REGULATION OF PRIVATE SECURITY INDUSTRY

[OAR Docket #15-08]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

Subchapter 1. General Provisions

390:35-1-3 [AMENDED]

Subchapter 5. License Requirements

390:35-5-1 [AMENDED]

390:35-5-2 [AMENDED]

Subchapter 7. Application Procedure

390:35-7-3 [AMENDED]

390:35-7-4 [AMENDED]

Subchapter 9. Violations and Investigations

390:35-9-4 [AMENDED]

Subchapter 15. Training Requirements

390:35-15-2 [AMENDED]

SUMMARY:

Amendments include adding the "Alford" plea as a form of conviction to meet state statutes. Specifies that completed and expunged deferred sentences are not a conviction, and adds the definitions of Expungement and Publish. Reduces the number of years that an expired agency license must complete the entire application process, from five to three years. Additionally, states that defendants in a criminal case or subjects serving a deferred sentence, will not be licensed until completion. Language is added to specifically state that CLEET staff will not request nor gather documents for an applicant, nor will

staff give advice or advisory opinions regarding whether or not a license will be issued. Applicants for a license will be required to provide all names used by the applicant and provide information related to any previous license issued in any state and any revocations or suspensions of such licenses. Verbal reports of criminal and civil proceedings must be followed up in writing within ten days after arrest or discovery. Lastly, requires instructors whose training, education, teaching or work experience allows them to teach in private security classes, to have been active in that capacity within the last five years.

AUTHORITY:

Council on Law Enforcement Education and Training; 59 O.S., § 1350.1 et seq.; 59 O.S., § 1750.1 though 1750.14; 70 O.S., § 3311 et seq.

COMMENT PERIOD:

Persons wishing to make written or oral comments may do so by 4:00 p.m. on March 9, 2015 at CLEET, 2401 Egypt Road, Ada, Oklahoma 74820-0669, Attn: Norma Floyd, or by e-mail to norma.floyd@cleet.state.ok.us.

PUBLIC HEARING:

Public hearings will be held to provide an opportunity for persons to orally present their views. Each person will be allowed a maximum of 5 minutes to speak and must sign in at the door. The public hearing will be held at 10:00 a.m. on March 9, 2015 at CLEET, 2401 Egypt Road, Ada, Oklahoma.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

CLEET requests that business entities affected by these proposed rule changes provide CLEET, within the comment period, in dollar amounts if possible, the increase in the level of direct costs such as fees, and indirect costs such as labor, reporting, professional services or other costs expected to be incurred by the particular business entity due to compliance with the proposed rules. Business entities may submit this information in writing to Norma Floyd, at the above address, before the close of the comment period on March 9, 2015.

COPIES OF PROPOSED RULES:

Copies of the proposed rules may be obtained by contacting Norma Floyd at CLEET, 2401 Egypt Road, Ada, Oklahoma 74820-0669, 405-945-9153, 405-239-5166, or from the CLEET web site at www.ok.gov/cleet.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S., Section 303(D), a rule impact statement will be issued and made available on January 8, 2015 at the CLEET offices and web address listed above.

CONTACT PERSON:

Norma Floyd, Administrative Assistant, 405-945-9153 or 405-239-5166.

[OAR Docket #15-08; filed 1-6-15]

**TITLE 390. COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING
CHAPTER 60. REGULATING OKLAHOMA BAIL ENFORCMENT**

[OAR Docket #15-09]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

Chapter 60. Regulating Oklahoma Bail Enforcment [NEW]

SUMMARY:

These rules were approved as Emergency rules by Governor Mary Fallin on April 1, 2014. The Council finds it necessary to promulgate Permanent rules to insure the safety and welfare of individuals seeking training and licensing under this statute, and to implement certain provisions of The Bail Enforcement and Licensing Act.

AUTHORITY:

Council on Law Enforcement Education and Training; 59 O.S., § 1301, 1303, 1327, 1328, 1329, 1332 and 1332.1.1; 59 O.S., §1350.1 through 1350.20; 59 O.S. §1750.1 through 1750.14; 70 O.S., § 3311 et seq.

COMMENT PERIOD:

Persons wishing to make written or oral comments may do so by 4:00 p.m. on March 9, 2015 at CLEET, 2401 Egypt Road, Ada, Oklahoma 74820-0669, Attn: Norma Floyd, or by e-mail to norma.floyd@cleet.state.ok.us.

PUBLIC HEARING:

A public hearing will be held to provide an opportunity for persons to orally present their views. Each person will be allowed a maximum of 5 minutes to speak and must sign in at the door. The public hearing will be held at 10:00 a.m. on March 9, 2015 at CLEET, 2401 Egypt Road, Ada, Oklahoma, 74820.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

CLEET requests that business entities affected by these proposed rule changes provide CLEET, within the comment period, in dollar amounts if possible, the increase in the level of direct costs such as fees, and indirect costs such as labor, reporting, professional services or other costs expected to be incurred by the particular business entity due to compliance with the proposed rules. Business entities may submit this information in writing to Norma Floyd, at the above address, before the close of the comment period on March 9, 2015.

COPIES OF PROPOSED RULES:

Copies of the proposed rules may be obtained by contacting Norma Floyd at CLEET, 2401 Egypt Road, Ada, Oklahoma 74820-0669, 405-945-9153, 405-239-5166, or from the CLEET web site at www.ok.gov/cleet.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S., Section 303(D), a rule impact statement will be issued and made available on January 8, 2015 at the CLEET offices and web address listed above.

Notices of Rulemaking Intent

CONTACT PERSON:

Norma Floyd, Administrative Assistant, 405-945-9153 or 405-239-5166.

[OAR Docket #15-09; filed 1-6-15]

**TITLE 450. DEPARTMENT OF MENTAL
HEALTH AND SUBSTANCE ABUSE
SERVICES
CHAPTER 1. ADMINISTRATION**

[OAR Docket #15-31]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

Chapter 1. Administration [AMENDED]

SUMMARY:

In accordance with the Administrative Procedures Act the proposed rule revisions to Chapter 1 are part of the Department's review of Title 450. The proposed rules are intended to clarify existing rules, improve processes, and are intended to comply with statutory changes.

AUTHORITY:

Oklahoma Department of Mental Health and Substance Abuse Services Board; 43A O.S. §§ 2-101, 3-110, 3-306, 3-306.1, 3-314.1, 3-315, 3-317, 3-318, 3-319 and 3-415; 74 O.S. §85.9G.

COMMENT PERIOD:

Persons wishing to submit written comments may do so from February 3, 2015, until 5:00 p.m., March 5, 2015, to the attention of Gretchen Geis, Administrative Rules Liaison. Written comments may be mailed to the Department of Mental Health and Substance Abuse Services, P.O. Box 53277, Oklahoma City, OK 73152-3277, hand-delivered to the Department at 1200 N.E. 13th Street, Oklahoma City, OK, facsimile, at (405) 522-0637 or by email at ggeis@odmhsas.org.

PUBLIC HEARING:

The Department will conduct a public hearing on March 9, 2015, at 1:00 p.m. in Conference Room A of the Department located at 1200 N.E. 13th Street, Oklahoma City, OK.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

ODMHSAS asks business entities affected by the proposed rules to provide written information to the Department, in dollar amounts if possible, about the increase in the level of direct costs, indirect costs, or other costs expected to be incurred by the business entity due to compliance with the proposed rules. Business entities may submit this information in writing to Gretchen Geis, at the above address, before the close of the comment period on March 5, 2015.

COPIES OF PROPOSED RULES:

Copies of the proposed rules may be obtained from Gretchen Geis, Administrative Rules Liaison, at the

above address or through the ODMHSAS website at www.odmhsas.org.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S. § 303(D) ODMHSAS will prepare a rule impact statement which will be available beginning February 15, 2015. Copies may be obtained from the Department's website at www.odmhsas.org or from Gretchen Geis, Administrative Rules Liaison, at the above address or email at ggeis@odmhsas.org.

CONTACT PERSON:

Gretchen Geis, Administrative Rules Liaison, (405) 522-2053 or ggeis@odmhsas.org.

[OAR Docket #15-31; filed 1-8-15]

**TITLE 450. DEPARTMENT OF MENTAL
HEALTH AND SUBSTANCE ABUSE
SERVICES
CHAPTER 17. STANDARDS AND CRITERIA
FOR COMMUNITY MENTAL HEALTH
CENTERS**

[OAR Docket #15-32]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

Chapter 17. Standards and Criteria for Community Mental Health Centers [AMENDED]

SUMMARY:

In accordance with the Administrative Procedures Act the proposed rule revisions to Chapter 17 are part of the Department's review of Title 450. The proposed revisions to Chapter 17 are made to add standards and criteria for Health Home services as optional services within CMHCs. Health Homes will promote enhanced integration and coordination of primary, acute, behavioral health, and long-term services and supports for persons with chronic illness. The purpose of the Health Home is to improve the health status for consumers with Serious Mental Illness or Serious Emotional Disturbance by promoting wellness and prevention and to improve access and continuity in healthcare for these consumers by supporting coordination and integration of primary care services in specialty behavioral healthcare settings. Proposed revisions also create a distinction in terminology between Licensed Behavioral Health Professionals (LBHPs) and Licensure Candidates.

AUTHORITY:

Oklahoma Department of Mental Health and Substance Abuse Services Board; 43A O.S. §§ 2-101, 3-306, 3-306.1 and 3-315; 74 O.S. §85.9G.

COMMENT PERIOD:

Persons wishing to submit written comments may do so from February 3, 2015, until 5:00 p.m., March 5, 2015, to the attention of Gretchen Geis, Administrative Rules Liaison. Written comments may be mailed to the Department

of Mental Health and Substance Abuse Services, P.O. Box 53277, Oklahoma City, OK 73152-3277, hand-delivered to the Department at 1200 N.E. 13th Street, Oklahoma City, OK, facsimile, at (405) 522-0637 or by email at ggeis@odmhsas.org.

PUBLIC HEARING:

The Department will conduct a public hearing on March 9, 2015, at 1:00 p.m. in Conference Room A of the Department located at 1200 NE 13th ST, Oklahoma City, OK 73117.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

ODMHSAS asks business entities affected by the proposed rules to provide written information to the Department, in dollar amounts if possible, about the increase in the level of direct costs, indirect costs, or other costs expected to be incurred by the business entity due to compliance with the proposed rules. Business entities may submit this information in writing to Gretchen Geis, at the above address, before the close of the comment period on March 5, 2015.

COPIES OF PROPOSED RULES:

Copies of the proposed rules may be obtained from the Department's website at www.odmhsas.org or from Gretchen Geis, Administrative Rules Liaison, at the above address or email at ggeis@odmhsas.org.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S. § 303(D) ODMHSAS will prepare a rule impact statement which will be available beginning February 15, 2015. Copies may be obtained from the Department's website at www.odmhsas.org or from Gretchen Geis, Administrative Rules Liaison, at the above address or email at ggeis@odmhsas.org.

CONTACT PERSON:

Gretchen Geis, Administrative Rules Liaison, (405) 522-2053 or ggeis@odmhsas.org.

[OAR Docket #15-32; filed 1-8-15]

**TITLE 450. DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
CHAPTER 18. STANDARDS AND CRITERIA FOR SUBSTANCE RELATED AND ADDICTIVE DISORDER TREATMENT SERVICES**

[OAR Docket #15-33]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

Chapter 18. Standards and Criteria for Substance Related and Addictive Disorder Treatment Services [AMENDED]

SUMMARY:

In accordance with the Administrative Procedures Act the proposed rule revisions to Chapter 18 are part of the Department's review of Title 450. The proposed rules are intended to clarify existing rules, improve processes, and are intended to comply with statutory changes.

AUTHORITY:

Oklahoma Department of Mental Health and Substance Abuse Services Board; 43A O.S. §§ 2-101, 3-306, 3-306.1 and 3-315; 74 O.S. §85.9G.

COMMENT PERIOD:

Persons wishing to submit written comments may do so from February 3, 2015, until 5:00 p.m., March 5, 2015, to the attention of Gretchen Geis, Administrative Rules Liaison. Written comments may be mailed to the Department of Mental Health and Substance Abuse Services, P.O. Box 53277, Oklahoma City, OK 73152-3277, hand-delivered to the Department at 1200 N.E. 13th Street, Oklahoma City, OK, facsimile, at (405) 522-0637 or by email at ggeis@odmhsas.org.

PUBLIC HEARING:

The Department will conduct a public hearing on March 9, 2015, at 1:00 p.m. in Conference Room A of the Department located at 1200 NE 13th ST, Oklahoma City, OK 73117.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

ODMHSAS asks business entities affected by the proposed rules to provide written information to the Department, in dollar amounts if possible, about the increase in the level of direct costs, indirect costs, or other costs expected to be incurred by the business entity due to compliance with the proposed rules. Business entities may submit this information in writing to Gretchen Geis, at the above address, before the close of the comment period on March 5, 2015.

COPIES OF PROPOSED RULES:

Copies of the proposed rules may be obtained from the Department's website at www.odmhsas.org or from Gretchen Geis, Administrative Rules Liaison, at the above address or email at ggeis@odmhsas.org.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S. § 303(D) ODMHSAS will prepare a rule impact statement which will be available beginning February 15, 2015. Copies may be obtained from the Department's website at www.odmhsas.org or from Gretchen Geis, Administrative Rules Liaison, at the above address or email at ggeis@odmhsas.org.

CONTACT PERSON:

Gretchen Geis, Administrative Rules Liaison, (405) 522-2053 or ggeis@odmhsas.org.

[OAR Docket #15-33; filed 1-8-15]

Notices of Rulemaking Intent

**TITLE 450. DEPARTMENT OF MENTAL
HEALTH AND SUBSTANCE ABUSE
SERVICES
CHAPTER 23. STANDARDS AND CRITERIA
FOR COMMUNITY-BASED STRUCTURED
CRISIS CENTERS**

[OAR Docket #15-34]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

Chapter 23. Standards and Criteria for Community-Based Structured Crisis Centers[AMENDED]

SUMMARY:

In accordance with the Administrative Procedures Act the proposed rule revisions to Chapter 23 are part of the Department's review of Title 450. Proposed revisions clarify existing rules and ensure compliance with statutory provisions.

AUTHORITY:

43A O.S. § 3-317; Board of Mental Health and Substance Abuse Services.

COMMENT PERIOD:

Persons wishing to submit written comments may do so from February 3, 2015, until 5:00 p.m., March 5, 2015, to the attention of Gretchen Geis, Administrative Rules Liaison. Written comments may be mailed to the Department of Mental Health and Substance Abuse Services, P.O. Box 53277, Oklahoma City, OK 73152-3277, hand-delivered to the Department at 1200 N.E. 13th Street, Oklahoma City, OK, facsimile, at (405) 522-0637 or by email at ggeis@odmhsas.org.

PUBLIC HEARING:

The Department will conduct a public hearing on March 9, 2015, at 1:00 p.m. in Conference Room A of the Department located at 1200 NE 13th ST, Oklahoma City, OK 73117.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

ODMHSAS asks business entities affected by the proposed rules to provide written information to the Department, in dollar amounts if possible, about the increase in the level of direct costs, indirect costs, or other costs expected to be incurred by the business entity due to compliance with the proposed rules. Business entities may submit this information in writing to Gretchen Geis, at the above address, before the close of the comment period on March 5, 2015.

COPIES OF PROPOSED RULES:

Copies of the proposed rules may be obtained from the Department's website at www.odmhsas.org or from Gretchen Geis, Administrative Rules Liaison, at the above address or email at ggeis@odmhsas.org.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S. § 303(D) ODMHSAS will prepare a rule impact statement which will be available beginning February 15, 2015. Copies may be obtained from the Department's website at www.odmhsas.org or from Gretchen

Geis, Administrative Rules Liaison, at the above address or email at ggeis@odmhsas.org.

CONTACT PERSON:

Gretchen Geis, Administrative Rules Liaison, (405) 522-2053 or ggeis@odmhsas.org.

[OAR Docket #15-34; filed 1-8-15]

**TITLE 450. DEPARTMENT OF MENTAL
HEALTH AND SUBSTANCE ABUSE
SERVICES
CHAPTER 24. STANDARDS AND CRITERIA
FOR COMPREHENSIVE COMMUNITY
ADDICTION RECOVERY CENTERS**

[OAR Docket #15-35]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

Chapter 24. Standards and Criteria for Comprehensive Community Addiction Recovery Centers [AMENDED]

SUMMARY:

In accordance with the Administrative Procedures Act the proposed rule revisions to Chapter 24 are part of the Department's review of Title 450. The proposed rules clarify existing rules, improve existing processes and are intended to comply with statutory changes.

AUTHORITY:

Oklahoma Department of Mental Health and Substance Abuse Services Board; 43A O.S. §§ 3-415.

COMMENT PERIOD:

Persons wishing to submit written comments may do so from February 3, 2015, until 5:00 p.m., March 5, 2015, to the attention of Gretchen Geis, Administrative Rules Liaison. Written comments may be mailed to the Department of Mental Health and Substance Abuse Services, P.O. Box 53277, Oklahoma City, OK 73152-3277, hand-delivered to the Department at 1200 N.E. 13th Street, Oklahoma City, OK, facsimile, at (405) 522-0637 or by email at ggeis@odmhsas.org.

PUBLIC HEARING:

The Department will conduct a public hearing on March 9, 2015, at 1:00 p.m. in Conference Room A of the Department located at 1200 NE 13th ST, Oklahoma City, OK 73117.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

ODMHSAS asks business entities affected by the proposed rules to provide written information to the Department, in dollar amounts if possible, about the increase in the level of direct costs, indirect costs, or other costs expected to be incurred by the business entity due to compliance with the proposed rules. Business entities may submit this information in writing to Gretchen Geis, at the above address, before the close of the comment period on March 5, 2015.

COPIES OF PROPOSED RULES:

Copies of the proposed rules may be obtained from the Department's website at www.odmhsas.org or from Gretchen Geis, Administrative Rules Liaison, at the above address or email at ggeis@odmhsas.org.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S. § 303(D) ODMHSAS will prepare a rule impact statement which will be available beginning February 15, 2015. Copies may be obtained from the Department's website at www.odmhsas.org or from Gretchen Geis, Administrative Rules Liaison, at the above address or email at ggeis@odmhsas.org.

CONTACT PERSON:

Gretchen Geis, Administrative Rules Liaison, (405) 522-2053 or ggeis@odmhsas.org.

[OAR Docket #15-35; filed 1-8-15]

**TITLE 450. DEPARTMENT OF MENTAL
HEALTH AND SUBSTANCE ABUSE
SERVICES
CHAPTER 27. STANDARDS AND CRITERIA
FOR MENTAL ILLNESS SERVICE
PROGRAMS**

[OAR Docket #15-36]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

Chapter 27. Standards and Criteria for Mental Illness Service Programs [AMENDED]

SUMMARY:

In accordance with the Administrative Procedures Act the proposed rule revisions to Chapter 27 are part of the Department's review of Title 450. The proposed rules clarify existing rules and are intended to comply with statutory changes.

AUTHORITY:

Oklahoma Department of Mental Health and Substance Abuse Services Board; 43A O.S. §§ 3-323A.

COMMENT PERIOD:

Persons wishing to submit written comments may do so from February 3, 2015, until 5:00 p.m., March 5, 2015, to the attention of Gretchen Geis, Administrative Rules Liaison. Written comments may be mailed to the Department of Mental Health and Substance Abuse Services, P.O. Box 53277, Oklahoma City, OK 73152-3277, hand-delivered to the Department at 1200 N.E. 13th Street, Oklahoma City, OK, facsimile, at (405) 522-0637 or by email at ggeis@odmhsas.org.

PUBLIC HEARING:

The Department will conduct a public hearing on March 9, 2015, at 1:00 p.m. in Conference Room A of the Department located at 1200 NE 13th ST, Oklahoma City, OK 73117.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

ODMHSAS asks business entities affected by the proposed rules to provide written information to the Department, in dollar amounts if possible, about the increase in the level of direct costs, indirect costs, or other costs expected to be incurred by the business entity due to compliance with the proposed rules. Business entities may submit this information in writing to Gretchen Geis, at the above address, before the close of the comment period on March 5, 2015.

COPIES OF PROPOSED RULES:

Copies of the proposed rules may be obtained from the Department's website at www.odmhsas.org or from Gretchen Geis, Administrative Rules Liaison, at the above address or email at ggeis@odmhsas.org.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S. § 303(D) ODMHSAS will prepare a rule impact statement which will be available beginning February 15, 2015. Copies may be obtained from the Department's website at www.odmhsas.org or from Gretchen Geis, Administrative Rules Liaison, at the above address or email at ggeis@odmhsas.org.

CONTACT PERSON:

Gretchen Geis, Administrative Rules Liaison, (405) 522-2053 or ggeis@odmhsas.org.

[OAR Docket #15-36; filed 1-8-15]

**TITLE 450. DEPARTMENT OF MENTAL
HEALTH AND SUBSTANCE ABUSE
SERVICES
CHAPTER 50. STANDARDS AND CRITERIA
FOR CERTIFIED BEHAVIORAL HEALTH
CASE MANAGERS**

[OAR Docket #15-37]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

Chapter 50. Standards and Criteria for Certified Behavioral Health Case Managers [AMENDED]

SUMMARY:

In accordance with the Administrative Procedures Act the proposed rule revisions to Chapter 50 are part of the Department's review of Title 450. The proposed rules clarify existing rules and are intended to comply with statutory changes and legislative intent.

AUTHORITY:

Oklahoma Department of Mental Health and Substance Abuse Services Board; 43A O.S. §§ 3-318.

COMMENT PERIOD:

Persons wishing to submit written comments may do so from February 3, 2015, until 5:00 p.m., March 5, 2015, to the attention of Gretchen Geis, Administrative Rules Liaison. Written comments may be mailed to the Department

Notices of Rulemaking Intent

of Mental Health and Substance Abuse Services, P.O. Box 53277, Oklahoma City, OK 73152-3277, hand-delivered to the Department at 1200 N.E. 13th Street, Oklahoma City, OK, facsimile, at (405) 522-0637 or by email at ggeis@odmhsas.org.

PUBLIC HEARING:

The Department will conduct a public hearing on March 9, 2015, at 1:00 p.m. in Conference Room A of the Department located at 1200 NE 13th ST, Oklahoma City, OK 73117.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

ODMHSAS asks business entities affected by the proposed rules to provide written information to the Department, in dollar amounts if possible, about the increase in the level of direct costs, indirect costs, or other costs expected to be incurred by the business entity due to compliance with the proposed rules. Business entities may submit this information in writing to Gretchen Geis, at the above address, before the close of the comment period on March 5, 2015.

COPIES OF PROPOSED RULES:

Copies of the proposed rules may be obtained from the Department's website at www.odmhsas.org or from Gretchen Geis, Administrative Rules Liaison, at the above address or email at ggeis@odmhsas.org.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S. § 303(D) ODMHSAS will prepare a rule impact statement which will be available beginning February 15, 2015. Copies may be obtained from the Department's website at www.odmhsas.org or from Gretchen Geis, Administrative Rules Liaison, at the above address or email at ggeis@odmhsas.org.

CONTACT PERSON:

Gretchen Geis, Administrative Rules Liaison, (405) 522-2053 or ggeis@odmhsas.org.

[OAR Docket #15-37; filed 1-8-15]

TITLE 450. DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES CHAPTER 55. STANDARDS AND CRITERIA FOR PROGRAMS OF ASSERTIVE COMMUNITY TREATMENT

[OAR Docket #15-38]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

Chapter 55. Standards and Criteria for Programs of Assertive Community Treatment [AMENDED]

SUMMARY:

In accordance with the Administrative Procedures Act the proposed rule revisions to Chapter 55 are part of the Department's review of Title 450. The proposed rules clarify existing rules and improve existing processes.

AUTHORITY:

Oklahoma Department of Mental Health and Substance Abuse Services Board; 43A O.S. §§ 2-101, 3-306 and 3-319.

COMMENT PERIOD:

Persons wishing to submit written comments may do so from February 3, 2015, until 5:00 p.m., March 5, 2015, to the attention of Gretchen Geis, Administrative Rules Liaison. Written comments may be mailed to the Department of Mental Health and Substance Abuse Services, P.O. Box 53277, Oklahoma City, OK 73152-3277, hand-delivered to the Department at 1200 N.E. 13th Street, Oklahoma City, OK, facsimile, at (405) 522-0637 or by email at ggeis@odmhsas.org.

PUBLIC HEARING:

The Department will conduct a public hearing on March 9, 2015, at 1:00 p.m. in Conference Room A of the Department located at 1200 NE 13th ST, Oklahoma City, OK 73117.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

ODMHSAS asks business entities affected by the proposed rules to provide written information to the Department, in dollar amounts if possible, about the increase in the level of direct costs, indirect costs, or other costs expected to be incurred by the business entity due to compliance with the proposed rules. Business entities may submit this information in writing to Gretchen Geis, at the above address, before the close of the comment period on March 5, 2015.

COPIES OF PROPOSED RULES:

Copies of the proposed rules may be obtained from the Department's website at www.odmhsas.org or from Gretchen Geis, Administrative Rules Liaison, at the above address or email at ggeis@odmhsas.org.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S. § 303(D) ODMHSAS will prepare a rule impact statement which will be available beginning February 15, 2015. Copies may be obtained from the Department's website at www.odmhsas.org or from Gretchen Geis, Administrative Rules Liaison, at the above address or email at ggeis@odmhsas.org.

CONTACT PERSON:

Gretchen Geis, Administrative Rules Liaison, (405) 522-2053 or ggeis@odmhsas.org.

[OAR Docket #15-38; filed 1-8-15]

TITLE 450. DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES CHAPTER 65. STANDARDS AND CRITERIA FOR GAMBLING TREATMENT PROGRAMS

[OAR Docket #15-39]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

Chapter 65. Standards and Criteria for Gambling Treatment Programs [AMENDED]

SUMMARY:

In accordance with the Administrative Procedures Act the proposed rule revisions to Chapter 65 are part of the Department's review of Title 450. The proposed rules clarify existing rules and are intended to comply with statutory changes.

AUTHORITY:

Oklahoma Department of Mental Health and Substance Abuse Services Board; 43A O.S. §§ 2-108 and 2-109.

COMMENT PERIOD:

Persons wishing to submit written comments may do so from February 3, 2015, until 5:00 p.m., March 5, 2015, to the attention of Gretchen Geis, Administrative Rules Liaison. Written comments may be mailed to the Department of Mental Health and Substance Abuse Services, P.O. Box 53277, Oklahoma City, OK 73152-3277, hand-delivered to the Department at 1200 N.E. 13th Street, Oklahoma City, OK, facsimile, at (405) 522-0637 or by email at ggeis@odmhsas.org.

PUBLIC HEARING:

The Department will conduct a public hearing on March 9, 2015, at 1:00 p.m. in Conference Room A of the Department located at 1200 NE 13th ST, Oklahoma City, OK 73117.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

ODMHSAS asks business entities affected by the proposed rules to provide written information to the Department, in dollar amounts if possible, about the increase in the level of direct costs, indirect costs, or other costs expected to be incurred by the business entity due to compliance with the proposed rules. Business entities may submit this information in writing to Gretchen Geis, at the above address, before the close of the comment period on March 5, 2015.

COPIES OF PROPOSED RULES:

Copies of the proposed rules may be obtained from the Department's website at www.odmhsas.org or from Gretchen Geis, Administrative Rules Liaison, at the above address or email at ggeis@odmhsas.org.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S. § 303(D) ODMHSAS will prepare a rule impact statement which will be available beginning February 15, 2015. Copies may be obtained from the Department's website at www.odmhsas.org or from Gretchen Geis, Administrative Rules Liaison, at the above address or email at ggeis@odmhsas.org.

CONTACT PERSON:

Gretchen Geis, Administrative Rules Liaison, (405) 522-2053 or ggeis@odmhsas.org.

[OAR Docket #15-39; filed 1-8-15]

**TITLE 565. OKLAHOMA BOARD OF PRIVATE VOCATIONAL SCHOOLS
CHAPTER 1. ADMINISTRATIVE OPERATIONS**

[OAR Docket #15-20]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

- Subchapter 1. General Provisions
- 565:1-1-1. Purpose [AMENDED]
- 565:1-1-2. Organization [AMENDED]
- 565:1-1-4. Meetings [AMENDED]
- 565:1-1-6. Location for information and for filing [AMENDED]
- 565:1-1-7. Records [AMENDED]
- 565:1-1-8. Forms and instructions [AMENDED]
- Subchapter 3. Formal and Informal Procedures
- 565:1-3-2. Complaints [AMENDED]
- 565:1-3-3. Hearings for individual proceedings [AMENDED]
- 565:1-3-4. Requests for declaratory ruling [AMENDED]

SUMMARY:

The proposed amendments to Subchapter 1 eliminate language that duplicates language in the Enabling Statute at 70 O.S. §21-101, et seq. This type of change applies, specifically to definitions and fee provisions. The Statute was extensively revised, effective August 22, 2014. Amendments also correct rule provisions to comply with the revised Enabling Statute. The revisions also replace the antiquated practices of permitting only hard copy filings and mandating use of OBPVS-specific forms. If revised, the OBPVS will permit use of substantially similar forms. Doing so is for the convenience of Applicants and offers the ability for the licensee to electronically retain submissions in a format that facilitates future efficient updates to be prepared for submission to the OBPVS. Minor clarifications are meant to make the Agency's record retention more understandable, delete the term "institution(s)," and convert varying "must" and "will" terms to "shall" for consistency. The proposed amendments to Subchapter 3 clarify complaint filing and investigation processes. In addition, sentence structure and grammar are modified to improve readability and "will" is replaced by "shall."

AUTHORITY:

70 O.S., 2014, §102.1, (2); The Oklahoma Board of Private Vocational Schools

COMMENT PERIOD:

Persons wishing to submit written comments may do so from February 2, 2015 through March 4, 2015 at 4:30 p.m., to the attention of Nora House, Director. Written comments may be mailed to the Oklahoma Board of Private Vocational Schools, 3700 N. Classen Blvd, Suite 250, Oklahoma City, OK 73118, hand-delivered to the Oklahoma Board of Private Vocational Schools, 3700 N. Classen Blvd, Suite 250,

Notices of Rulemaking Intent

Oklahoma City, OK, transmitted by facsimile, to (405) 528-3366 or by email to nhouse@obpvs.ok.gov

PUBLIC HEARING:

The Oklahoma Board of Private Vocational Schools will conduct a public hearing on March 5, 2015 at 11:00am in Conference Room 265 on the second floor at the address given above.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

The OBPVS asks business entities affected by the proposed rules to provide written information to the Agency, in dollar amounts if possible, about the increase in the level of direct costs, indirect costs, or other costs expected to be incurred by the business entity due to compliance with the proposed rules. Business entities may submit this information in writing to Nora House, at the above address, before the close of the comment period on March 4, 2015.

COPIES OF PROPOSED RULES:

Copies of the proposed rules may be obtained from Nora House, Director, at the above address or through nhouse@obpvs.ok.gov, via facsimile (405) 528-3366, or by telephoning the OBPVS office at (405)528-3370.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S. § 303 (D), a rule impact statement was prepared and is available at the same location listed above for reviewing and obtaining copies of the proposed rules.

ADDITIONAL INFORMATION:

For additional information contact any OBPVS staff member (Helen Myers, Mark Swan, or Nora House) at (405) 528-3370.

[OAR Docket #15-20; filed 1-8-15]

TITLE 565. OKLAHOMA BOARD OF PRIVATE VOCATIONAL SCHOOLS CHAPTER 10. LICENSURE AND REGULATION OF PRIVATE VOCATIONAL SCHOOLS AND REPRESENTATIVES

[OAR Docket #15-21]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

Subchapter 1. General Provisions

565:10-1-1. Purpose [AMENDED]

565:10-1-2. Definitions [AMENDED]

565:10-1-3. Schools required to license [AMENDED]

565:10-1-4. Due date and duration of license [AMENDED]

Subchapter 3. Requirements for Licensure as Private Vocational School

565:10-3-1. Requirements for licensure as private vocational school [AMENDED]

Subchapter 5. Fees

565:10-5-1. School fees [REVOKED]

565:10-5-2. Representative fees [REVOKED]

565:10-5-3. Penalty [REVOKED]

565:10-5-4. Additional fees [REVOKED]

565:10-5-4.1. Workshop fees [REVOKED]

565:10-5-4.2. Licensing inquiry packet fee [REVOKED]

Subchapter 7. Facilities and Equipment

565:10-7-1. Facilities [AMENDED]

Subchapter 9. Surety Bonds

565:10-9-1. Bond requirement and amount [AMENDED]

565:10-9-2. Bond claim procedure [AMENDED]

565:10-9-3. Bond amount for new school [REVOKED]

565:10-9-4. Scope of coverage [REVOKED]

565:10-9-5. Certificate of deposit [AMENDED]

565:10-9-6. Surety items non-cancellable [NEW]

Subchapter 11. School Operation

565:10-11-1. Personnel [AMENDED]

565:10-11-2. Course implementation and instruction [AMENDED]

565:10-11-3. Refunds [AMENDED]

565:10-11-4. Student records [AMENDED]

565:10-11-5. Placement [AMENDED]

565:10-11-6. Advertising [AMENDED]

565:10-11-7. Admission requirements [AMENDED]

565:10-11-8. Student grievances [AMENDED]

565:10-11-9. Recruitment [AMENDED]

Subchapter 13. Representative License

565:10-13-1. Representative license [AMENDED]

Subchapter 15. Denial and Appeal

565:10-15-1. Grounds for denial of school license [AMENDED]

565:10-15-2. Grounds for denial of representative license [AMENDED]

565:10-15-3. Appeal of denial [AMENDED]

Subchapter 17. Revocation of License

565:10-17-1. Basis for revocation [AMENDED]

565:10-17-2. Revocation procedure [AMENDED]

Subchapter 19. Penalty

565:10-19-1. Penalties for violation and noncompliance [AMENDED]

Subchapter 21. Evaluation

565:10-21-1. School review [AMENDED]

565:10-21-2. Advisory council [AMENDED]

Subchapter 23. Seminars, Workshops and Short Courses

565:10-23-1. Items required for licensure of seminars; length of programs [AMENDED]

565:10-23-2. Advertising [AMENDED]

565:10-23-3. Student grievance [AMENDED]

565:10-23-4. Fees [AMENDED]

565:10-23-5. Duration and renewal of licenses [AMENDED]

565:10-23-6. Reports [AMENDED]

565:10-23-7. Grounds for revocation of license [AMENDED]

565:10-23-8. Procedure for suspension or revocation of licenses [AMENDED]

565:10-23-9. Penalty [AMENDED]

565:10-23-10. Mandatory school workshop [AMENDED]

Subchapter 27. Financial Statements and Financial Stability

565:10-27-1. Financial statements [AMENDED]

565:10-27-2. Financial stability [AMENDED]

565:10-27-3. Special circumstances and waiver of requirements [AMENDED]

SUMMARY:

Throughout all Subchapters and particularly in Subchapters 1, 5, and 23 the proposed amendments to Subchapter 1 eliminate definitional and fee language that duplicates language in the Enabling Statute at 70 O.S. §21-101, et seq. The Statute was extensively revised, effective August 22, 2014. Subchapter 1's proposed amendments also correct the due date for renewal applications to the date specified in the revised statute and begin to address compliance for distance education entities that the Legislature and Governor gave the OBPVS the authority to license.

Proposed amendments in Subchapter 3 make license application elements easier to comprehend. In addition, submission of a basic organizational chart and formation documents are added to expedite review of applications, and the value of instructional equipment to be reported is raised from \$100 to \$500, per item, to be reflective of modern costs and to spare Applicant time. This change has been requested for years by the private vocational school industry. The proposed amendments in Subchapter 7 are only terminology changes being made, for consistency: school vs. institution; shall vs. will; OBPVS vs. Board.

The proposed amendments to Subchapter 9 move related provisions together to improve comprehension, specify the initial Bond amount for a new school that has been applied for years, describe how to calculate the amount of a combine Bond for a Main School and one or more branches, and advise that the OBPVS provides the Bond form and the Collateral Agreement for a Certificate of Deposit. The proposed amendments to Subchapter 11 reorganize existing language to put qualifications for a certain role together and better describe certain school personnel's relationship with the OBPVS. The non-sensible requirement for the Authorized Administrative Official of a school to dedicate full-time employment to its duties is removed to return to being a business decision of a licensed school. Refund policy requirements are adjusted to allow a school to use the Veteran's Administration required refund policy for Veterans and clarify that a school's refund policy will apply to school termination and student withdrawal circumstances. Student record retention language is also modernized and the requirement to retain documentation of credit granted for prior education or experience is moved to the student record section from being a stand-alone provision. The organization of the advertisement requirements is also updated to put related provisions together to enhance readability.

The proposed amendments do not alter the substantive provisions, but instead incorporate the non-ambiguous and defined term "Solicitor" instead of "representative."

The proposed amendments in Subchapter 15 are primarily meant to aid readability. The OBPVS' requirement to check Oklahoma resident's Unpaid Tax Status in accordance with 68 O.S. §238, et seq. is also documented for the first time. The proposed amendments in Subchapters 17 and 19 only update terminology. The proposed amendments in Subchapter 21 are meant to document long-standing practices of the OBPVS and to make the provisions understandable to Applicants and Licensees.

The proposed amendments in Subchapter 21 recognize a new Legislatively-created exemption of seminars and workshops from licensing, but mainly eliminate language from the prior school license subchapters that do apply to seminars and workshops. The proposed amendments to Subchapter 27, again, try to group related provisions to enhance Applicant and Licensee understanding of the financial statement and stability Rules.

AUTHORITY:

70 O.S., 2014, §102.1, (2); The Oklahoma Board of Private Vocational Schools.

COMMENT PERIOD:

Persons wishing to submit written comments may do so from February 2, 2015 through March 4, 2015 at 4:30 p.m., to the attention of Nora House, Director. Written comments may be mailed to the Oklahoma Board of Private Vocational Schools, 3700 N. Classen Blvd, Suite 250, Oklahoma City, OK 73118, hand-delivered to the Oklahoma Board of Private Vocational Schools, 3700 N. Classen Blvd, Suite 250, Oklahoma City, OK, transmitted by facsimile, to (405) 528-3366 or by email to nhouse@obpvs.ok.gov

PUBLIC HEARING:

The Oklahoma Board of Private Vocational Schools will conduct a public hearing on March 5, 2015 at 11:00am in Conference Room 265 on the second floor at the address given above.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

The OBPVS asks business entities affected by the proposed rules to provide written information to the Agency, in dollar amounts if possible, about the increase in the level of direct costs, indirect costs, or other costs expected to be incurred by the business entity due to compliance with the proposed rules. Business entities may submit this information in writing to Nora House, at the above address, before the close of the comment period on March 4, 2015.

COPIES OF PROPOSED RULES:

Copies of the proposed rules may be obtained from Nora House, Director, at the above address or through nhouse@obpvs.ok.gov, via facsimile (405) 528-3366, or by telephoning the OBPVS office at (405)528-3370.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S. § 303 (D), a rule impact statement was prepared and is available at the same location listed above for reviewing and obtaining copies of the proposed rules.

Notices of Rulemaking Intent

ADDITIONAL INFORMATION:

For additional information contact any OBPVS staff member (Helen Myers, Mark Swan, or Nora House) at (405) 528-3370.

[OAR Docket #15-21; filed 1-8-15]

Submissions to Governor and Legislature

Within 10 calendar days after adoption by an agency of proposed PERMANENT rules, the agency must submit the rules to the Governor and the Legislature. A "statement" of such submission must subsequently be published by the agency in the *Register*.
For additional information on submissions to the Governor/Legislature, see 75 O.S., Section 303.1 and 308.

TITLE 210. STATE DEPARTMENT OF EDUCATION CHAPTER 10. SCHOOL ADMINISTRATION AND INSTRUCTIONAL SERVICES

[OAR Docket #15-14]

RULEMAKING ACTION:

Submission to Governor and Legislature

RULES:

Subchapter 1. General Provisions

210:10-1-18. Transfers [AMENDED]

SUBMISSION OF ADOPTED RULES TO GOVERNOR AND LEGISLATURE:

December 23, 2014

[OAR Docket #15-14; filed 1-8-15]

TITLE 210. STATE DEPARTMENT OF EDUCATION CHAPTER 15. CURRICULUM AND INSTRUCTION

[OAR Docket #15-15]

RULEMAKING ACTION:

Submission to Governor and Legislature

RULES:

Subchapter 4. Common Core State Standards [REVOKED]

210:15-4-1. Purpose [REVOKED]

210:15-4-2. Definitions [REVOKED]

210:15-4-3. Adoption and implementation [REVOKED]

Subchapter 34. Supplemental Online Course Procedures

210:15-34-1. General provisions [AMENDED]

SUBMISSION OF ADOPTED RULES TO GOVERNOR AND LEGISLATURE:

December 23, 2014

[OAR Docket #15-15; filed 1-8-15]

TITLE 210. STATE DEPARTMENT OF EDUCATION CHAPTER 20. STAFF

[OAR Docket #15-16]

RULEMAKING ACTION:

Submission to Governor and Legislature

RULES:

Subchapter 9. Professional Standards: Teacher Education
and Certification

Part 9. Teacher Certification

210:20-9-105. Non-traditional certification in special
education [NEW]

SUBMISSION OF ADOPTED RULES TO GOVERNOR AND LEGISLATURE:

December 23, 2014

[OAR Docket #15-16; filed 1-8-15]

Emergency Adoptions

"If an agency finds that a rule is necessary as an emergency measure, the rule may be promulgated" if the Governor approves the rules after determining "that the rule is necessary as an emergency measure to do any of the following:

- a. protect the public health, safety or welfare,
- b. comply with deadlines in amendments to an agency's governing law or federal programs,
- c. avoid violation of federal law or regulation or other state law,
- d. avoid imminent reduction to the agency's budget, or
- e. avoid serious prejudice to the public interest." [75 O.S., Section 253(A)]

An emergency rule is considered promulgated immediately upon approval by the Governor, and effective immediately upon the Governor's approval or a later date specified by the agency in the emergency rule document. An emergency rule expires on September 15 following the next regular legislative session after its promulgation, or on an earlier date specified by the agency, if not already superseded by a permanent rule or terminated through legislative action as described in 75 O.S., Section 253(H)(2).

Emergency rules are not published in the *Oklahoma Administrative Code*; however, a source note entry, which cites to the *Register* publication of the emergency action, is added to the *Code* upon promulgation of a superseding permanent rule or expiration/termination of the emergency action.

For additional information on the emergency rulemaking process, see 75 O.S., Section 253.

TITLE 25. OKLAHOMA AERONAUTICS COMMISSION CHAPTER 35. ANEMOMETER TOWER REGULATIONS

[OAR Docket #14-1157]

RULEMAKING ACTION:

EMERGENCY adoption

RULES:

Subchapter 1. General Provisions [NEW]
25:35-1-1 [NEW]
25:35-1-2 [NEW]
25:35-1-3 [NEW]
Subchapter 3. Marking of Anemometer Towers [NEW]
25:35-3-1 [NEW]
Subchapter 5. Establishment of Database [NEW]
25:35-5-1 [NEW]
Subchapter 7. Administrative Penalties [NEW]
25:35-7-1 [NEW]
Subchapter 9. Effective Dates [NEW]
25:35-9-1 [NEW]

AUTHORITY:

Oklahoma Aeronautics Commission, 3 O.S. Section 121

COMMENT PERIOD:

August 15, 2014 through September 15, 2014

PUBLIC HEARING:

September 16, 2014

ADOPTION:

November 13, 2014

APPROVED BY GOVERNOR:

December 17, 2014

EFFECTIVE:

Immediately upon Governor's approval

EXPIRATION:

Effective through September 14, 2015, unless superseded by another rule or disapproved by the Legislature.

SUPERSEDED EMERGENCY ACTIONS:

N/A

INCORPORATIONS BY REFERENCE:

N/A

FINDING OF EMERGENCY:

HB 3348, requiring the Aeronautics Commission to promulgate rules regulating the appearance of anemometer towers to ensure that anemometer towers are clearly recognizable, was passed by the Legislature this past session. The bill became effective on November 1, 2014. Emergency rules are needed to protect public health, safety, and welfare and to accomplish the objective of the legislation as soon as possible until permanent rules can be adopted regarding the marking, location, and height of anemometer towers. An inadequately marked anemometer tower not clearly recognizable to pilots has caused the death of at least one pilot in Oklahoma.

ANALYSIS:

The emergency rule will ensure that anemometer towers are marked for clear visibility and will establish a data base of anemometer tower locations in order to provide increased aviation safety for users of our air transportation system. The emergency rule sets the requirements and procedures to be followed by the Aeronautics Commission in the administration and enforcement of its duties regarding the regulation of anemometer towers throughout the state.

CONTACT PERSON:

Treasure Morgan, Aviation Education & Government Affairs Liaison, Oklahoma Aeronautics Commission, 120 N. Robinson, Suite 1244W, Oklahoma City, OK 73120, (405) 604-6915

PURSUANT TO THE ACTIONS DESCRIBED HEREIN, THE FOLLOWING EMERGENCY RULES ARE CONSIDERED PROMULGATED AND EFFECTIVE UPON APPROVAL BY THE GOVERNOR AS SET FORTH IN 75 O.S., SECTION 253 (F):

SUBCHAPTER 1. GENERAL PROVISIONS

25:35-1-1. Purpose

The purpose of this chapter is to set forth administrative rules for the implementation of Title 3, Oklahoma Statutes, Section 121. This chapter establishes the requirements and procedures to be followed by the Commission in the administration and enforcement of its duties under this provision. HB 3348 gives the Commission the authority to promulgate rules to ensure that anemometer towers are marked for clear visibility and to establish a data base of anemometer tower locations throughout the state.

25:35-1-2. Definitions

The following words and terms, when used in this chapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Anemometer" is an instrument for measuring and recording wind speed;

"Anemometer tower" is a structure, including all guy wires and accessory facilities, on which an anemometer is mounted, that is fifty (50) feet in height above the ground or higher, is not located within the boundaries of a municipality,

Emergency Adoptions

and whose appearance is not otherwise regulated by state or federal law; and

"Commission" means the Oklahoma Aeronautics Commission as created in Title 3, Oklahoma Statutes, Section 84 of the Oklahoma Statutes.

25:35-1-3. Additional zoning requirements

In addition to any zoning requirements of the Airport Zoning Act or the Aircraft Pilot and Passenger Protection Act, the Commission shall promulgate rules regulating the appearance of anemometer towers to ensure that anemometer towers are clearly recognizable in clear air during daylight hours.

SUBCHAPTER 3. MARKING OF ANEMOMETER TOWERS

25:35-3-1. Marking of anemometer towers

Marking as required by this chapter shall include marking the anemometer tower guy wires, and accessory facilities as follows:

- (1) The entire anemometer tower shall be painted in seven equal, alternating bands of aviation orange and white, beginning with orange at the top of the tower and with orange at the bottom of the tower.
- (2) Two marker balls shall be attached to and evenly spaced on each of the outside guy wires.
- (3) One seven-foot safety sleeve shall be placed at each anchor point and shall extend from the anchor point along each guy wire attached to the anchor point with a second sleeve attached to the outer guy wire.

SUBCHAPTER 5. ESTABLISHMENT OF DATABASE

25:35-5-1. Database requirements

(a) The Commission shall establish and maintain a database containing the location of all anemometer towers by November 1, 2015. The Commission may contract with a governmental entity or private entity to create and maintain the database.

(b) An owner of any existing anemometer tower erected in the state shall provide the Commission with information that specifies the owner, location and height of the tower and any other information that the Commission finds necessary for aviation safety.

(c) At least ten (10) days before the erection of an anemometer tower, an owner of the tower shall provide the Commission with information that specifies the owner, location and height of the tower and any other information that the Commission finds necessary for aviation safety.

(d) An owner of an anemometer tower shall notify the Commission within thirty (30) days after the removal of the tower.

SUBCHAPTER 7. ADMINISTRATIVE PENALTIES

25:35-7-1. Administrative penalties

(a) Failure to comply with the requirements of this chapter shall result in a fine of One Hundred Dollars (\$100.00) per day.

(b) Subsequent violations shall result in a fine of at least Five Hundred Dollars (\$500.00) and not more than Two Thousand Dollars (\$2,000.00) per day.

SUBCHAPTER 9. EFFECTIVE DATES

25:35-9-1. Effective dates

(a) The effective date of Subchapter 3 shall be the date the Governor approves this chapter.

(b) The effective date of Subchapter 5 shall be 30 days after the Governor approves this chapter.

(c) Anemometer towers erected prior to the date of adoption of this chapter shall be exempt from this chapter for one (1) year from the date of adoption.

[OAR Docket #14-1157; filed 12-30-14]

TITLE 158. CONSTRUCTION INDUSTRIES BOARD CHAPTER 1. PROCEDURES OF THE OKLAHOMA CONSTRUCTION INDUSTRIES BOARD

[OAR Docket #15-17]

RULEMAKING ACTION:

EMERGENCY adoption

RULES:

Subchapter 3. General Operation and Procedures

158:1-3-10. Acceptance of Military education, training, and experience toward qualification for licensure or endorsement examination [AMENDED]

158:1-3-11. Expediting issuances of license, registration, or endorsement to military spouse [AMENDED]

158:1-3-12. Renewals for licensee or registration or endorsement holder - post-military service [AMENDED]

AUTHORITY:

Construction Industries Board; 59 O.S. §§ 858-627, 1000.4, 1000.5, 1002, 1032, 1681, 1850.3 and 1151.2a(B)(2)

ADOPTION:

November 19, 2014

APPROVED BY GOVERNOR:

December 17, 2014

EFFECTIVE:

Immediately upon Governor's approval

EXPIRATION:

Effective through September 14, 2015, unless superseded by another rule or disapproved by the Legislature.

SUPERSEDED EMERGENCY ACTIONS:

N/A

INCORPORATIONS BY REFERENCE:

N/A

FINDING OF EMERGENCY:

The Construction Industries Board finds that promulgation of emergency rules is necessary in order to avoid violation of, and comply with 59 O.S.

§ 1151.2, et seq., as amended by House Bill 3184 which became effective November 1, 2014.

ANALYSIS:

The proposed rules are needed in order to administer the provisions of the Post-Military Service Occupation, Education and Credentialing Act, 59 O.S. § 4100.4, et seq., as they relate to administering the Roofing Contractor Registration Act as amended by House Bill 3184.

CONTACT PERSON:

Linda Ruckman 405-521-6550

PURSUANT TO THE ACTIONS DESCRIBED HEREIN, THE FOLLOWING EMERGENCY RULES ARE CONSIDERED PROMULGATED AND EFFECTIVE UPON APPROVAL BY THE GOVERNOR AS SET FORTH IN 75 O.S. SECTION 253(F):

SUBCHAPTER 3. GENERAL OPERATION AND PROCEDURES

158:1-3-10. Acceptance of Military education, training, and experience toward qualification for licensure or endorsement examination

(a) Licensure or endorsement - post-military service. In accordance with 59 O.S. § 4100.4 of the Post-Military Service Occupation, Education and Credentialing Act, the related trade committee and the Board shall, upon satisfactory evidence of substantially equivalent education, training and experience by an applicant for licensure, registration, or endorsement, accept the education, training and experience completed by the applicant as a member of the Armed Forces or Reserves of the United States, National Guard of any jurisdiction, the Military Reserves of any jurisdiction, or the Naval Militias of any jurisdiction, and apply it in the manner most favorable toward satisfying the applicant's qualifications for examination and license or endorsement issuance.

- (1) An applicant applying under this paragraph must complete and submit the following:
(A) Appropriate application(s).
(B) Satisfactory evidence of education, training and experience obtained by the applicant as a member of the military Armed Forces or Reserves of the United States.
(C) License, registration, or endorsement certification(s) from jurisdiction(s) in which the applicant has held or currently holds a license, registration, or endorsement, if applicable.
(D) Criminal history background application, finger print card and fee, if applicable.
(E) Successful completion of the appropriate examination.

(b) Military spouse applicant - equivalency. In accordance with 59 O.S. § 4100.5 the Board shall issue the individual an equivalent license, registration, or endorsement in an equivalent category if, in the opinion of the related trade committee, the requirements for licensure, registration, or endorsement of the other state are substantially equivalent to those required by this state, and the applicant:

- (1) is actively licensed or holds active registration or endorsement in another state;
(2) is the spouse of an active-duty member of the Armed Forces or Reserves of the United States;
(3) has a spouse subject to a military transfer to this state; and
(4) left employment in another state to accompany their spouse to this state.

(c) May be required to meet additional requirements. If, in the opinion of the related trade committee, there is a question as to the competence of the previously licensed, registered, or endorsed applicant, the individual may be required to meet additional educational courses and/or successfully complete the required examination.

158:1-3-11. Expediting issuances of license, registration, or endorsement to military spouse

The following procedures are hereby established to expedite the issuance of a license, registration, or endorsement for spouses of certain members of the Armed Forces on active duty in this state.

- (1) The Board shall expedite consideration of requests by military spouses by methods appropriate to the volume of such requests by, in its sole discretion, referring to the related trade committee to review them, or other appropriate methods. The Board may request supplemental information as may be necessary. The application will be heard, if necessary, at the next practicable trade related committee meeting following submission of all requested documentation.
(2) Upon satisfactory completion of any specific requirements in Oklahoma that were not required in the state in which the military spouse is licensed or holds an active registration or endorsement, or passing the required examination, the Board may issue the applicant an electrical, mechanical or plumbing journeyman license, or electrical, mechanical, or plumbing contractor license, or building and construction inspector license, or home inspector license, roofing registration or commercial roofing endorsement subject to the usual requirements of Oklahoma licensure, roofing registration or endorsement, including, but not limited to, continuing education, payment of license, roofing registration or endorsement fees and renewal fees, and compliance with all applicable statutes and rules of the Board.

158:1-3-12. Renewals for licensee or registration or endorsement holder - post-military service

(a) Active duty as a member of the Armed Forces of the United States. In accordance with 59 O.S. § 4100.6 of the Post-Military Service Occupation, Education and Credentialing Act, while a licensee or registration or endorsement holder is on active duty the license, registration or endorsement may be renewed without payment of the license, registration or endorsement renewal fee and meeting the continuing education

Emergency Adoptions

requirement. Such waiver shall be requested in writing to the Board prior to license, registration or endorsement expiration, along with evidence of the order for active duty. The license, registration or endorsement issued pursuant to this rule may be continued as long as the licensee or registration or endorsement holder is a member of the Armed Forces of the United States on active duty and for a period of at least one (1) year after discharge from active duty. Upon discharge from active duty and a request for license, registration or endorsement activation, the licensee or registration or endorsement holder shall submit to the Board evidence of successful completion of the continuing education requirement for the current license or endorsement renewal term.

- (1) If a licensee, or registration or endorsement holder on active duty does not request such waiver in writing and the license, registration or endorsement expires, the applicant may, by written request, provide the Board documentation as required in paragraph (a) of this section; however, no later than one (1) year after discharge from active duty.
 - (2) In the event a license, registration or endorsement expires during the events as noted herein, the Board shall waive any retesting license or endorsement examination as a result of the expired license or endorsement.
- (b) **Member of the National Guard or reserve component of the Armed Forces.** In accordance with 72 O.S. § 48.2 Extension and Renewal of Professional Licenses, any licensee, or registration or endorsement holder whose license, registration or endorsement expires while on active duty as a member of the National Guard or reserve component of the armed forces shall be extended until no later than one (1) year after the member is discharged from active duty status. Upon the Board receiving a copy of the official orders calling the member or reservist to active duty and official orders discharging the member or reservist from active duty all license, registration or endorsement fees and continuing education shall be waived for this time period as well as license or endorsement examination otherwise required as a result of license, registration or endorsement expiration.

[OAR Docket #15-17; filed 1-8-15]

TITLE 158. CONSTRUCTION INDUSTRIES BOARD CHAPTER 10. FINE SCHEDULE

[OAR Docket #15-18]

RULEMAKING ACTION:

EMERGENCY adoption

RULES:

Subchapter 3. Administrative Fine Schedule

158:10-3-1. Common requirements under the Electrical License Act, the Mechanical Licensing Act, the Plumbing License Law of 1955, ~~and~~ Home Inspection Licensing Act, and the Roofing Contractor Registration Act [AMENDED]

AUTHORITY:

Construction Industries Board; 59 O.S. § 1000.1, et seq.; 59 O.S. §§ 858-627, 1002, 1681, 1850.3 and 1151.2a

ADOPTION:

November 19, 2014

APPROVED BY GOVERNOR:

December 17, 2014

EFFECTIVE:

Immediately upon Governor's approval

EXPIRATION:

Effective through September 14, 2015, unless superseded by another rule or disapproved by the Legislature.

SUPERSEDED EMERGENCY ACTIONS:

N/A

INCORPORATIONS BY REFERENCE:

N/A

FINDING OF EMERGENCY:

The Construction Industries Board finds that promulgation of emergency rules is necessary in order to avoid violation of, and comply with 59 O.S. § 1151.2, *et seq.*, as amended by House Bill 3184 which became effective November 1, 2014.

ANALYSIS:

The proposed amendments establish the fines that may be assessed for violations of the Roofing Contractor Registration Act within the parameters established by the Act as amended by House Bill 3184.

CONTACT PERSON:

Linda Ruckman 405-521-6550

PURSUANT TO THE ACTIONS DESCRIBED HEREIN, THE FOLLOWING EMERGENCY RULES ARE CONSIDERED PROMULGATED AND EFFECTIVE UPON APPROVAL BY THE GOVERNOR AS SET FORTH IN 75 O.S. SECTION 253(F):

SUBCHAPTER 3. ADMINISTRATIVE FINE SCHEDULE

158:10-3-1. Common requirements under the Electrical License Act, the Mechanical Licensing Act, the Plumbing License Law of 1955, ~~and~~ Home Inspection Licensing Act, and the Roofing Contractor Registration Act

(a) The schedule of fines in this Section is based on violation of requirements common to the rules promulgated under authority of the Electrical License Act, the Mechanical Licensing Act and The Plumbing License Law of 1955, or each of the respective licensing laws, and the Roofing Contractor Registration Act. Except residential roofing jobs where a written warning may be issued prior to applying the fine schedule and as provided in Section 158:10-3-2, the fine schedule for citations issued by the Board for violations of the following requirements is:

- (1) Contracting without license or registration or endorsement, which includes offering to perform work through advertisement or otherwise:
 - (A) First - \$500.00
 - (B) Second or subsequent - \$1,000.00.
- (2) Inactive contractor or a journeyman engaged in contracting:
 - (A) First - \$500.00
 - (B) Second or subsequent - \$1,000.00.
- (3) Contractor working unlicensed or unregistered individual (per person):
 - (A) First - \$500.00;
 - (B) Second or subsequent - \$1,000.00.

- (4) Contractor working registered apprentice without direct supervision (per apprentice):
 - (A) First - \$500.00;
 - (B) Second or subsequent - \$1,000.00.
 - (5) Unlicensed or unregistered individual performing trade work under the direction of one acting as a contractor:
 - (A) First - \$500.00;
 - (B) Second or subsequent - \$1,000.00.
 - (6) Loaning a license or registration or endorsement:
 - (A) First - \$500;
 - (B) Second or subsequent - \$1,000.00.
 - (7) Forging, falsifying or altering a license or registration or endorsement:
 - (A) First - \$500.00;
 - (B) Second or subsequent - \$1,000.00.
 - (8) Code violations per day (after NOV compliance date):
 - (A) First - \$500.00.
 - (9) Contracting with an expired bond:
 - (A) First - \$500.00;
 - (B) Second or subsequent - \$1,000.00.
 - (10) Contracting with expired insurance
 - (A) First - \$500.00;
 - (B) Second or subsequent - \$1,000.00.
 - (11) Failure to properly display firm name and state license number, roofing registration number, and if applicable commercial endorsement number on vehicles; or roofing registrants failing to post on the job site and all media the name, registration number, and commercial endorsement number:
 - (A) First - \$500.00;
 - (B) Second or subsequent - \$1,000.00.
- (b) The fine schedule for citations issued by the Board for Violations of the Home Inspection Licensing Act or the Rules promulgated there under shall be subject to the following fines:
- (1) Violation of 158:70-5-2(d):
 - (A) First violation: \$50.00
 - (B) Subsequent violation: \$200.00
 - (2) Violations of 158:70-11-2(a):
 - (A) First violation: up to \$500.00
 - (B) Subsequent violation: up to \$1,000.00
 - (3) Violations of 158:70-11-2(b):
 - (A) First violation: up to \$500.00
 - (B) Subsequent violation: up to \$1,000.00
 - (4) Violations of 158:70-11-2(c):
 - (A) First violation: up to \$500.00
 - (B) Subsequent violation: up to \$1,000.00
 - (5) Violations of 158:70-11-2(d):
 - (A) First violation: up to \$200.00
 - (B) Subsequent violation: up to \$500.00
 - (6) Violations of 158:70-11-2(e):
 - (A) First violation: up to \$500.00
 - (B) Subsequent violation: up to \$1,000.00
 - (7) Violations of 158:70-11-2(f):
 - (A) First violation: up to \$500.00
 - (B) Subsequent violation: up to \$1,000.00
 - (8) Violations of 158:70-11-2(g):
 - (A) First violation: up to \$500.00
 - (B) Subsequent violation: up to \$1,000.00
 - (9) Violations of 158:70-11-2(h):
 - (A) First violation: up to \$500.00
 - (B) Subsequent violation: up to \$1,000.00
 - (10) Violations of 158:70-11-2(i):
 - (A) First violation: up to \$500.00
 - (B) Subsequent violation: up to \$1,000.00
 - (11) Violations of 158:70-11-2(j):
 - (A) First violation: up to \$1,000.00
 - (B) Subsequent violation: up to \$2,000.00
 - (12) Violations of 158:70-11-2(k):
 - (A) First violation: up to \$200.00
 - (B) Subsequent violation: up to \$500.00
 - (13) Violations of 158:70-11-2(l):
 - (A) First violation: up to \$200.00
 - (B) Subsequent violation: up to \$500.00
 - (14) Violations of 158:70-11-2(m):
 - (A) First violation: up to \$200.00
 - (B) Subsequent violation: up to \$500.00
 - (15) Violations of 158:70-11-2(n):
 - (A) First violation: up to \$200.00
 - (B) Subsequent violation: up to \$500.00
- (c) Violations of any other provision of the Electrical Industry Regulations, the Mechanical Industry Regulations and the Plumbing Industry Regulations not otherwise provided hereinabove or in 158:10-3-2, shall be subject to a fine of \$200.00 for the first offense and \$400.00 for each subsequent offense.
- (d) Violations of any other provision of the Roofing Contractor Registration Act or the Roofing Contractor Registration Regulations involving a residential job as provided in Chapter 85 of OAC 158, shall be subject to a fine of \$500.00 for the first offense, \$1,000.00 for a second offense, and \$3,500.00 for each subsequent offense.
- (e) Subsequent violations involving residential roofing jobs after adjudication of a \$1,000.00 fine, can be fined up to \$3,500.00.
- (f) Violations of any other provision of the Roofing Contractor Registration Act or the Roofing Contractor Registration Regulations involving a commercial job as provided in Chapter 85 of OAC 158, shall be subject to a fine of \$500.00 for the first offense, \$1,000.00 for a second offense, and \$5,000.00 for each subsequent offense.
- (g) Subsequent violations involving commercial roofing jobs after adjudication of a \$1,000.00 fine, can be fined up to \$5,000.00.

[OAR Docket #15-18; filed 1-8-15]

TITLE 158. CONSTRUCTION INDUSTRIES BOARD
CHAPTER 85. ROOFING CONTRACTOR REGISTRATION REGULATIONS

[OAR Docket #15-19]

RULEMAKING ACTION:
 EMERGENCY adoption

Emergency Adoptions

RULES:

Chapter 85. Roofing Contractor Registration Regulations [NEW]

AUTHORITY:

Construction Industries Board; 59 O.S. §§ 1000.4 and 1151.2a

ADOPTION:

November 19, 2014

APPROVED BY GOVERNOR:

December 17, 2014

EFFECTIVE:

Immediately upon Governor's approval

EXPIRATION:

Effective through September 14, 2015, unless superseded by another rule or disapproved by the Legislature.

SUPERSEDED EMERGENCY ACTIONS:

N/A

INCORPORATIONS BY REFERENCE:

N/A

FINDING OF EMERGENCY:

The Construction Industries Board finds that promulgation of emergency rules is necessary in order to avoid violation of, and comply with 59 O.S. § 1151.2, *et seq.*, as amended by House Bill 3184 which became effective November 1, 2014.

ANALYSIS:

The proposed emergency rules are needed in order to administer amendments to the Roofing Contractor Registration Act which include the creation of the Committee of Roofing Examiners, the Roofing Hearing Board, and the Oklahoma State Roofing Installation Code Variance and Appeals Board; authority for the Construction Industries Board to enforce the Act; requirement of an examination endorsement and continuing education for commercial roofing registrations; change in expiration date from June 30 to birth month for roofing registrations; etc.

CONTACT PERSON:

Linda Ruckman 405-521-6550

PURSUANT TO THE ACTIONS DESCRIBED HEREIN, THE FOLLOWING EMERGENCY RULES ARE CONSIDERED PROMULGATED AND EFFECTIVE UPON APPROVAL BY THE GOVERNOR AS SET FORTH IN 75 O.S. SECTION 253(F):

SUBCHAPTER 1. GENERAL PROVISIONS

158:85-1-1. Purpose

The rules in this Chapter implement the Roofing Contractor Registration Act, Title 59 O.S. § 1151, *et seq.*, as amended.

158:85-1-2. Definitions

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

"Act" means Roofing Contractor Registration Act as found at 59 O.S. § 1151, *et seq.*

"Administrator" means the Administrator of the Board as described in the Construction Industries Board Act found at 59 O.S. § 1000.1, *et seq.*

"Advertise" means any written publication, dissemination, solicitation, contract, bid, promotional item, or circulation which is intended to directly or indirectly induce any person to contract for roofing construction services with the advertiser, including, but not limited to, business cards, telephone directory display advertisements, vehicle signage, radio, television and electronic solicitations.

"Applicant" means the qualifying party, or if no qualifying party, any person applying under the Roofing Contractor Registration Act for a roofing contractor registration to be issued by the Construction Industries Board. Applicant also means any person making application under the Act for endorsement, examination, roofing code variance, or continuing education program and instructor approval.

"Board" means the Oklahoma Construction Industries Board.

"Bonds and Insurance Unit" means the staff unit that processes bonds and insurance for all trades, under the direction of the Construction Industries Board.

"Business entity" means a person as defined in this Subchapter.

"Certificate of insurance" means a general liability policy in the amounts specified in 59 O.S. Section 1151.5(C)(4) for roofing contractor work for which the general liability policy includes the registration number, if any, the roofing firm name, and that the policy specifically covers roofing work, with the Construction Industries Board added as a certificate holder to be immediately provided notice in the event such liability policy is cancelled for any reason or expires for non-payment of premiums.

"Commercial roofing contractor work" means work done on roofing systems or structures as defined as commercial in the International Building Code, as adopted by the Oklahoma Uniform Building Code Commission; except it does not mean buildings used for commercial purposes having equivalent or substantially the same roofing requirements as a "residence" defined herein, including but not limited to business offices converted from a structure that formerly was a residence.

"Committee" means the Committee of Roofing Examiners.

"Credit Hour" or **"Hour"** means at least fifty (50) minutes of classroom instruction with a ten (10) minute break.

"Excluded from registration" means those for whom no registration or endorsement is required pursuant to 59 O.S. § 1151.2(18)(a) through (d) and 59 O.S. § 1151.9(B).

"Handyman" means, a person who is receiving compensation from the owner in an amount less than \$10,000.00 or a repair area covering less than 25% of the roofing surface and who is performing roofing work in conjunction with other repairs to the property and who does not perform more than two roofing repair jobs per calendar year. Any roofing repair jobs performed by a handyman in excess of two per calendar year are not excluded from the provisions of the Act. Roofing repair jobs estimated at \$10,000.00 or more or repair of an area covering 25% or more of the roofing surface and paid out at less than \$10,000.00 are not excluded.

"Hearing Board" means the Roofing Hearing Board created by the Act.

"Homeowner" means one who owns and resides in, or who resides in, or who contracts for the purchase, construction, remodeling or repairing of a residence.

"ICC" means the International Code Council.

"Nonresident contractor" means any contractor who has not established and maintained a place of business as a roofing

contractor in this state within the preceding year, or who claims residency in another state, or who has not submitted an income tax return as an Oklahoma resident within the preceding year.

"Oklahoma Uniform Building Code Commission" or "OUBCC" means the state agency created under 59 O.S. § 1000.20, et. seq., and authorized to adopt all building codes and standards for residential and commercial construction to be used as minimum standards by all entities within this State.

"Owner" means the person who owns the property or is a lessee of the property.

"Person" means any natural person, firm, limited or general partnership, corporation, association, limited liability company, trust, association, other legal entity and any organization capable of conducting business, or any combination thereof acting as a unit, unless the intent to give a more limited meaning is disclosed clearly by the Roofing Contractor Registration Act.

"Prime contractor" means a general contractor, commercial contractor, or other contractor who contracts directly with the owner for construction trade work in multiple trade areas.

"Project manager" means one who manages construction projects consisting of work involving multiple trades.

"Public contract" means a contract with the State of Oklahoma, its political subdivisions, or any board, commission, or department thereof, or with any board of county commissioners, or with any city council, school board, or with any state or municipal agency, or with any other public board, body, commission, or agency authorized to award contracts for the construction or reconstruction of public works and includes subcontracts undertaken to perform works covered by the original contract or any part thereof.

"Qualifying party" means a natural person who is an officer or owner of the corporation, a member of the limited liability company, or a general partner of the limited liability partnership, and who is actively engaged in the work undertaken by the registrant for which a registration is required pursuant to the Roofing Contractor Registration Act who meets the experience and ability requirements for registration on behalf of the registrant.

"Reciprocity agreement" means a written agreement between states whereby a person holding a roofing registration, endorsement or license in another state with substantially similar or greater requirements than Oklahoma may be registered and endorsed for commercial roofing work, if any, in this State after application and payment of a fee for registration and endorsement by reciprocity.

"Registrar" means the Construction Industries Board or any person designated by the Board to administer the provisions of the Roofing Contractor Registration Act.

"Registration" means the process of applying for an initial or renewal registration which upon approval is exhibited by a registration number and card issued pursuant to the Roofing Contractor Registration Act.

"Registration number" means the roofing registration number issued by the registrar to the registrant's qualifying party.

"Registrant" means a holder of a registration issued pursuant to the Roofing Contractor Registration Act.

"Residence" means a single structure for residential occupancy or use which is a detached one- to four-family dwelling or a multiple single-family dwelling (townhouse) not more than three (3) stories/floors above grade plane in height with a separate means of egress, and which is intended for use as a primary habitation, and any appurtenances thereto shall be in compliance with the International Residential Code, as adopted by the Oklahoma Uniform Building Code Commission.

"Residential roofing contractor work" means work done on roofing systems as defined in the International Residential Code, as adopted by the Oklahoma Uniform Building Code Commission, or as defined as a "residence" herein; except for buildings used for commercial purposes having equivalent or substantially the same roofing requirements as a "residence" defined herein, including but not limited to business offices converted from a structure that formerly was a residence.

"Roofing contractor" means any person, including a subcontractor and nonresident contractor, engaged in the business of commercial or residential roofing contractor work as that term is defined and exclusions listed in 59 O.S. § 1151.2 and this Chapter.

"Roofing contractor work" means the installation, fabrication or assembly of equipment or systems included in commercial or residential roofing systems as defined in the International Building Code and the International Residential Code, as adopted by the Oklahoma Uniform Building Code Commission, and roofing construction work including, but not limited to, installation, renovation, remodeling, reroofing, reconstructing, repair, maintenance, improvement, alteration, and waterproofing, unless specifically excluded in the Roofing Contractor Registration Act.

"Roofing firm" means any person, as defined by the Act, offering to engage or engaging in roofing contractor work.

"Roofing Hearing Board" means the Hearing Board enacted pursuant to 59 O.S. § 1151.28 which shall consist of a designee of the Construction Industries Board, as chair, and the members of the Committee of Roofing Examiners acting in compliance with the provisions of the Construction Industries Board Act, rules and Article II of the Administrative Procedures Act

"Roofing Unit" means the staff and administrative support unit to the Committee of Roofing Examiners and the Roofing Hearing Board.

"Subcontractor" means one who contracts with a prime contractor, general contractor, residential contractor, project manager, property manager, another subcontractor, or another entity for roofing contractor work.

"Variance" means the use of an alternative material or method of construction from that prescribed in the International Building Code or the International Residential Code or other approved documents by the Oklahoma Uniform Building Code Commission, described as the standard of installation at OAC 158:85-1-4, for use at a particular location or project specified in the variance application.

Emergency Adoptions

"Variance and Appeals Board" means the Oklahoma State Roofing Installation Code Variance and Appeals Board enacted pursuant to 59 O.S. § 1151.29.

158:85-1-3. Requirement to be registered and endorsed

No person, on his or her own behalf or on behalf of a roofing firm, shall engage or offer to engage in, by advertisement or otherwise, any roofing work who does not possess a valid and appropriate registration and endorsement, if required, from the Construction Industries Board unless otherwise excluded by law. All registrations are nontransferable.

158:85-1-4. Standard of installation

The standards of installation are the provisions of the building codes - the International Residential Code ("IRC") and the International Building Code ("IBC"), as revised and adopted by the Oklahoma Uniform Building Code Commission pursuant to the Oklahoma Uniform Building Code Commission Act.

SUBCHAPTER 2. REGISTRATION AND ENDORSEMENT APPLICATION AND RENEWAL REQUIREMENTS, PROCEDURES, FEES, DURATION, MILITARY AND RECIPROCITY

158:85-2-1. Registration, insurance, and workers compensation coverage

(a) Registration Requirement.

(1) All persons performing roofing contractor work are required to apply and obtain from the Board a roofing registration number before advertising or engaging in the performance of roofing contractor work unless excluded under the Act. All persons performing commercial roofing contractor work as defined in this Chapter are required to apply and obtain from the Board a commercial endorsement to a roofing registration before advertising or engaging in the performance of commercial roofing contractor work unless excluded under the Act. The commercial endorsement is in addition to the registration. Roofing contractors who do not perform commercial roofing contractor work and only perform residential roofing contractor work do not need to obtain a commercial endorsement.

(2) Each roofing firm must have a person who is currently registered as a roofing contractor, and employed, full time, and who shall give full time to the supervision and control of operations necessary to ensure full compliance with the provisions of the Act and these Rules. Such contractor shall be an officer, partner or owner of that roofing firm, and shall be responsible for the work, registered, and endorsed if applicable, on behalf of that roofing firm.

(3) Applications for registration and commercial endorsement for any commercial roofing work shall be made to the Construction Industries Board in writing and under oath on forms approved and provided by the Board and

shall be accompanied by the proper fee. If the registrar deems it appropriate or necessary, the registrar may also require other information to be included on the application form to assist the registrar in registering the person as a contractor.

(b) Insurance.

(1) Prior to engaging in roofing work, each person on an initial application process, and all roofing contractors submitting renewal applications, shall provide proof of financial responsibility by providing a certificate of insurance which indicates a minimum general liability policy of \$500,000.00 for residential roofing contractor work and \$1,000,000.00 for endorsement of commercial roofing contractor work. Proof that the general liability policy specifically includes coverage of roofing work must be provided by the insurance policy carrier to the registrar.

(2) Any insurance company issuing a liability policy to a roofing contractor pursuant to the provisions of the Roofing Contractor Registration Act shall include the registration number, if any, the roofing firm name, and sufficient information to demonstrate the policy specifically covers roofing work; shall add the Construction Industries Board as a certificate holder; and shall be required to notify the Construction Industries Board in the event such liability policy is cancelled for any reason or expires for non-payment of premiums.

(c) Workers Compensation. The roofing contractor shall submit proof that the contractor has secured workers' compensation coverage satisfactory under the Workers' Compensation Act, or an affidavit of exemption or self-insurance as authorized pursuant to the Workers' Compensation Act which shall be maintained during all times of engaging in and performing roofing contractor work. Any insurance company issuing a workers' compensation coverage policy to a roofing contractor pursuant to the provisions of the Roofing Contractor Registration Act shall include the registration number, if any, the roofing firm name, and sufficient information to demonstrate the policy specifically covers roofing work, add the Construction Industries Board as a certificate holder and shall be required to notify the Construction Industries Board in the event such liability policy is cancelled for any reason or expires for non-payment of premiums.

(d) Failure to Provide. Any person failing to provide certificate of insurance or worker's compensation information at the time of initial application may be refused registration or endorsement for incomplete information, and all current registrations and endorsements under the Roofing Contractor Registration Act shall be placed not in good standing on the date of the policy cancellation. The registrar must receive proof of insurance and workers compensation prior to restoring the registration and endorsement. Any registrations and endorsements remaining in not good standing may be suspended or revoked according to the Act.

158:85-2-2. Endorsement required for commercial roofing work

(a) Application. Application for roofing endorsement shall be done by filling out an application for examination on a form

provided by the Roofing Unit. The requirements for commercial endorsement are the same as for roofing registration with additional requirements as listed in this Subchapter.

(b) **Business entity.** The qualifying party applying for a commercial roofer endorsement must provide information on the legal business entity, including but not limited to the articles, organizational agreements or documents establishing the legal business entity, including a list of the officers, members, managers, partners, or other managing agents of the legal entity.

(c) **Insurance.**

(1) Each person on initial application and upon receiving a contractor's registration endorsement, prior to engaging in commercial roofing work, and all commercial roofing contractors submitting endorsement renewal applications, shall provide proof of financial responsibility by providing a certificate of insurance which indicates a minimum general liability policy of \$1,000,000.00 for endorsement of commercial roofing contractor work.

(2) Any insurance company issuing a liability policy to a roofing contractor pursuant to the provisions of the Roofing Contractor Registration Act shall add the Construction Industries Board as a certificate holder and shall be required to notify the Construction Industries Board in the event such liability policy is cancelled for any reason or expires for non-payment of premiums.

(d) **Examination.** In order to obtain a commercial endorsement on a roofing registration for those doing commercial roofing contractor work, the qualifying party shall have successfully passed the appropriate examination. Any applicant initially failing to pass the examination shall not be permitted to take another examination for a period of thirty (30) days. Any applicant subsequently failing to pass the examination shall not be permitted to take another examination for a period of ninety (90) days. However, in a declared state of emergency, the examination shall be available as often as possible as determined by the registrar.

(e) **Continuing Education.** No commercial endorsement shall be renewed unless the qualifying party has completed the required hours of continuing education, as determined and approved by the Committee of Roofing Examiners and the Construction Industries Board. Continuing education requirements are at Subchapter 9.

158:85-2-3. Application procedure and information required

(a) To obtain a roofing contractor registration under the Roofing Contractor Registration Act, an applicant who is a qualifying party of eighteen (18) years of age or older shall submit, on forms the registrar prescribes, the following:

(1) An application under oath and notarized containing a statement:

(A) of the applicant's qualifying party's experience and qualifications, if any, as a roofing contractor,

(B) that the qualifying party desires the issuance of a roofing contractor registration certificate,

(C) that the qualifying party has read the Roofing Contractor Registration Act and will comply with the

provisions of the Roofing Contractor Registration Act and rules,

(D) that the qualifying party will comply with state laws and local ordinances relating to standards and permits,

(E) that the qualifying party has or has not been registered or licensed as a roofing contractor in another state and whether any disciplinary action has been taken against such registration or license and whether it is currently in good standing, and

(F) that the nonresident qualifying party appoints the Secretary of State as legal service agent for all lawful process to be served upon the applicant for work performed in this state or as otherwise provided in the Roofing Contractor Registration Act; and

(G) that the information contained on the application form is true and correct to the best of the qualifying party's knowledge.

(b) The qualifying party shall provide the following:

(1) Full legal name;

(2) Mailing address, and physical address, if different, of the roofing firm business and personal address - unless listing physical address of registered service agent other than the Secretary of State in lieu of personal address;

(3) Business and personal telephone numbers;

(4) Email address;

(5) Age;

(6) Disclosure of State of residence;

(7) Disclosure of whether registered contractor is a resident or non-resident;

(8) Name address and telephone number of any business entity used to engage in business as a roofing contractor;

(9) Name and address of legal registered service agent in the State of Oklahoma for any business entity listed;

(10) Disclosure of all felony offenses of which applicant has been charged in this or any state;

(11) Disclosure of any citations, fines, suspensions, revocations or other disciplinary actions taken against applicant as a roofing contractor in Oklahoma or any other state;

(12) Proof of lawful presence in the United States;

(13) Valid certificate of general liability insurance as required by the Act;

(14) Proof of adequate workers compensation insurance coverage;

(15) Certificate of good standing from the Oklahoma Secretary of State if applicant is registering a domestic business entity;

(16) Information on any other person who will be authorized to act as the business entity;

(17) Additional information required by the registrar.

(c) Each person on initial application and upon receiving a contractor's registration, prior to engaging in roofing work, and all roofing contractors submitting renewal applications, shall provide proof of compliance with insurance requirements as set forth in this Subchapter and must show proof of compliance with the Nonresident Contracting Act, 68 O.S. §§ 1701 through

Emergency Adoptions

1707, by providing on initial and annual renewal applications the following:

- (1) Address of business;
- (2) Phone number of business;
- (3) Number of employees;
- (4) Federal Tax Number;
- (5) Employer's Social Security Numbers;
- (6) Employer's account number assigned by the Oklahoma Employment Security Commission;
- (7) Nonresident contractor bond on file with the Oklahoma Tax Commission, if applicable; and
- (8) Proof of workers' compensation policy in compliance with the provisions of Title 85 of the Oklahoma Statutes.

158:85-2-4. Renewal of registration and endorsement

(a) Applications for renewal of a registration and commercial endorsement shall be made to the Construction Industries Board in writing and under oath on forms approved and provided by the Board and shall be accompanied by the proper fee.

(b) Any registration issued may be renewed by submitting the completed registration form, requirements and fee for the next year before the birth month expiration date.

(c) Any endorsement issued may be renewed by submitting the completed registration and endorsement form, requirements and fee for the next year before the birth month expiration date, along with providing any applicable continuing education and insurance requirements. Before any commercial endorsement may be renewed, all applicable continuing education requirements must be met. Any endorsement which remains expired for longer than two (2) years shall not be renewed. The former endorsement holder shall be required to make an initial application and retest to obtain the endorsement.

(d) A registration or endorsement renewed under the provision of this Chapter is effective when notice of such renewal is issued by the Construction Industries Board.

158:85-2-5. Fees

(a) Due to the pro-ration of fees by moving expiration from June 30 annually to the last day of the birth month of the qualifying party, these fees may vary until all registrant's expirations have been moved to the birth month expiration dates.

(b) The annual registration and commercial endorsement fee and application fee schedule shall be as follows:

- (1) initial roofing contractor registration - \$75.00
- (2) initial roofing contractor registration by reciprocity - \$75.00
- (3) initial roofing endorsement by reciprocity - \$200.00
- (4) renewal of roofing contractor registration - \$75.00
- (5) application for commercial endorsement on roofing contractor registration - \$30.00
- (6) initial commercial endorsement on roofing contractor registration - \$200.00

(7) initial commercial endorsement and registration by reciprocity - \$275.00

(8) renewal of commercial endorsement on roofing contractor registration - \$100.00

(9) renewal of commercial endorsement and registration by reciprocity - \$175.00

(10) renewal roofing contractor registration late fee if overdue 31 to 60 days - \$100.00

(11) renewal roofing contractor registration late fee for suspended registration - \$150.00

(12) renewal roofing contractor registration reinstatement fee for revoked registration - \$300.00

(c) In addition to a registration being categorized as not in good standing or suspended for nonrenewal, pursuant to 59 O.S. § 1151.12(D), registrants have 31 to 60 days after the expiration of a roofing contractor registration to renew, but a late registration renewal fee of \$100.00 is effective as provided in the Act and as listed above.

(d) Pursuant to 59 O.S. § 1151.12(E), a roofing contractor desiring to renew a registration certificate that has been suspended for any cause provided in the Act shall be assessed a fee equal to twice the amount of the fee established by 59 O.S. § 1151.8(D) as listed above. Further, for any registration that has been revoked for any cause provided in the Act, a reinstatement fee in addition to the registration renewal fee is assessed, both of which are listed above.

(e) Commercial endorsement of a registration requires an examination. Examination fees are separate fees and are paid directly to the testing provider.

(1) **Payable when.** All registration and endorsement fees shall be paid at the time that the application is filed.

(2) **Initial Registration and Endorsement Fee.** The fee for registration as a Registered Roofing Contractor with commercial endorsement shall be Two Hundred Seventy-Five Dollars (\$275.00)

(3) **Renewal Registration and Endorsement Fee.** The fee for a renewal registration as a Registered Roofing Contractor with commercial endorsement shall be One Hundred Seventy-Five Dollars (\$175.00)

(4) **Change of registry information fee.** The fee for the change of information of a registered roofing contractor in the Oklahoma Registry of Roofing Contractors shall be Twenty Five Dollars (\$25.00). This fee shall be applicable when an applicant or registrant submits a change of information notification form required by 59 O.S. § 1151.11.

158:85-2-6. Duration of registration and endorsement

(a) All registrations and commercial endorsements shall have a duration of no more than one year following the proration of fees moving the expiration date to the birth month of the qualifying party.

(b) An expired registration and endorsement, if any, may be reinstated if: The registration form, fee, and other information are submitted according to the Act, rules, and OAC 158:85-2-5.

(c) A registrant who, during an investigation of the registrant by the Construction Industries Board or Office of the District

Attorney, surrenders their registration or endorsement shall be treated as if the registration and any endorsement had been revoked for one (1) year from the day of surrender, unless in conjunction with a subsequent misdemeanor charge for which it shall be treated as revoked for two (2) years.

(d) A registration cannot be renewed or reinstated until the registrant has paid any and all outstanding fines due and owing to the Construction Industries Board, Office of the District Attorney, or District Court of Oklahoma.

158:85-2-7. Registration and Endorsement - post-military and military spouse application, expediting issuance of endorsement to military spouse, and renewals for endorsement - post- military service

(a) **Acceptance of Military education, training and experience toward qualification for endorsement.**

(1) **Registration and Endorsement - post-military service.** See OAC 158:1-3-10 for provisions related to the application of substantially equivalent education, training, and experience completed as a member of the Armed Forces or Reserves of the United States, National Guard of any jurisdiction, the Military Reserves of any jurisdiction, or the Naval Militias of any jurisdiction toward satisfying the qualifications for registration, examination and endorsement issuance.

(2) **Military spouse applicant - equivalency.** See OAC 158:1-3-10 for provisions related to registration and issuance of an equivalent endorsement in an equivalent category for the spouse of an active-duty member of the Armed Forces or Reserves of the United States.

(b) **Expediting issuances of registration and endorsement to military spouse.** See OAC 158:1-3-11 for provisions related the Board expediting the issuance of a registration and endorsement for spouses of certain members of the Armed Forces on active duty in this state.

(c) **Renewals for registration and endorsement - post-military service.** See OAC 158:1-3-12 for provisions related to registration renewal while a registrant is a member of the Armed Forces of the United States on active duty, and for provisions related to a registrant whose registration expires while on active duty as a member of the National Guard or reserve component of the Armed Forces.

158:85-2-8. Roofing contractor registration and commercial endorsement by reciprocity

(a) **General procedures for application.** Any person holding a valid commercial roofing contractor license or registration issued by another state who is seeking to obtain a registration and endorsement by reciprocity shall first submit an application to the Construction Industries Board on a form provided by the Board. The application shall include all documentation necessary to show the applicant meets the requirements under Oklahoma law to receive a roofing contractor registration and commercial endorsement, if any. All applications shall first be

directed to the Committee or its designee for an initial review to determine if the applicant meets the qualifications for a registration endorsement by reciprocity as set forth in these rules and in 59 O.S. § 1000.5A. Following this review, the Committee or its designee shall make a recommendation to the Board or its designee as to whether the application should be approved or disapproved. The Board or its designee shall make the final determination as to whether an application shall be approved or disapproved. If an application is disapproved by the Board or its designee, the application shall be returned to the applicant with the reason for the disapproval.

(b) **Application fees.** Before an application will be considered, a person applying for a roofing contractor registration commercial endorsement by reciprocity must pay a registration fee if not already registered, and an application and endorsement fee as listed in OAC 158:85-2-5. The registration and application fees shall not be refundable under any circumstances.

(c) **Requirements for issuance of a registration endorsement by reciprocity.** An application for a registration endorsement by reciprocity requires the following:

(1) That the requirements for registration endorsement from the state in which the applicant is registered or licensed is determined to be substantially the same or equivalent to the requirements for obtaining a registration endorsement by examination in this state. In making this determination, the following shall be considered:

(A) Whether the experience required by the other state to be eligible to sit for the registration endorsement examination is substantially the same or equivalent to the Board's requirements;

(B) Whether the experience in commercial work required by the other state is substantially the same or equivalent to the Board's requirements;

(C) Whether the continuing education requirements of the other state are substantially the same or equivalent to the Board's requirements;

(D) Whether the codes adopted by the other state are substantially the same or equivalent to the Board's requirements;

(E) Whether the examination of the other state is substantially the same or equivalent to the Board's requirements. This shall include the score required to pass the examination, the subject matter of the examination, the codes on which the examination is based, and whether the examination is in written form; and

(F) Whether the above-listed factors are set forth and determined to be substantially the same or equivalent in a written reciprocity agreement between the states.

(2) That the other state will recognize a registration endorsement issued by the State of Oklahoma through the Construction Industries Board. Paragraphs 1 and 2 of this rule may only be satisfied by the existence of a written reciprocity agreement between the Board and the state issuing the applicant's current registration or license as provided in subsection (d) of this Section.

Emergency Adoptions

(3) That the applicant is currently registered or licensed by a state that meets the requirements of (c)(1) of this Section and that one year immediately prior to the application, the applicant lawfully practiced an applicable trade within and under the laws of that state.

(4) That no disciplinary matters are pending against the applicant in any jurisdiction in which the applicant is currently registered or licensed. This requirement will be considered satisfied upon presentation of a certified statement from the licensing authorities of all jurisdictions in which the applicant is currently registered or licensed that no disciplinary matters are pending against applicant.

(5) That the applicant obtained the registration or license to be reciprocated by examination.

(d) **Reciprocity agreements.** The Board may enter into a reciprocity agreement with another state if the requirements for licensure in the other state are deemed by the Board to be substantially the same or equivalent to the requirements for obtaining an original registration endorsement by examination in this state.

(e) **Reciprocal discipline.** Disciplinary action taken against the reciprocal license or registration or endorsement is grounds for disciplinary action against the registration issued pursuant to the Roofing Contractor Registration Act.

158:85-2-9. [RESERVED]

158:85-2-10. [RESERVED]

158:85-2-11. [RESERVED]

158:85-2-12. [RESERVED]

158:85-2-13. [RESERVED]

158:85-2-14. [RESERVED]

158:85-2-15. **Conversion of annual registrations to last day of birth month and proration of endorsement to coincide with duration of registration**

(a) Beginning November 1, 2014, initial registrations and initial endorsements will be effective to the next birth month of the qualifying party up to 18 months.

(b) For those with roofing registrations expiring June 30, 2015, requesting registration renewal and filing for commercial endorsement, all renewal registrations will be prorated as follows:

(1) Renewal Roofing Contractor Registrations with the registrant's birth date in the months from July through December will pay a regular renewal fee of \$75.00 plus \$6.25, which is 1/12 of a full renewal fee, for each month (August, September, October, November, December) until the birth month of the registrant. This period of prorated

fees will extend the duration of the registration of the registrant in the year 2015.

(2) Renewal Roofing Contractor Registrations with the registrant's birth date in the months from January 2015 through June 2015 will pay \$6.25, which is 1/12 of a full renewal fee, for each month until their next birth month (January, February, March, April, May, June) at which time they will pay a full fee to renew their registration for a period of one year.

(3) Expiration of a commercial endorsement will coincide with the registrant's birth month, and will be effective July 1, 2015, up to the qualifying party's birth month, for a period up to 18 months.

(4) Any late fees are not prorated.

SUBCHAPTER 3. PROCEDURES OF THE COMMITTEE AND HEARING BOARD

158:85-3-1. Procedures of the Committee

(a) The Committee shall serve the Construction Industries Board in an advisory capacity, assist and advise on all matters pertaining to the formation of rules pursuant to the Act, and assist and advise the Administrator, as needed, on the examination of applicants for registration endorsement as a commercial roofing contractor and on all matters related to the registering of roofing contractors, in accordance with these rules and the Act. The Committee shall make up a part of the Roofing Hearing Board.

(b) Committee meetings will be held in the principal offices of the Construction Industries Board referenced at OAC 158:1-3-1, unless posted otherwise according to the Open Meeting Act. The Committee shall meet as often as is necessary, but at least once each quarter.

(c) The public may communicate with the Committee, in person or by mail, through the Oklahoma Construction Industries Board.

158:85-3-2. Procedures of the Hearing Board

(a) The Hearing Board shall meet as often as is necessary to enforce the requirements of the Act and these Rules. The designee of the Construction Industries Board, as chair, and the members of the Committee of Roofing Examiners shall constitute a Roofing Hearing Board, which may on its own motion make investigations and conduct hearings, including administrative hearings on individual proceedings according to OAC 158:1-3-6 with a hearing examiner, for citations issued which can result in fines, probation or reprimand, and revocation or suspension of a registration or endorsement, or any other hearing authorized by the Act.

(b) The procedure in individual proceedings shall be held in accordance with the provisions of Article II of the Administrative Procedures Act, the Roofing Contractor Registration Act and its rules, and the rules of the Construction Industries Board, specifically Subchapter 5 (OAC158:1-5-3, *et seq.*).

(c) The Roofing Hearing Board may, on its own motion or upon complaint in writing duly signed and verified by the complainant, and upon not less than ten (10) days' notice to the registrant, suspend any registration or endorsement issued under the Act and may revoke such registration or endorsement in the manner provided in the Act, if by clear and convincing evidence it finds that the holder of the registration or endorsement has violated the provisions of the Act.

(d) The standard of installation to be used by the Hearing Board for individual proceedings concerning the work of contractors shall be the applicable standard established pursuant to OAC 158:85-1-4, unless a city or county roofing requirement is otherwise applicable as a matter of law.

158:85-3-4. Authority for proceedings

The Construction Industries Board is authorized:

(1) To investigate complaints, qualifications of qualifying parties, applicants for registration, job sites, and any person to determine if there is a violation of the provisions of the Roofing Contractor Registration Act.

(2) To initiate disciplinary proceedings, request prosecution, and initiate injunctive proceedings against any who violate the provisions of the Roofing Contractor Registration Act or rules.

(3) To refer complaints of violations of the Roofing Contractor Registration Act to the district attorney for prosecution or the Board may determine to issue an administrative fine according to the Act.

(A) Complaint for failure to obtain a valid registration prior to acting as a roofing contractor or acting as a roofing contractor when his or her registration is not in good standing, suspended, or revoked without complying with the proper disclosure and option to the homeowner to cancel the contract pursuant to 59 O.S. § 1151.5 and is a first offense may be administratively fined and disciplined.

(B) Complaints for violations of any other provisions of the Act on first offense may be administratively fined and disciplined or referred to the district attorney by the Roofing Hearing Board.

(C) Notice of violation and notice of hearing will be provided pursuant to law.

SUBCHAPTER 5. REGISTRATION AND ENDORSEMENT REQUIREMENTS AND LIMITATIONS, DISPLAY OF REGISTRATION NUMBER, ENDORSEMENT, FIRM NAME AND CONTACT INFORMATION, EXCLUSIONS

158:85-5-1. Registration requirements

(a) A valid and current registration issued pursuant to the Roofing Contractor Registration Act is required before a person may advertise or act as a roofing contractor, unless the person is exempt under the Roofing Contractor Registration Act.

A roofing contractor's registration and required liability insurance shall be valid and in good standing at the time of soliciting a project and during subsequent job performance.

(b) A roofing contractor's registration certificate cannot be shared or used by any other individual or business entity; provided, however, a combination of contractors may be collectively registered for use by designated contractors acting as agents for a business entity so long as the application for registration contains sufficient information on each member of the business entity, each member individually meets all of the requirements for registration set forth in the Act and these rules, and the business entity is registered listing all designated contractor members of the business entity.

158:85-5-2. Grounds for refusal to grant registration

An applicant may be denied registration for any of the following:

(1) An applicant's application contains false, misleading or incomplete information;

(2) An applicant refuses to provide information requested by the application form or additional information requested by the Registrar;

(3) An applicant does not pay the required fees;

(4) An applicant is currently a registrant whose Roofing Contractor Registration has been suspended or revoked pursuant to the Act;

(5) An applicant is a registered or licensed roofing contractor in a state other than Oklahoma and the license or registration has been suspended or revoked by the other state(s); or

(6) Applicant has failed, neglected or refused to pay taxes currently due in the State of Oklahoma.

158:85-5-3. Registration responsibilities and limitations

The holder of a roofing registration or roofer registration with commercial endorsement, shall:

(1) maintain required liability insurance coverage at all times,

(2) maintain workers' compensation coverage satisfactory under the Workers' Compensation Act.

(3) maintain or renew a roofing contractor registration as provided in the Roofing Contractor Registration Act;

(4) file or renew a trade name registration;

(5) file, renew, or properly amend any fictitious name certificate.

(6) maintain an active status of a corporation or registration as a foreign corporation, a limited liability company or registration as a foreign limited liability company, a limited liability partnership registration or foreign limited liability partnership registration, or a limited partnership certificate or limited partnership or foreign limited partnership certificate of authority, with the Oklahoma Office of the Secretary of State.

(7) maintain a registration or license as required by law in another state while registered in this state as a nonresident roofing contractor;

Emergency Adoptions

(8) notify the registrar in writing within ten (10) days of a change in name, qualifying party, address, legal business entity, business relationship, structure or affiliation, change in firm ownership of fifty percent (50%) or more of the stock or beneficial interest in the company, legal service agent, or adjudication by a court of competent jurisdiction for any act or omission specified in 59 O.S. § 1151.14(A) or a violation of the Roofing Contractor Registration Act;

(9) file and pay all taxes of the qualifying party and business entity when due in this state.

(10) pay all fines imposed by final orders of the Construction Industries Board, and fines and penalties imposed by courts of competent jurisdiction and agreements with a District Attorney.

(11) comply with state laws and local ordinances relating to standards and permits for roofing services and projects;

(12) submit the roofing contractor's registration certificate number when applying for any permit issued by the state, or any of its political subdivisions, for commercial or residential roofing services or projects, if a permit is required by such authority;

(13) notify the registrar within ten (10) days after he or she receives notice that any conviction has been rendered against him or her or the registrant or qualifying party has made any plea of guilty, nolo contendere or finding of guilt. The notification shall be in writing, by certified mail, and shall include a copy of the conviction, plea, finding of guilt or judgment and sentence;

(14) notify the registrar immediately upon receipt of an order imposing disciplinary action upon its registration issued by any other professional regulatory board, in this or any other jurisdiction.

158:85-5-4. Display and posting of registration number, endorsement, and firm name

(a) Each person issued a contractor registration shall display the roofing contractor firm name, the contractor registration number bearing the initials "OK" preceding that registration number issued by the registrar, and commercial endorsement, if any, on all vehicles used to transport materials and tools in the operation of the business. Such names, numbers and lettering shall be printed in letters and numerals at least two (2) inches in height in a conspicuous location on both sides of each vehicle in contrasting color to the background color.

(b) The roofing contractor state registration number, along with any commercial endorsement, must be displayed on all advertising, contracts, and bids. Advertising for the purposes of this subsection shall not include uniforms or promotional items including but not limited to pens, pencils, key chains, tape measures, and the like.

(c) Each registrant, or the agents, servants, and employees of a registered roofing contractor shall post in a conspicuous place on the job site where any roofing work is performed, in size, color contrast, language and written form that is easily legible, the roofing firm name, registration number, existence

of any commercial endorsement, and telephone number for the registrant pursuant to 59 O.S. § 1151.7 under which any work is being performed, and on all media containing the registrant's name, including but not limited to magnetic signs on vehicles, business cards, contracts, bids, letterhead, signs, and advertisements.

158:85-5-5. Exclusions to requirements of registration and endorsement

Unless exempt under the Roofing Contractor Registration Act, a person must be a registered roofing contractor, and endorsed if required, pursuant to the Roofing Contractor Registration Act before advertising or acting as a roofing contractor. Persons excluded from registration, and accompanying endorsement, are:

(1) a person engaged in the demolition of a structure or the cleanup of construction waste and debris that contains roofing material.

(2) a person working under the direct supervision of the roofing contractor who is hired either as an employee, day laborer, or contract laborer whose payment, received in any form, from the roofing contractor is subject to self-employment tax.

(3) a person working on his or her own property or that of an immediate relative and such person is not receiving any compensation, or

(4) a person acting as a handyman, as defined in this Chapter, who does not perform more than two roofing repair jobs per calendar year. Roofing repair jobs performed by a handyman per calendar year in excess of two per year do not fall under the exclusions from the provisions of the Act. Roofing repair jobs by a handyman in excess of two per year require registration. Roofing repair jobs estimated at \$10,000.00 or more or repair area covering 25% or more of the roofing surface and paid out at less than \$10,000.00 are not excluded;

(5) an actual owner of residential or farm property who physically performs, or has family member, employee or employees who perform with or without remuneration, roofing services including, construction, installation, renovation, repair, maintenance, alteration, waterproofing, or removal of materials or structures on property owned by such person;

(6) any authorized employee, representative or representatives of the United States Government, the State of Oklahoma, or any county, municipality, or other political subdivision of this state doing roofing work on their own facility that does not violate manufacturer specifications, applicable codes, nor compromise health or safety standards and practices;

(7) any person who furnishes any fabricated or finished product, material, or article of merchandise which is not incorporated into or attached to real property by such person so as to become affixed thereto;

(8) any person, including churches, or other charitable entities that provide roof repairs or replacements at no charge using volunteer labor;

(9) any employee of a registrant who does not hold himself or herself out for hire, advertise, or engage in contracting, except as an employee of a registrant;

(10) licensed engineers, licensed architects, licensed HVAC and any other person licensed by the jurisdiction, operating under the purview and within the scope of their respective license;

(11) a person who only furnishes roofing materials, roofing supplies or equipment and does not, nor do the person's employees, install or fabricate them into or consume them in the performance of the work of the roofing contractor;

(12) prime contractors, general contractors, property managers and project managers who bid on construction trade work in areas additional to roofing contractor work, and subcontract the roofing contractor work as long as they subcontract the roofing work to a currently registered roofing contractor who is in good standing; if the bid is solely for roofing contractor work, then a registration is required;

(13) owners of commercial properties including residential rental properties consisting of four (4) dwelling units or less, when acting as their own roofing contractor and providing all material supervision themselves, lessees of residential properties with the consent of the owner, who, whether themselves or with their own employees, perform roofing construction in or upon the properties, all installing roofing materials according to the International Building Code, as adopted by the Oklahoma Uniform Building Code Commission, or the manufacturer's installation instructions; or

(14) owners of property when acting as their own roofing contractor, providing all material supervision themselves, and installing roofing materials according to the International Residential Code, as adopted by the Oklahoma Uniform Building Code Commission, or the manufacturer's installation instructions when building or improving a single family dwelling residence on such property for the occupancy of such owners and not intended for sale or rent. In any action brought under the Roofing Contractor Registration Act, proof of the sale or offering for sale of such structure or the renting or offering to rent of such structure by the owners of property within one (1) year after substantial completion of the structure when the structure can be occupied and used as intended but punch list items may remain, is presumptive evidence that the construction was undertaken with the intent of sale or rent.

SUBCHAPTER 7. [RESERVED]

SUBCHAPTER 9. ENDORSEMENT QUALIFICATIONS, REQUIREMENTS, EXAMINATION AND CONTINUING EDUCATION

158:85-9-1. Roofing registration endorsement qualifications

(a) **Registration.** A person desiring to have a commercial endorsement must already have a valid and current registration, or file an initial application for registration pursuant to this Chapter concurrently with application for endorsement, pay the required fees for application, registration if not already obtained, and the endorsement, and pay an examination fee directly to the testing provider.

(b) **Requirements.** To obtain a commercial endorsement, the applicant must meet certain qualifications and pass an examination approved by the Committee of Roofing Examiners. To renew an endorsement, continuing education requirements must be met.

(c) **Annual renewal.**

(1) Upon meeting the continuing education requirements for a commercial endorsement, a commercial endorsement may be renewed up to a year from the originally set renewal date pursuant to this Chapter.

(2) Any commercial endorsement which remains expired for longer than one (1) year shall not be renewed. The former endorsement holder shall be required to make an initial application and retest to obtain the commercial endorsement formerly held.

(d) **Outstanding fines.** A registration or commercial endorsement cannot be issued, renewed, or reinstated until the applicant has paid any and all outstanding fines due and owing to the Construction Industries Board, and any and all fines and penalties imposed by courts of competent jurisdiction and agreements with a District Attorney.

158:85-9-2. Qualifications for commercial endorsement on a roofing contractor registration

(a) A qualifying party for a roofing registration commercial endorsement must meet the same requirements of a roofing registration and pass the commercial endorsement examination or meet the reciprocal requirements for registration and endorsement.

(b) Experience gained outside of the State of Oklahoma must be lawfully obtained according to any applicable federal or state laws and must be comprised of commercial roofing contractor work as defined under Oklahoma law or substantially similar types of roofing contractor work.

(c) Education or certification, approved by the Committee of Roofing Examiners, may be substituted for experience.

158:85-9-3. Commercial endorsement examination

(a) **Exam required.** A commercial endorsement cannot be issued until the applicant's roofing registration has been approved, all endorsement requirements met, and the qualifying party has passed the examination.

(b) **Exam content.** The commercial endorsement examination may include, without limitation, the following parts:

(1) Written questions consisting of open book problems based on the standards of installation for roofing

Emergency Adoptions

adopted by the Oklahoma Uniform Building Code Commission at OAC 158:85-1-4.

(2) Practical shop, which shall also include written questions on job estimating and the laws and regulations relating to roofing contractors.

(3) The maximum grade value of each part of the examination shall be 100 points. A passing score is 70% or more on each part.

(4) The qualifying party shall present current identification before undertaking an examination.

(5) If the qualifying party does not pass the exam, the qualifying party may reapply for the exam and pay an additional retesting fee. However, no person will be allowed to retake an exam within thirty (30) days of the first failed exam or within ninety (90) days of the second or subsequently failed exam.

(6) An examinee that is caught cheating during the course of an examination shall be deemed to have failed the examination.

(c) **Examination fees.** The Construction Industries Board, or its designated representative, may collect for the actual cost of any examination provided by the Act and this Chapter. Every person whose application for examination is approved shall be informed of the specific fee prior to sitting for the examination. The testing fee shall be the amount negotiated by the Administrator with a third-party provider in accordance with the provisions of the Oklahoma Central Purchasing Act. Documentation confirming the contractual fee shall be available upon request.

158:85-9-4. Continuing education

(a) **Continuing education required for endorsement renewal.** Beginning on July 1, 2016, no roofing contractor commercial endorsement shall be renewed unless the endorsee has completed at least four (4) hours of continuing education within thirty-six (36) months preceding the application for renewal; and thereafter, the endorsee shall complete four (4) hours every three (3) years or thirty-six (36) months.

(b) **Continuing education course requirements.**

(1) The continuing education course and instructor shall be approved in advance by the Committee. Exceptions to advance approval, or post-course approval, may be allowed by the Committee, or its designee, for emergency situations when written notice of the emergency is provided to the Committee within seven (7) days of the course. The continuing education material shall cover codes and revisions adopted by the Oklahoma Uniform Building Code Commission or other trade related subject matters appropriate for topics of continuing education for endorseees and approved by the Committee including manufacturers' installation of materials or equipment, the registration act, the trade rules and regulations, and other trade or safety related subject matters approved by the Committee.

(2) Course content should be designed to update knowledge and improve roofing contracting knowledge and skills.

(3) Credit will be given for CE courses approved by the Committee of Roofing Examiners, or its designee.

(4) Except as provided herein, these rules shall apply to every registered roofing contractor commercial endorsement.

(5) An endorsee is excluded from the education requirements of these rules for three (3) years from the date he or she passed their current endorsement exam.

(c) **Standards.** The following standards will govern the approval of continuing education programs by the Committee of Roofing Examiners.

(1) The program provider shall submit evidence that the provider and instructional staff are qualified by reason of education, experience or training.

(2) Any written material that is distributed during the session shall be readable, of high quality and shall be made available to all attendees.

(3) The program shall be presented in a comfortable location such as hotel/motel conference room, corporate meeting room, or regular classroom.

(4) The training session shall be presented outside the regular workplace or after regular working hours. An on-site conference room, that meets standards imposed by (3) of this subsection, shall be considered outside the regular workplace.

(5) A credit hour means at least 50 minutes of classroom instruction with a 10 minute break.

(6) CE courses shall be presented in one of the following formats.

(A) Four (4) credit hours presented in one day.

(B) Two sessions of two credit hours each presented within a seven day period.

(C) One session of two credit hours of trade related instruction, Roofing Contractor Registration Act and/or Roofing Contractor Industry Regulations.

(D) An approved correspondence or online course.

(E) Another format approved by the Committee.

(7) **Verification of Credit.**

(A) The Course Provider shall verify the total number of continuing education hours completed by each attendee.

(B) Continuing education providers shall require attendees to present a current photo I.D. prior to the attendee signing the sign-in sheet form approved by the Construction Industries Board. Sign-in sheets shall include the name and registration number of each registrant in attendance.

(C) As soon as practicable but in any event on or before seven (7) days following an approved continuing education program, the provider shall furnish the original sign-in sheets from the course to the Roofing Unit of the Construction Industries Board.

(D) Providers shall maintain copies of all sign-in sheets for a period of two (2) years following the conclusion of the course.

(8) Course providers or instructors may not advertise or promote the sale of any goods, products or services between the opening and closing of any Continuing Education Course.

(d) **Application procedures and requirements.**

(1) In order to receive continuing education credit, a course must be approved by the Committee.

(2) A completed application form, with all supporting documentation, shall be submitted to the Construction Industries Board at least sixty (60) days prior to the scheduled start date.

(3) An application is to be submitted for each date, or dates, that constitute a single course.

(4) Each course must be included on a separate application.

(5) The application shall include the following information:

(A) Name and address of the provider.

(B) Contact person and his or her address, telephone number and fax number.

(C) The location of the courses or program.

(D) The number and type of education credit hours requested for each course.

(E) Topic outlines listing the summarized topics covered in each course.

(F) If a prior approved course has substantially changed, a summarization of these records.

(G) The names and qualifications of each instructor who is qualified in accordance with this Chapter.

(H) Information as to how the proposed course meets the standard in accordance with this Chapter.

(I) Supporting documents which shall include the following:

(i) A resume or brief summary of qualifications of all course developers and instructors.

(ii) A course agenda designating the beginning and ending of actual instruction times, sign-in times, breaks, lunches and any evaluation time.

(iii) A course curriculum indicating the subject or code areas to be taught with sufficient detail to determine which codes and codes revisions are to be addressed or the trade related instruction being provided and, if requested, a copy of any course materials.

(6) Entities seeking to offer correspondence courses for continuing education must comply with the application procedures and requirements of this Subchapter and shall submit a course curriculum and study material for review and approval by the Committee prior to the courses being offered as continuing education. Approved correspondence courses shall be required to comply with all requirements for other continuing education courses except for sign-in sheets. Providers shall provide a student with a document of completion which certifies completion of approved correspondence courses.

(7) Providers seeking to offer online courses for continuing education must comply with the application procedures and requirements of this Subchapter and shall submit a course curriculum and study material for review and approval by the Committee prior to the courses being offered as continuing education. An access code and password shall be provided to the Committee, or its designee, for an online course for the purpose of review and approval. Providers of an on-line course shall submit verification of four (4) hours of real time on-line instruction. Correspondence or online courses shall have sufficient explanation and or graphics to expound the concepts being taught. The format of the online course shall be constructed so as to illicit interaction between the student and the material presented. Each page of text shall be designed with a question that must be answered before advancing to the next page or a test at the end of a subject matter before the course is considered complete. Approved online courses shall be required to comply with all requirements for other continuing education courses except for sign-in sheets. Providers shall provide a student with a document of completion that shall certify completion of an approved online course.

(8) Approval of any correspondence or online course is rescinded upon the adoption of a different statewide code and a new application showing updated course subject matter and materials is necessary in order to obtain updated course approval.

(9) Applications for correspondence or online courses shall be resubmitted annually, from date of approval, for review and approval.

(e) **Instructor requirements.** An instructor must be qualified and approved by the Committee. An instructor should have one of the following qualifications:

(1) Three (3) years of recent experience in the subject matter being taught, or

(2) A degree related to the subject area being taught, and two (2) years of recent experience in the subject area being taught, or

(3) Other educational, teaching, or professional qualifications determined by the Committee to constitute equivalent qualification to one or more of the qualifications in the previously stated sub-paragraphs of this paragraph.

(f) **Committee of Roofing Examiners acceptance.**

(1) The Committee, or its designee, will review each application for completeness of form and supporting documentation, as well as course content.

(2) The approval of any course or instructor will be made by a majority vote of the Committee at the regularly scheduled meeting of the Committee of Roofing Examiners.

(3) The Committee's designee may approve additional dates and locations after the course and instructor have been approved by Committee vote. Substantive change to course content must be brought before the Committee for approval.

Emergency Adoptions

- (4) The applicant will be notified in writing whether the program is approved or disapproved, and the reason for disapproval.
- (g) **Committee rejection and reevaluation of a course.**
- (1) The Committee, or its designee, may refuse to accept any application for approval if the supporting documentation is insufficient or incomplete. The Committee may deny or revoke approval of an application for any of the following reasons.
- (A) Failure to comply with the continuing education provisions.
- (B) Inadequate application or supporting documentation.
- (C) Failure to instruct on topic approved.
- (D) Inadequate experience of program developer or instructor.
- (E) Unsatisfactory evaluation of the course instructor or materials from previous classes.
- (2) The Committee may, at any time, re-evaluate and grant or revoke approval of application, course, or instructor.
- (3) The Committee may, at any time, review courses for quality of instruction. The Committee may also investigate complaints regarding approved courses. The Committee may then take appropriate action, up to and including revocation of authority to provide CE courses.
- (4) A provider's failure to comply with any continuing education rule constitutes grounds for disciplinary action, up to and including revocation of authority to provide CE, against the provider or for denial of future applications for course work.
- (5) The Committee, or its designee, will notify the provider, in writing, of any changes in approval status.
- (h) **Appeals.**
- (1) Applicants denied approval of a course may appeal such a decision by submitting a written letter of appeal to the committee within fifteen days of the receipt of the notice.
- (2) All appeals will be heard by the Committee at its next regularly scheduled meeting.
- (i) **Course presentation.**
- (1) The course program, including the named advertised participants, shall be conducted as approved by the committee, subject to emergency withdrawals and minor alterations.
- (2) Changes including but not limited to location, date, instructors, or cancellations must be requested from the Committee, or its designee, in writing prior to start of class. All requests for change must include the course ID number.
- (j) **Course advertisement.**
- (1) All advertising must include the course ID number.
- (2) Approved program courses may be advertised.
- (3) The provider of an approved continuing education program may announce or indicate as follows: Course # has been approved by the Construction Industries Board Committee of Roofing Examiners for "x" hours of CE credit.
- (k) **Correspondence and online courses.**
- (1) Applications, approvals and rejections, and appeals of all correspondence and online courses shall be the same as for classroom-based courses.
- (2) Correspondence courses shall be required to comply with all requirements of continuous education courses, except sign-in sheets.
- (3) An access code and password shall be provided to the Committee, or its designee, for an online course for the purpose of review and approval. Correspondence or on-line courses shall have sufficient explanation and or graphics to expound the concepts and changes being taught. The format of the online course shall be constructed so as to illicit interaction between the student and the material presented. Each page of text shall be designed with a question that must be answered before advancing to the next page or a test at the end of a subject matter before the course is considered complete.
- (4) Providers of an on-line course shall submit verification of four (4) hours of real time on-line instruction.
- (5) Course providers shall provide a student with a document of completion which certifies completion of approved correspondence course.
- (6) Applications shall be resubmitted annually, from date of approval, for review and approval.
- (l) **Alternate credit method.** Credit may be earned through teaching an approved continuing education course. The Committee may award up to four (4) hours of CE credit, not to exceed the number of approved hours for that CE course.
- (m) **Exception to continuing education requirement.** Continuing education is not required for roofing registration (residential work) only.
- (n) **Course, instructor, and provider complaint procedure.**
- (1) A person, government, or private organization may submit a written complaint to the Committee, or its designee, charging a provider of continuing education with a violation of the rules, and specifying the grounds for the complaint.
- (2) Complaints must be in writing and include contact information, and shall be filed on the proper complaint form prescribed by the Construction Industries Board, or its designee.
- (3) The Committee may consider an unsigned or anonymous complaint for further investigation.
- (4) Upon receipt of a signed complaint form, a copy shall be sent to the continuing education provider addressed in the complaint. The continuing education provider shall provide a written response within fifteen days. Upon receipt of the continuing education provider's written response, both complaint and response shall be considered by the Committee, or its designee, for appropriate action including dismissal of the complaint, further investigation, denying future course or instructor approval, or a finding of violation of a statute or rule. The Committee, or its designee, shall notify both complainant and continuing education provider of the determination

made by the Committee. Failure of the continuing education provider to respond will be considered as a violation of this rule and an admission of the allegations in the complaint.

(5) If a reasonable cause violation determination is made by the Committee, the Oklahoma Administrative Procedure Act shall be followed for all disciplinary proceedings undertaken including but not limited to all parts of this subsection.

SUBCHAPTER 10. ENFORCEMENT

158:85-10-1. Authority and procedures

(a) **Enforcement authority.** Pursuant to 59 O.S. Section 1151.4, the Construction Industries Board shall have the authority to administer and enforce the provisions of the Roofing Contractor Registration Act, including the authority to:

(1) Conduct investigations on roofing applications, registrations and endorsements for compliance with the provisions of the Roofing Contractor Registration Act, and of the rules of the Board promulgated pursuant thereto, and allegations of violations by written complaint or otherwise;

(2) Issue to any person, who violates any of the provisions of the Roofing Contractor Registration Act or any rule promulgated pursuant thereto, a written warning or administrative citation of Five Hundred Dollars (\$500.00) on a first violation for a residential job. For any residential job the Board may; for any second administrative citation issued levy an administrative fine not to exceed One Thousand Dollars (\$1,000.00); on a third violation, levy an administrative fine not to exceed Three Thousand Five Hundred Dollars (\$3,500.00); and for any additional subsequent violation, revoke the registration and commercial roofer endorsement, if any. Issue to any person, who violates any of the provisions of the Roofing Contractor Registration Act or any rule promulgated pursuant thereto, an administrative citation of Five Hundred Dollars (\$500.00) on a first violation for a commercial job. For any commercial job the Board may; for any second offense issue a One Thousand Dollars (\$1,000.00) administrative citation; on a third violation of a commercial job issue an administrative citation of up to five percent (5%) of the commercial job, but not to exceed Five Thousand Dollars (\$5,000.00); and for any additional subsequent violation, revoke the registration and commercial roofer endorsement.

(3) Initiate administrative or disciplinary proceedings and provide hearings on any person who violates any of the provisions of the standards of the Roofing Contractor Registration Act or any rule promulgated pursuant thereto.

(4) Investigate written complaints, as described in 59 O.S. § 1151.14, and any roofing project and any person to the extent necessary to determine if the person is engaged in the violation of the provisions of the Roofing Contractor Registration Act, including unlawful, unregistered, or unendorsed activity. The Construction Industries Board may refer the matter for misdemeanor prosecution, whether or

not the person ceases the unlawful and/or unregistered activity;

(5) Initiate disciplinary proceedings and administrative individual procedures against any person, request prosecution of and initiate injunctive proceedings against any person who violates any of the provisions of the Roofing Contractor Registration Act or any rule promulgated pursuant to the Roofing Contractor Registration Act;

(6) Reprimand or place on administrative probation, or both, any holder of a registration pursuant to the Roofing Contractor Registration Act.

(7) Investigate written complaints alleging gross defects in workmanship in a roofing contractor project that must be submitted in writing setting forth an explanation of the risks of serious harm or injury to a person, or monetary damages in excess of Five Thousand Dollars (\$5,000.00) caused unjustly, pursuant to 59 O.S. § 1151.14 (A)(15), and must include a verified written estimate by a registered roofing contractor, or another person whose estimate is based on a registered roofing contractor's estimate, describing the damage, cost to repair and the residential code or commercial building code violation.

(b) **Procedures.**

(1) Upon investigation, the registrar may issue citation for violations of the Act or rules.

(2) The citations will provide the administrative hearing date. Citations may be paid in advance of the hearing date and the hearing and personal appearance waived.

(3) For citations that are referred to the office of the district attorney in the county in which the violations occurred, the district attorney will determine the hearing date and the procedures for that case.

(4) Any administrative hearing on suspensions, revocations or fines shall be conducted by a hearing examiner appointed by the Construction Industries Board, held in accordance with the provisions of the Act, the Article II of the Administrative Procedures Act, the Construction Industries Board Act, and the rules promulgated thereto.

(5) Any person whose registration or endorsement has been revoked may, after the expiration of one (1) year from the date of such revocation, but not before, apply for a new endorsement and registration.

(6) Notwithstanding any other provision of law, a political subdivision of this state that has adopted a nationally recognized building code and appointed an inspector pursuant to state or local law for such work shall have jurisdiction over the interpretation of the code and the installation of all roofing work done in that political subdivision. Provided, a state inspector may work directly with a roofing contractor in such a locality if a violation of the code creates an immediate threat to life or health.

(7) In the case of a complaint about, investigation of, or inspection of any license, registration, permit or roofing in any political subdivision of this state which has not adopted a nationally recognized building code and has not appointed an inspector pursuant to state or local law for such work, the Construction Industries Board shall have jurisdiction over such matters.

Emergency Adoptions

(8) Any proposed or final order or notice of hearing to the last known address of record shall be considered delivered when deposited in the United States mail and/or sent registered or certified or post office receipt secured. Any other communication to the last known address or record of a registrant shall be considered delivered when deposited in the United States mail, regular mail;

(9) Disciplinary action taken against any other professional registration, endorsement, or license held by the registrant in this jurisdiction or any other jurisdiction is grounds for investigation and disciplinary action against the registration issued pursuant to the Roofing Contractor Registration Act.

SUBCHAPTER 11. REGISTRATION AND ENDORSEMENT REVOCATION OR SUSPENSION AND PROHIBITED ACTS

158:85-11-1. Registration and endorsement retention requirements

Roofing contractor registrations and commercial endorsements are to be retained subject to the limitations of the Act and subject to being removed from good standing, suspended, or revoked pursuant to the Act. The violation of these rules or any provisions of the Act may be considered justification to suspend or revoke a registration or endorsement.

158:85-11-2. Prohibited acts

(a) The following prohibited acts apply to all persons performing roofing contractor work:

(1) Offering to engage in, by advertisement or otherwise, or performing roofing contractor work without first obtaining the appropriate registration and endorsement, if applicable, and maintaining it in good standing pursuant to the Act and these rules, unless otherwise excluded under the Act.

(2) Advertising, either directly or through another, for roofing contractor work without a valid registration, or without displaying registration number and endorsement, if any, on any advertisement, including but not limited to contracts and signage on vehicles.

(3) Soliciting roofing contractor work through contracts obtained by salespersons not under the direct supervision and employment of a registered roofing contractor when such contract is then sold for remuneration or something of value and consists of a pattern of conduct that can be shown to be a business practice in a secondary market of sales of contracts for profit. This does not include marketing or sales leads where no contract or bid was made.

(4) Bringing or maintaining any claim, action, suit or proceeding in any court of this state related to the person's capacity as a roofing contractor without a valid registration and endorsement, when required, continuously while performing the work for which the claim, action, suit or proceeding is sought.

(5) Committing fraud when executing or materially altering a roofing contract, mortgage, promissory note or other document incidental to performing roofing contractor work.

(6) Performing roofing work contrary to any provision of the adopted references in OAC 158:85-1-4, except as otherwise provided by law or rule. Each violation of the adopted references in OAC 158:85-1-4 can be treated as a separate violation of this Chapter.

(7) Making a false or fraudulent statement in an application for registration or endorsement.

(8) Falsifying a registration.

(9) Transferring a registration or endorsement.

(10) Sharing a roofing contractor's registration or endorsement with another individual or business entity not otherwise allowed pursuant to 59 O.S. § 1151.7.

(11) Engaging in or offering to engage in roofing contractor work using a roofing registration number or endorsement of another, whether the registration or endorsement is or is not in good standing.

(12) Engaging in cheating or any act involving the fraudulent misrepresentation of an applicant by an examinee or one in the process of sitting for the examination.

(13) Denying access to the Construction Industries Board or its representative on a job site for purposes of administering the Act.

(14) Contracting for or performing roofing contractor work with expired general liability insurance policy.

(b) The following prohibited acts apply to persons having received a registration number:

(1) All prohibited acts applying to all persons performing roofing contractor work in (a) above apply to one having received a registration number.

(2) Offering to engage in roofing contractor work while not in good standing or during a period of suspension or revocation of a registration or endorsement; or, acting as a roofing contractor without complying with the required disclosure and owner option to cancel the contract pursuant to 59 O.S. § 1151.5.

(3) Making a false or misleading statement in an application for roofing contractor registration or renewal application or in soliciting a contract for roofing services.

(4) Failing to display the roofing firm name and the roofing contractor registration number on all vehicles used to transport materials and tools in the operation of the business in letters and numerals at least two (2) inches in height in a conspicuous location on both sides of each vehicle in contrasting color to the background color.

(5) Failing to post in a conspicuous place on each job site the name, registration number, and telephone number for the registration under which any work is being performed.

(6) Performing roofing contractor work without keeping their registration on their person or in close proximity.

(7) Failing to utilize a valid written contract when engaging in the business of roofing contractor work as described in Section 1151.21 of the Act.

(8) Transferring a registration or endorsement.

- (9) Engaging in any fraudulent or deceptive acts or practices or misrepresentation of products, services or qualifications as a roofing contractor;
 - (10) Failing to comply with any tax laws authorized by the state or any of its political subdivisions.
 - (11) Abandoning a roofing contract without legal excuse after a deposit of money or other consideration has been paid.
 - (12) Diverting funds or property entrusted to a roofing contractor.
 - (13) Engaging in or offering to engage in roofing services without obtaining a proper permit as may be required by any state or local authority.
 - (14) Damaging property or injuring persons while performing roofing services under a valid roofing contractor registration for which the roofing contractor's liability insurance or workers compensation coverage was inadequate.
 - (15) Performing roofing work having gross defects in workmanship in a roofing contractor project that risks serious harm or injury to a person, or unjustly causes monetary damages in excess of Five Thousand Dollars (\$5,000.00).
 - (16) Failing to comply with a specified provision of this Chapter or the Roofing Contractor Registration Act.
 - (17) Demonstrating incompetence to act as a roofing contractor performing residential roofing work.
 - (18) Violating any provisions of the Roofing Contractor Registration Act, or any rule or order prescribed by the Construction Industries Board pursuant to the provisions of the Roofing Contractor Registration Act.
 - (19) Willfully failing to perform normal business obligations without justifiable cause.
- (c) The following prohibited acts apply to those having received an endorsement:
- (1) All prohibited acts applying to those having received a registration number in (b) of this Section apply to one having received an endorsement.
 - (2) Making a material misstatement in the application for an endorsement, or the renewal of an endorsement.
 - (3) Obtaining any endorsement by false or fraudulent representation.
 - (4) Loaning or allowing the use of such endorsement by any other person or illegally using an endorsement.
 - (5) Transferring an endorsement.
 - (6) Failing to display the existence of any commercial roofer endorsement on all vehicles used to transport materials and tools in the operation of the business in letters at least two (2) inches in height in a conspicuous location on both sides of each vehicle in contrasting color to the background color.
 - (7) Failing to post in a conspicuous place on each job site the existence of any commercial roofer endorsement for the registration under which any work is being performed.
 - (8) Performing roofing contractor work without keeping their registration and endorsement on their person or in close proximity while performing roofing contractor work.

- (9) Demonstrating incompetence to act as a commercial roofing contractor.
- (10) Violating any provisions of the Roofing Contractor Registration Act, or any rule or order prescribed by the Construction Industries Board pursuant to the provisions of the Roofing Contractor Registration Act.

SUBCHAPTER 13. PROCEDURES OF THE VARIANCE AND APPEALS BOARD, CODE VARIANCE APPLICATIONS AND FEE, CODE INTERPRETATION APPEALS

158:85-13-1. Procedures of the Variance and Appeals Board

The Administrator shall call a meeting of the Variance and Appeals Board after the Administrator receives proper application for a variance accompanied by the fifty dollar (\$50.00) filing fee or receives proper notice of an appeal of the Administrator's interpretation of the standard of installation as described in OAC 158:85-1-4 as applied to a particular installation. Variance and Appeals Board meetings are held at the principal offices of the Construction Industries Board referenced at OAC 158:1-3-1, or at another location named by the Administrator and posted in compliance with the Oklahoma Open Meetings Act.

158:85-13-2. Code variance applications and fee

- (a) Applications for a variance from the adopted references in OAC 158:85-1-4 by an Oklahoma-registered roofing contractor, or other person as stated in statute, shall be submitted to the Administrator. An application form and the fifty-dollar (\$50.00) filing fee shall accompany sufficient technical data submitted to support the proposed variance. Applications submitted after the use of materials or methods of construction not in conformance with the standard of installation as described in 158:85-1-4, or submitted where a city or town has adopted a more stringent roofing installation code by ordinance, shall not be considered by the Variance and Appeals Board.
- (b) The applicant and the Administrator, or the Administrator's designee, may offer testimony to the Variance and Appeals Board which is relevant to the code variance requested. If testimony will be offered to support the application, the applicant shall include in the application the identity of the applicant's witnesses by name, profession or occupation, address and telephone number, and a concise summary of the expected testimony of each witness. If the Administrator, or the Administrator's designee, contests the application, and will offer testimony to rebut the application, the Administrator, or the Administrator's designee, will provide the applicant with the identity of the Administrator's, or the Administrator's designee's witnesses by name, profession or occupation, address and telephone number, and a concise summary of the expected testimony of each witness.

Emergency Adoptions

158:85-13-3. Code interpretation appeals

A roofing contractor, or any party who has an ownership interest in or who is in responsible charge of the design of or work on the roofing installation, may appeal the Roofing Unit's interpretation of the standard of installation as described in OAC 158:85-1-4 as applied during the Administrator's review or inspection of a roofing installation to the Variance and Appeals Board created pursuant to 59 O.S. § 1151.29. Such appeals shall be made in writing to the Administrator within fourteen (14) days after the Roofing Unit's code interpretation or receipt of written notice of the alleged code violation by the registered roofing contractor, and shall be heard only if based on a claim that:

- (1) the true intent of the installation code has been incorrectly interpreted;
- (2) the provisions of the code do not fully apply; or
- (3) an equal or better form of installation is proposed.

[OAR Docket #15-19; filed 1-8-15]

TITLE 210. STATE DEPARTMENT OF EDUCATION CHAPTER 10. SCHOOL ADMINISTRATION AND INSTRUCTIONAL SERVICES

[OAR Docket #15-13]

RULEMAKING ACTION:

EMERGENCY adoption

RULES:

Subchapter 13. Student Assessment

210:10-13-23. Emergency exemptions from assessments required by the Oklahoma School Testing Program [NEW]

AUTHORITY:

State Board of Education; 70 O.S. § 3-104; 70 O.S. § 1210.508-2

ADOPTION:

November 19, 2014

APPROVED BY GOVERNOR:

December 17, 2014

EFFECTIVE:

Immediately upon Governor's approval

EXPIRATION:

Effective through September 14, 2015, unless superseded by another rule or disapproved by the Legislature.

SUPERSEDED EMERGENCY ACTIONS:

N/A

SUPERSEDED RULES:

N/A

INCORPORATIONS BY REFERENCE:

N/A

FINDING OF EMERGENCY:

Pursuant to 75 O.S. § 253(c), the proposed rule is necessary as an emergency measure to implement provisions of House Bill 2497, which took effect May 28, 2014.

The proposed rule is necessary as an emergency measure pursuant to the provisions of 75 O.S. § 253(A)(1)(a) and (c). The rule is necessary to implement the State Department of Education's guidelines for determining what qualifies as an emergency exemption for purposes of the Oklahoma School Testing Program. Under 70 O.S. § 1210.508-2, the State Board of Education is required to promulgate rules providing for limited exemptions from state mandated tests, in cases of exceptional emergency circumstances.

ANALYSIS:

The proposed rule enables a public school district or charter school to request an exemption from the administration of one or more assessments administered pursuant to the Oklahoma School Testing Program Act, at 70 O.S. § 1210.508 et seq., for any of its students who are unable to participate

in assessments during the testing window due to a documented significant medical emergency.

The proposed rule lists criteria for determining what constitutes a "significant medical emergency". It outlines the procedure through which a school district or charter school may apply to the State Department of Education for such an emergency exemption. The proposed rule also provides an appeal mechanism for a school district or charter school which has been denied an emergency exemption to petition the State Board of Education for appeal, and lists factors which shall be considered in the appeal.

CONTACT PERSON:

Lori Murphy, (405) 522-5260

PURSUANT TO THE ACTIONS DESCRIBED HEREIN, THE FOLLOWING EMERGENCY RULES ARE CONSIDERED PROMULGATED AND EFFECTIVE UPON APPROVAL BY THE GOVERNOR AS SET FORTH IN 75 O.S., SECTION 253(F):

SUBCHAPTER 13. STUDENT ASSESSMENT

210:10-13-23. Emergency exemptions from assessments required by the Oklahoma School Testing Program

(a) **Purpose.** Any public school district or public charter school may request an exemption from the administration of one or more statewide criterion-referenced tests and/or end-of-instruction exams administered pursuant to the provisions of the Oklahoma School Testing Program Act at 70 O.S. § 1210.508 et seq., for any of its enrolled students who are unable to participate in the assessment or a make-up assessment at any time during the testing window due to a documented significant medical emergency. The procedures set forth in (d) of this Section shall govern submission, processing, and evaluation of all requests for emergency exemptions submitted to the State Department of Education.

(b) **Application.** The provisions of this Section are not applicable to assessment determinations made by local school district staff, school administrators, or teachers pursuant to federal guidelines and state administrative rules. The requirements of this Section shall not interfere with the processes and procedures utilized by local school districts and charter schools to refrain from testing up to five percent (5%) of enrolled students. Such decisions shall continue to be made in accordance with local district policies and without review or approval of the State Department of Education.

(c) **Definitions.** The following words and terms, when used in this Section, shall have the following meanings:

(1) **"Immediate family member"** shall mean a parent, legal guardian, sibling, or child of the student for which the exemption is requested.

(2) **"Significant medical emergency"** shall mean the debilitating onset of a severe or life-threatening physical or mental illness, infection, injury, disease and/or emotional trauma that meets all of the following criteria:

(A) The condition arises from an accident, disaster, crisis, or other exigent circumstances beyond the control of the student, the parents/legal guardians of the student, and the student's school or school district;

(B) The condition affects the student so severely as to incapacitate the student from participation in the assessment and corresponding make-up assessment at any time during the testing window;

(C) The condition affects the student so severely as to prevent the enrolled student from receiving instruction at school, at home, or through internet or online instruction;

(D) The student's incapacity to participate cannot be remedied with state-approved accommodations provided to the student by the school district as necessary to ensure equitable access to the assessment during the testing window; and

(E) The school or school district has been provided with written documentation of the condition that is verified in writing by a physician licensed to practice in the State of Oklahoma, and a copy of the documentation is filed in the student's educational record.

(F) The term "significant medical emergency" shall not include:

(i) Short term, or minor illnesses or injuries;

(ii) Pregnancy (unless complications of a pregnancy otherwise meet the definition of a "significant medical emergency" herein);

(iii) Placement of the student in a juvenile detention or correctional facility; or

(iv) Refusal of a student or parent to participate in the assessment.

(v) The occurrence of one of the conditions listed in (F) shall not disqualify a student who is eligible for an emergency medical exemption on a different basis.

(G) Examples of situations that could be considered a "significant medical emergency" may include, but shall not be limited to conditions in which:

(i) The student is in the final stages of a terminal disease or degenerative illness, or the student has been placed in hospice care;

(ii) The student has been admitted to a hospital, infirmary, or other health care or treatment facility for the duration of the testing window that prohibits the student's secure access to the examination;

(iii) The student is comatose for the duration of the testing window;

(iv) The student has a serious chronic medical condition that will be worsened or intensified by external circumstances, and the student's physician determines that participation in the assessment could result in a significant medical emergency;

(v) The student has sustained serious mental or physical injury as a result of an accident, unintentional injury, or other catastrophic event such as:

(I) A transportation accident;

(II) A natural disaster or other event resulting in a declared state of emergency;

(III) An act of violence, including but not limited to: acts of physical assault, rape, kidnapping, homicide, torture, or terrorism;

(IV) Drowning;

(V) Poisoning, fall, or traumatic brain injury;

(VI) Fire or explosion in the student's home when the student was present;

(VII) Death or life-threatening injuries to, or significant medical emergency of, an immediate family member resulting from one of the examples in subparagraph (G).

(d) **Procedure.** Requests for emergency exemptions shall be submitted and evaluated in accordance with the following provisions:

(1) All requests for emergency exemptions shall be electronically submitted by the school district or charter school through the State Department of Education testing application no later than 5:00 p.m. of the last day of the testing window.

(2) The request for emergency exemption shall include all of the following information:

(A) A brief description of the significant medical emergency for which the exemption is requested;

(B) A brief explanation of why the emergency prevents the student's participation in the assessment;

(C) The date of the onset of the emergency;

(D) The expected or estimated duration/recovery period of the significant medical emergency;

(E) The number of days of instruction the student has missed as a result of the emergency and the number of any additional days of instruction the student is estimated or anticipated to miss after the date of submission of the exemption; and

(F) A copy of the written documentation provided by the student's physician pursuant to (c)(2)(E) of this Section.

(3) The request shall be supplemented by copies of any documentation subsequently requested by the State Department of Education necessary to document the information required by this paragraph and the definitions of "significant medical emergency" and "immediate family member" set forth in (c) of this Section.

(4) Upon receipt of a complete request for emergency exemption, the State Department of Education will issue an approval or denial of the request and notify the public school or charter school of the determination within five (5) business days. The school district or charter school will receive notification through the Department's electronic testing application. Incomplete requests will not be processed until all documentation required by (c)(2) of this Section has been submitted to the State Department of Education.

(5) Requests for emergency exemptions submitted to the State Department of Education that fall outside of the provisions of 70 O.S. § 1210.508-2 and this Section may be referred to the appropriate agency and/or division within the Department and administratively closed. The

Emergency Adoptions

Department will notify the school district or charter school through the electronic testing application system within five (5) business days that the request falls outside of the provisions of this Section.

(e) **Exemptions for students with disabilities.** All students receiving special education services and/or state-approved assessment accommodations must have a written IEP and/or Section 504 plan that documents how the student will participate in assessments administered pursuant to the OSTP. Any decision to request an exemption on the basis of a significant medical emergency in accordance with the provisions of this Section for a student receiving special education services and/or state-approved assessment accommodations must be documented in the student's Individualized Education Program (IEP) and/or Section 504 plan. The existence of an IEP and/or a Section 504 plan, or the homebound status of the student, shall not be a basis for granting an exemption pursuant to this section. To qualify for an exemption, a homebound student or a student on an IEP or Section 504 plan must experience a significant medical emergency as defined in (c)(2)(A) through (c)(2)(E).

(f) **Federal and state reporting.** Any student who has received an exemption from one or more examinations in accordance with the provisions of this Section shall not be included in the calculation of the participation rate of the school and/or school district in the assessments mandated by federal and state law.

(g) **Duration.** Any request for an exemption from the administration of one or more statewide criterion-referenced tests and/or end-of-instruction tests granted pursuant to the procedures set forth in this Section shall be valid only for the current testing window in which the request was submitted.

(h) **Appeal of a denial of a medical exemption.** A request for a medical exemption that has been denied by the State Department of Education for failure to meet the criteria for "significant medical emergency" outlined in (c)(2) of this Section may be appealed to the State Board of Education in accordance with the following procedures:

(1) **Petition for appeal.** The school district or charter school in which the student is enrolled may appeal the Department's denial of a medical exemption to the State Board of Education. The parent or legal guardian of a student, an individual who has been issued letters of guardianship of the person of a student pursuant to the Oklahoma Guardianship and Conservatorship Act, or an adult who has assumed permanent care and custody of a student in accordance with local district policies and applicable state law must grant permission to the school district or charter school to file a petition for appeal to the State Board of Education. Parental consent shall be provided in writing and shall be documented by the requesting school district or charter school.

(2) **Filing requirements.** A petition for appeal must comply with the following requirements:

(A) **Time of filing.** The petition for appeal must be submitted in writing for filing to the Secretary of the State Board of Education within ten business (10) days after the date the school district receives notice of the Department's denial of the medical exemption.

(B) **Method of filing.** Petitions for appeal may be submitted for filing to the Secretary of the State Board of Education in person or by mail. A petition submitted for filing by mail may be accepted for filing if the mailing envelope contains a postmark dated on or before the date of the filing deadline.

(C) **Verification of a petition for appeal.** The petition for appeal must be signed by the school Superintendent or the school Superintendent's designee, for the purpose of verifying that, to the best of the individual's knowledge, the information submitted in the appeal is accurate and correct.

(D) **Acceptance of a petition for filing.** Upon receipt of the petition for appeal, the Secretary of the Board of Education shall obtain copies of all records and information submitted by the school district or charter school to the State Department of Education pursuant to (c) of this Section. Copies of agency records and additional documentation submitted in the petition for appeal shall be provided to members of the State Board of Education for consideration. Only timely filed petitions for appeal shall be brought to the State Board of Education for consideration. The Board shall take action on the petition no later than twenty (20) days after the date of the receipt of a timely filed petition.

(3) **Review of petitions.** Because the privacy of individual student data is protected by the Family Educational Rights and Privacy Act (FERPA) and Oklahoma's Student Data Accessibility, Transparency, and Accountability Act, the State Board of Education shall review petitions for appeal in executive session as authorized by 25 O.S. § 307 (A)(7). The State Board of Education shall evaluate the petition for appeal based on the following criteria to determine whether a "significant medical emergency" exists as contended by the appealing school district or charter school:

(A) The applicability of the criteria outlined in (c)(2) of this section related to the determination of a "significant medical emergency";

(B) The severity of the exigent circumstances giving rise to the student's condition;

(C) The extent of the student's incapacitation;

(D) The projected efficacy of allowable testing accommodations; or

(E) The existence of newly discovered documentation or newly available information that significantly and substantively reflects on the student's mental and/or physical state of being.

(4) **Actions on a petition for appeal.** After review of the petition for appeal in accordance with (h)(3) of this section, the State Board of Education shall take action on a petition for appeal based on the merits of the information provided in the written appeal.

(A) The Board shall consider each petition for appeal on an individual basis and shall issue an approval or denial of the request for an emergency exemption.

(B) The Secretary of the Board shall notify the school district and the State Department of Education in writing of the Board's determination.

(C) The State Department of Education shall document the determination in the testing application to maintain an accurate agency record of the request for an emergency exemption.

(D) Requests for student medical exemptions granted for by the State Board of Education will be processed pursuant to (f) and (g) of this Section. Students denied medical exemptions by the State Board of Education will be included in the calculation of the participation rate of the school and/or school district in the assessments mandated by federal and state law.

[OAR Docket #15-13; filed 1-8-15]

**TITLE 260. OFFICE OF MANAGEMENT AND ENTERPRISE SERVICES
CHAPTER 60. FACILITIES MANAGEMENT**

[OAR Docket #15-10]

RULEMAKING ACTION:

EMERGENCY adoption

RULES:

Subchapter 3. Use of Public Areas of Capitol and Plazas
260:60-3-2. Capitol access, operating hours and access requirements
[AMENDED]

AUTHORITY:

62 O.S. §34.6; Director of the Office of Management and Enterprise Services.

COMMENT PERIOD:

N/A

PUBLIC HEARING:

N/A

ADOPTION:

November 20, 2014

APPROVED BY GOVERNOR:

December 17, 2014

EFFECTIVE:

Immediately upon Governor's approval.

EXPIRATION:

Effective through September 14, 2015, unless superseded by another rule or disapproved by the Legislature.

SUPERSEDED EMERGENCY ACTIONS:

N/A

INCORPORATIONS BY REFERENCE:

N/A

FINDING OF EMERGENCY:

These rules are necessary to satisfy the compelling public interest of promoting safety and security within the State Capitol Building.

ANALYSIS:

This rule is necessary to satisfy the compelling public interest of promoting safety and security within the State Capitol Building.

CONTACT PERSON:

Kimberlee Williams, (405) 522-3615 or
Kimberlee.Williams@omes.ok.gov.

PURSUANT TO THE ACTIONS DESCRIBED HEREIN, THE FOLLOWING EMERGENCY RULE IS CONSIDERED PROMULGATED AND EFFECTIVE UPON APPROVAL BY THE GOVERNOR AS SET FORTH IN 75 O.S., SECTION 253(F):

260:60-3-2. Capitol access, operating hours and access requirements

(a) Capitol operating hours are from 6:00 a.m. to 7:00 p.m., Monday through Friday, excluding state holidays and 9:00 a.m. to 4:00 p.m., Saturdays, Sundays and state holidays.

(b) During operating hours, the Capitol may be accessed by the public through the west entrance, the east entrance, the southeast entrance on the ground level, and the tunnel entrance on the southeast side of the Capitol.

(c) Capitol entrances are open from 6:00 a.m. to 7:00 p.m. or until one hour following adjournment of legislative session, Monday through Friday.

(d) All persons entering the Capitol shall submit to security screening requirements, including but not limited to magnetometer screening devices. Packages, briefcases, purses, and other container in the immediate possession of all persons shall be subject to inspection. For security purposes, persons may not wear masks or hoods which conceal the identity of the wearer while in the Capitol, with the exception of minor children celebrating Halloween.

(e) After 7:00 p.m. or one hour following adjournment of the legislative session, Monday through Friday, and on Saturdays, Sundays and state holidays, persons may enter the Capitol through the west entrance only.

(1) Persons entering the west entrance of the Capitol after 7:00 p.m., Monday through Friday, and on Saturdays, Sundays and state holidays shall check in with a Capitol Patrol Officer, produce a valid form of picture identification and state their intended destination inside the Capitol.

(2) Persons shall check out with a Capitol Patrol Officer at the west entrance when exiting the Capitol.

(f) All state agencies located in the Capitol shall compile and file a list of employees who are authorized by the chief administrative officer of the agency to access the building during time periods outside of the standard hours of operation established in this subchapter with the Capitol Patrol security personnel.

(1) The list shall state the name, established location of employment in the Capitol and office telephone number for each employee on the list; and, the name and telephone number of an administrative employee of the agency for emergency contact purposes outside of the Capitol.

(2) The list shall be filed and maintained by Capitol Patrol security personnel.

(3) Information provided on the list shall be reviewed regularly and revisions filed with Capitol Patrol security personnel immediately.

(g) Persons in the Capitol and on the Capitol Complex shall at all times comply with official signs of prohibitory, regulatory, or directory nature and with the lawful direction of law enforcement and other authorized individuals.

(h) Public entrances, operating hours and access requirements for the Capitol are subject to change to ensure the health and safety of visitors and employees in the event of an emergency, disaster or other circumstances as determined by the Director.

[OAR Docket #15-10; filed 1-7-15]

Emergency Adoptions

TITLE 450. DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES CHAPTER 17. STANDARDS AND CRITERIA FOR COMMUNITY MENTAL HEALTH CENTERS

[OAR Docket #15-28]

RULEMAKING ACTION:

EMERGENCY adoption

RULES:

Subchapter 1. General Provisions
450:17-1-2. [AMENDED]
Subchapter 5. Optional Services
Part 23. Behavioral Health Home [NEW]
450:17-5-140. [NEW]
450:17-5-141. [NEW]
450:17-5-142. [NEW]
450:17-5-143. [NEW]
450:17-5-144. [NEW]
450:17-5-145. [NEW]
450:17-5-146. [NEW]
450:17-5-147. [NEW]
450:17-5-148. [NEW]
450:17-5-149. [NEW]
450:17-5-150. [NEW]
450:17-5-151. [NEW]
450:17-5-152. [NEW]
450:17-5-153. [NEW]
450:17-5-154. [NEW]
450:17-5-155. [NEW]
450:17-5-156. [NEW]
450:17-5-157. [NEW]
450:17-5-158. [NEW]
450:17-5-159. [NEW]
450:17-5-160. [NEW]
450:17-5-161. [NEW]
450:17-5-162. [NEW]
450:17-5-163. [NEW]

AUTHORITY:

Oklahoma Department of Mental Health and Substance Abuse Services Board; 43A O.S. §§ 2-101, 3-306, 3-306.1 and 3-315; 74 O.S. §85.9G.

ADOPTION:

November 21, 2014

APPROVED BY GOVERNOR:

December 17, 2014

EFFECTIVE:

Immediately upon Governor's approval or January 1, 2015, whichever is later.

EXPIRATION:

Effective through September 14, 2015, unless superseded by another rule or disapproved by the Legislature

SUPERSEDED EMERGENCY ACTIONS:

N/A

INCORPORATIONS BY REFERENCE:

N/A

FINDING OF EMERGENCY:

The Agency finds that a compelling public interest exists and finds that an imminent peril exists to the preservation of the public health, safety, or welfare which necessitates promulgation of emergency rules to create certification standards and criteria for Behavioral Health Homes. The Oklahoma Health Care Authority, pending approval from the Centers for Medicare and Medicaid Services (CMS), intends to implement Behavioral Health Homes throughout the State in early 2015 and has initiated emergency rulemaking proceedings in order to create reimbursement guidelines in Title 317. ODMHSAS emergency rules are necessary to enable ODMHSAS to certify providers as Behavioral Health Homes in time for statewide implementation. If rules are not implemented, service providers will not be able to meet compliance standards to provide BHH services. If BHHs are not implemented, the majority of SoonerCare and ODMHSAS consumers with SMI and SED will

continue to receive non-integrated services through various uncoordinated systems of healthcare throughout the State. People with SMI die 25 years earlier than individuals in the general population, mostly for medical reasons rather than suicide or accidental death. The Behavioral Health Home model intends to address this significant health issue. Not implementing the proposed rule would have a detrimental effect on public health by not moving forward to address the mental health crises in Oklahoma.

ANALYSIS:

Rules are revised to create certification standards and criteria for Behavioral Health Homes. Behavioral Health Homes are created to promote enhanced integration and coordination of primary, acute, behavioral health, and long-term services and supports for persons across the lifespan with chronic illness. The purpose of the Behavioral Health Home is to improve the health status of consumers with Serious Mental Illness or Serious Emotional Disturbance by promoting wellness and prevention and to improve access and continuity in healthcare for these members by supporting coordination and integration of primary care services in specialty behavioral healthcare settings.

CONTACT PERSON:

Gretchen Geis, Administrative Rules Liaison, Department of Mental Health and Substance Abuse Services, Post Office Box 53277, Oklahoma City, Oklahoma 73152-3277, (405) 522-2053.

PURSUANT TO THE ACTIONS DESCRIBED HEREIN, THE FOLLOWING RULES ARE CONSIDERED FINALLY ADOPTED AS SET FORTH IN 75 O.S., SECTION 253 (F), AND EFFECTIVE UPON APPROVAL BY THE GOVERNOR OR JANUARY 1, 2015, WHICHEVER IS LATER:

SUBCHAPTER 1. GENERAL PROVISIONS

450:17-1-2. 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 resident; or deprivation of food, clothing, shelter, or healthcare by a staff responsible for providing these services to a consumer.

"**Adults who have a serious mental illness**" means persons eighteen (18) years of age or older who show evidence of points of (A), (B) and (C) below:

- (A) The disability must have persisted for six months and be expected to persist for a year or longer.
- (B) A condition or serious mental illness as defined by the most recently published version of the DSM or the International Classification of Disease (ICD) equivalent with the exception of DSM "V" codes, substance abuse, and developmental disorders which are excluded, unless they co-occur with another diagnosable serious mental illness.

(C) The adult must exhibit either (i) or (ii) below:

- (i) Psychotic symptoms of a serious mental illness (e.g. Schizophrenia characterized by

defective or lost contact with reality, often hallucinations or delusions); or

(ii) Experience difficulties that substantially interfere with or limit an adult from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills. There is functional impairment in at least two of the following capacities (compared with expected developmental level):

(I) Impairment in self-care manifested by a person's consistent inability to take care of personal grooming, hygiene, clothes and meeting of nutritional needs.

(II) Impairment in community function manifested by a consistent lack of appropriate behavioral controls, decision-making, judgment and value systems which result in potential involvement or involvement with the criminal justice system.

(III) Impairment of social relationships manifested by the consistent inability to develop and maintain satisfactory relationships with peers.

(IV) Impairment in family function manifested by a pattern of disruptive behavior exemplified by repeated and/or unprovoked violence, disregard for safety and welfare of self or others (e.g., fire setting, serious and chronic destructiveness, inability to conform to reasonable limitations and expectations.

(V) Impairment in functioning at school or work manifested by the inability to pursue educational or career goals.

"Advanced Practice Registered Nurse" means a registered nurse in good standing with the Oklahoma Board of Nursing, and has acquired knowledge and clinical skills through the completion of a formal program of study approved by the Oklahoma Board of Nursing Registration and has obtained professional certification through the appropriate National Board recognized by the Oklahoma Board of Nursing. Advanced Practice Registered Nurse services are limited to the scope of their practice as defined in 59 Okla. Stat. § 567.3a and corresponding rules and regulations at OAC 485:10-5-1 through 10-16-9.

"AOA" means American Osteopathic Accreditation

"ASAM" means the American Society of Addiction Medicine.

"ASAM criteria" means the most current edition of the American Society of Addiction Medicine's published criteria for admission to treatment, continued services, and discharge.

"Behavioral Health Home or BHH" means a specifically organized entity that functions within a currently ODMH-SAS certified mental health treatment program organization to promote enhanced integration and coordination of primary, acute, behavioral health, and long-term services and supports for persons across the lifespan with chronic illness. BHHs ensure comprehensive team-based health care, meeting physical, mental health, and substance use disorder care needs. Health

care is delivered utilizing a whole-person, patient-centered, coordinated care model for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). Care coordination is provided for all aspects of the individual's life and for transitions of care the individual may experience.

"Case management services" means planned referral, linkage, monitoring and support, and advocacy provided in partnership with a consumer to assist that consumer with self sufficiency and community tenure and take place in the individual's home, in the community, or in the facility, in accordance with a service plan developed with and approved by the consumer and qualified staff.

"CARF" means Commission on Accreditation of Rehabilitation Facilities

"Child with Serious Emotional Disturbance" or "SED" means a child under the age of 18 who shows evidence of points of (A), (B) and (C) below:

(A) The disability must have persisted for six months and be expected to persist for a year or longer.

(B) A condition or serious emotional disturbance as defined by the most recently published version of the DSM or the International Classification of Disease (ICD) equivalent with the exception of DSM "V" codes, substance use disorders, and developmental disorders which are excluded, unless they co-occur with another diagnosable serious emotional disturbance.

(C) The child must exhibit either (i) or (ii) below:

(i) Psychotic symptoms of a serious mental illness (e.g. Schizophrenia characterized by defective or lost contact with reality, often hallucinations or delusions); or

(ii) Experience difficulties that substantially interfere with or limit a child or adolescent from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills. There is functional impairment in at least two of the following capacities (compared with expected developmental level):

(I) Impairment in self-care manifested by a person's consistent inability to take care of personal grooming, hygiene, clothes and meeting of nutritional needs.

(II) Impairment in community function manifested by a consistent lack of age appropriate behavioral controls, decision-making, judgment and value systems which result in potential involvement or involvement with the juvenile justice system.

(III) Impairment of social relationships manifested by the consistent inability to develop and maintain satisfactory relationships with peers and adults.

(IV) Impairment in family function manifested by a pattern of disruptive behavior exemplified by repeated and/or unprovoked violence to siblings and/or parents, disregard for safety

Emergency Adoptions

and welfare or self or others (e.g., fire setting, serious and chronic destructiveness, inability to conform to reasonable limitations and expectations which may result in removal from the family or its equivalent).

(V) Impairment in functioning at school manifested by the inability to pursue educational goals in a normal time frame (e.g., consistently failing grades, repeated truancy, expulsion, property damage or violence toward others).

"Children's Health Home Specialist" means an individual within the children's Behavioral Health Home interdisciplinary team that will provide support, coaching and activities that promote good physical and mental health to individuals, families and groups. The focus of the Children's Health Home Specialist will include nutrition, healthy living habits, exercise, and preventing and/or managing chronic health conditions. Children's Health Home Specialists must be certified by ODMHSAS as Behavioral Health Case Manager I or II and complete trainings as required by ODMHSAS including but not limited to Behavioral Health Aide and Well Power.

"Chronic Homelessness" refers to an individual with a disabling condition who has either: (a) been continuously homeless for a year or more, or (b) has had at least 4 episodes of homelessness in the past 3 years. For this condition, the individual must have been on the streets or in an emergency shelter (i.e. not transitional housing) during these episodes. Chronic homelessness only includes single individuals, not families. A disabling condition is a diagnosable substance abuse disorder, serious mental illness, or developmental disability, including the co-occurrence of two or more of these conditions.

"Clinical privileging" means an organized method for treatment facilities to authorize an individual permission to provide specific care and treatment services to consumers within well-defined limits, based on the evaluation of the individual's license, education, training, experience, competence, judgment, and other credentials.

"Clubhouse" means a psychiatric rehabilitation program currently certified as a Clubhouse through the International Center for Clubhouse Development (ICCD).

"Community living programs" means either transitional or permanent supported housing for persons not in crisis who need assistance with obtaining and maintaining an independent living situation.

"Community-based Structured Crisis Center" or "CBSCC" means a program of non-hospital emergency services for mental health and substance abuse crisis stabilization as authorized by 43A O.S. §3-317, including, but not limited to, observation, evaluation, emergency treatment and referral, when necessary, for inpatient psychiatric or substance abuse services. This service is limited to CMHC's and Comprehensive Community Addiction Recovery Centers (CCARCs) who are certified by the Department of Mental Health and Substance Abuse Services or facilities operated by the Department of Mental Health and Substance Abuse Services.

"Community mental health center" or "CMHC" means a facility offering a comprehensive array of community-based mental health services, including but not limited to, inpatient treatment, outpatient treatment, partial hospitalization, emergency care, consultation and education; and, certain services at the option of the center, including, but not limited to, prescreening, rehabilitation services, pre-care and aftercare, training programs, and research and evaluation.

"Consumer" means an individual, adult, adolescent, 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.

"Consumer committee" or "consumer government" means any established group within the facility comprised of consumers, led by consumers and meets regularly to address consumer concerns to support the overall operations of the facility.

"Co-occurring disorder" (COD) means any combination of mental health symptoms and substance use disorder symptoms or diagnoses that affect a consumer and are typically determined by the current Diagnostic and Statistical Manual of Mental Disorders.

"Co-occurring disorder capability" means the organized capacity within any type of program to routinely screen, identify, assess, and provide properly matched interventions to consumers with co-occurring disorders.

"Co-occurring disorder enhanced" means that the program (or subunit of the program) provides a specialized service designed for individuals with co-occurring disorders, usually with a higher level of available service capacity or intensity for the co-occurring substance use disorder than would be the case in a comparable co-occurring disorder capable program.

"Crisis Diversion" means an unanticipated, unscheduled situation requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before they become overwhelming and severely impair the individual's ability to function or maintain in the community.

"Crisis Intervention" means actions taken, and services provided to address emergency psychological, physiological, and safety aspects of alcohol, drug-related, and mental health crises.

"Crisis stabilization" means emergency, psychiatric, and substance use disorder treatment services for the resolution of crisis situations and may include placement of an individual in a protective environment, basic supportive care, and medical assessment, and, if needed, referral to an ODMHSAS certified facility having nursing and medical support available.

"Critical incident" means an occurrence or set of events inconsistent with the routine operation of a facility, service setting, or otherwise routine care of a consumer. Critical incidents specifically include but are not necessarily limited to the following: adverse drug events; self-destructive behavior; deaths

and injuries to consumers, staff and visitors; medication errors; residential consumers that are absent without leave (AWOL); neglect or abuse of a consumer; fire; unauthorized disclosure of information; damage to or theft of property belonging to consumers or the facility; other unexpected occurrences; or events potentially subject to litigation. A critical incident may involve multiple individuals or results.

"Cultural competency" means the ability to recognize, respect, and address the unique needs, worth, thoughts, communications, actions, customs, beliefs and values that reflect an individual's racial, ethnic, religious, sexual orientation, and/or social group.

"DSM" means the most current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

"Emergency detention" means the detention of a person who appears to be a person requiring treatment in a facility approved by the Commissioner of Mental Health and Substance Abuse Services as appropriate for such detention after the completion of an emergency examination, either in person or via telemedicine, and a determination that emergency detention is warranted for a period not to exceed one hundred twenty (120) hours or five (5) days, excluding weekends and holidays, except upon a court order authorizing detention beyond a one hundred twenty (120) hour period or pending the hearing on a petition requesting involuntary commitment or treatment as provided by 43A of the Oklahoma Statutes.

"Emergency examination" means the examination of a person who appears to be a mentally ill person, an alcohol-dependent person, or drug-dependent person and a person requiring treatment, and whose condition is such that it appears that emergency detention may be warranted by a licensed mental health professional to determine if emergency detention of the person is warranted.

"Face-To-Face" for the purposes of the delivery of behavioral health care, means a face-to-face physical contact and in-person encounter between the health care provider and the consumer, including the initial visit. The use of telemedicine shall be considered a face-to-face encounter.

"Facilities or Facility" means entities as described in Title 43A O.S. § 1-103(7), community mental health centers, residential mental health facilities, community based structured crisis centers, certified services for the alcohol and drug dependent, programs of assertive community treatment, eating disorder treatment, gambling addiction treatment, and narcotic treatment programs.

"Gambling disorder treatment services" means treatment activities for consumers by a gambling treatment professional that include, but are not limited to, the following:

- (A) Assessment and diagnostic impression, ongoing;
- (B) Treatment planning and revision, as necessary;
- (C) Individual, group and family therapy;
- (D) Case management;
- (E) Psychosocial rehabilitation; and
- (E) Discharge planning.

"Gambling related disorders/problems" means persistent and recurrent problematic gambling behavior leading to

clinically significant impairment or distress, as defined by the most recent edition of the DSM.

"Gambling disorder treatment professional" means:

- (A) an individual holding a valid NCGC I or II certification;
- (B) any clinician licensed in a behavioral health field with documented completion of at least thirty hours of ODMHSAS recognized core problem gambling training requirements and documented completion of twelve hours of problem gambling specific continuing education every twelve months; or
- (C) any individual under supervision for licensure by an individual who meets the requirements of (A) or (B), and has documented completion of at least thirty hours of ODMHSAS recognized core problem gambling training requirements and documented completion of twelve hours of problem gambling specific continuing education every twelve months.

"General psychiatric rehabilitation" or **"PSR"** means a type of psychiatric rehabilitation program which focuses on long term recovery and maximization of self-sufficiency, role function and independence. General psychiatric rehabilitation programs may be organized within a variety of structures which seek to optimize the participants' potential for occupational achievement, goal setting, skill development and increased quality of life.

"Historical timeline" means a method by which a specialized form is used to gather, organize and evaluate information about significant events in a consumer's life, experience with mental illness, and treatment history.

"Home-based services to children and adolescents" means intensive therapeutic services provided in the home to children for the purpose of reduction of psychiatric impairment and preventing removal of the child to a more restrictive setting for care. Services include a planned combination of procedures developed by a team of qualified mental health professionals, including a physician.

"Homeless" refers to a person who is sleeping in an emergency shelter; sleeping in places not meant for human habitation, such as cars, parks, sidewalks, or abandoned or condemned buildings; spending a short time (30 consecutive days or less) in a hospital or other institution, but ordinarily sleeping in the types of places mentioned above; living in transitional/supportive housing but having come from streets or emergency shelters; being evicted within a week from a private dwelling unit and having no subsequent residence identified and lacking the resources and support networks needed to obtain access to housing; being discharged from an institution and having no subsequent residence identified and lacking the resources and support networks needed to obtain access to housing; or is fleeing a domestic violence situation and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.

"Hospital liaison" means an individual within the Behavioral Health Home interdisciplinary team that works closely with hospital staff to assess the suitability of transition plans for consumers enrolled in a Behavioral Health Home. Hospital Liaisons will also work with other long term, residential

Emergency Adoptions

facilities to plan for coordination of care during and after the consumer's residential stay. Hospital liaisons must be certified by ODMHSAS as a Behavioral Health Case Manager I or II and complete trainings as required by ODMHSAS.

"**ICCD**" means the International Center for Clubhouse Development.

"**Independent living skills, assistance in development of**" means all activities directed at assisting individuals in the development of skills necessary to live and function within the community, e.g., cooking, budgeting, meal planning, house-cleaning, problem-solving, communication and vocational skills.

"**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 or those 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:

- (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.

"**Licensed mental health professional**" or "**LMHP**" as defined in Title 43A §1-103(11).

"**Linkage**" refers to the communication and coordination with other service providers to assure timely appropriate referrals between the CMHC and other providers.

"**Medical resident**" means a physician who is a graduate of a school of medicine or osteopathy and who is receiving specialized training in a teaching hospital under physicians who are certified in that specialty.

"**Medically necessary**" means health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

"**Medication error**" means an error in prescribing, dispensing or administration of medication, regardless if the error reached the consumer, e.g., omission of prescribed drugs, giving drugs not prescribed, prescribing inappropriate drugs, prescribing or administering incorrect dosages, incorrectly

filling or labeling prescriptions, incorrectly transcribing medication orders.

"**NCGC**" means Nationally Certified Gambling Counselor, offered at levels I or II through the National Council on Problem Gambling.

"**Nurse Care manager**" means a Licensed Practical Nurse (LPN) or a Registered Nurse (RN).

"**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.

"**Peer Recovery Support Specialist**" or "**PRSS**" means an individual who meets the qualifications and is certified as a PRSS pursuant to OAC 450:53.

"**Performance Improvement**" or "**PI**" means an approach to the continuous study and improvement of the processes of providing health care services to meet the needs of consumers and others. Synonyms, and near synonyms include continuous quality improvement, continuous improvement, organization-wide quality improvement and total quality management.

"**Permanent supported housing**" means a type of Community Living Program, either permanent scattered site housing or permanent congregate housing, where consumers are assisted with locating housing of their choice and are offered on-going support services based on need and choice to ensure successful independent living.

"**PICIS System**" means a management information system based on national standards for mental health and substance abuse databases. Information gathered through PICIS is used for prior authorizations, service utilization management and continuous quality improvement processes. PICIS data is reported throughout the treatment episode to ensure service recipients receive appropriate types and levels of care and are making satisfactory progress. Numerous reports are developed using PICIS data and are provided to clinicians, administrators and the general public.

"**Primary Care Practitioner (PCP)**" means a licensed physician, Advanced Practice Registered Nurse (APRN), or Physician Assistant (PA) licensed in the State of Oklahoma.

"**Program of Assertive Community Treatment**" or "**PACT**" is a clinical program that provides continuous treatment, rehabilitation, and support services to persons with mental illness in settings that are natural to the consumer.

"**Progress notes**" mean a chronological written description of services provided to a consumer, resident, client, or patient that documents, utilizing acceptable documentation practices, the consumer's response related to the intervention plan or services provided.

"**Psychological-Social evaluations**" are in-person interviews conducted by professionally trained personnel designed to elicit historical and current information regarding the behavior and experiences of an individual, and are designed to provide sufficient information for problem formulation and intervention.

"Psychotherapy" or "Therapy" means a goal directed process using generally accepted clinical approaches provided face-to-face by a qualified service provider with consumers in individual, group or family settings to promote positive emotional or behavioral change.

"Rehabilitation Services" means face-to-face individual or group services provided by qualified staff to develop skill necessary to perform activities of daily living and successful integration into community life.

"Resident" means a person residing in a community living program certified by ODMHSAS.

"Residential treatment" means a structured, 24-hour supervised treatment program for individuals who are mentally ill with a minimum of twenty-one (21) hours of therapeutic services provided per week with the emphasis on stabilization and rehabilitation for transfer to a less restrictive environment. Stay in the program is time limited.

"Restraint" refers to manual, mechanical, and chemical methods that are intended to restrict the movement or normal functioning of a portion of an individual's body.

"Risk Assessment" means a clinical function that aims to determine the nature and severity of the mental health problem, determine which service response would best meet the needs of the consumer, and how urgently the response is required.

"Screening" means the process to determine whether the person seeking assistance needs further comprehensive assessment.

"Sentinel event" is a type of critical incident that is an unexpected occurrence involving the death or serious physical or psychological injury to a consumer, or risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or risk thereof" includes a variation in approved processes which could carry a significant chance of a serious adverse outcome to a consumer. These events signal the need for immediate investigation and response. Sentinel events include, but are not limited to: suicide, homicide, criminal activity, assault and other forms of violence, including domestic violence or sexual assault, and adverse drug events resulting in serious injury or death.

"Service area" means a geographic area established by the Department of Mental Health and Substance Abuse Services for support of mental health and substance abuse services [43A O.S. §3-302(1)].

"Service Intensity" means the frequency and quantity of services needed, the extent to which multiple providers or agencies are involved, and the level of care coordination required.

"Service plan" or "Treatment plan" means the document used during the process by which a qualified service provider and the consumer together and jointly identify and rank problems, establish agreed-upon immediate short-term and long-term goals, and decide on the treatment process and resources to be utilized.

"Socialization" means all activities, which encourage interaction and the development of communication, interpersonal, social and recreational skills and can include consumer education.

"SoonerCare" means Oklahoma's Medicaid program.

"Supportive services" refers to assistance with the development of problem-solving and decision-making skills to maintain or achieve optimal functioning within the community and can include consumer education.

"Systems of Care values" means a philosophy, which embraces a family-driven, child-centered model of care that integrates and coordinates the efforts of different agencies and providers to individualize care in the least restrictive setting that is clinically appropriate.

"TJC" means The Joint Commission formerly referred to as the Joint Commission on Accreditation of Healthcare Organizations or JCAHO.

"Transitional housing program" means a type of Community Living Program in which the consumer's stay in the residence is considered temporary and time-limited in nature. The actual program model may include a range of approaches, including but not limited to supervised transitional living programs and supervised transitional housing programs.

"Trauma informed capability" means the capacity for a facility and all its programs to recognize and respond accordingly to the presence of the effects of past and current traumatic experiences in the lives of its consumers.

"Vocational assessment services" means a process utilized to determine the individual's functional work-related abilities and vocational preferences for the purpose of the identification of the skills and environmental supports needed by the individual in order to function more independently in an employment setting, and to determine the nature and intensity of services which may be necessary to obtain and retain employment.

"Vocational placement services" means a process of developing or creating an appropriate employment situation matched to the functional abilities and choices of the individual for the purpose of vocational placement. Services may include, but are not limited to, the identification of employment positions, conducting job analysis, matching individuals to specific jobs, and the provision of advocacy with potential employers based on the choice of the individual served.

"Vocational preparation services" means services that focus on development of general work behavior for the purpose of vocational preparation such as the utilization of individual or group work-related activities to assist individuals in understanding the meaning, value and demands of work; to modify or develop positive work attitudes, personal characteristics and work behaviors; to develop functional capacities; and to obtain optimum levels of vocational development.

"Volunteer" means any person who is not on the program's payroll, but provides services and fulfills a defined role within the program and includes interns and practicum students.

"Walk through" means an exercise in which staff members of a facility walk through the program's treatment processes as a consumer. The goal is to view the agency processes from the consumer's perspective for the purpose of removing barriers and ENHANCING TREATMENT.

"Wellness" means the condition of good physical, mental and emotional health, especially when maintained by an appropriate diet, exercise, and other lifestyle modifications.

Emergency Adoptions

"Wraparound approach" means a team-based planning and implementation process to improve the lives of children with complex needs and their families by developing individualized plans of care. The key characteristics of the process are that the plan is developed by a family centered team, is individualized based on the strengths and culture of the child and their family, and is driven by needs rather than services.

"Young Adults in Transition" are persons between sixteen to twenty-five (16 - 25) years of age who have a Serious Mental Illness (ages 18 - 25), or Serious Emotional Disturbance (ages 16 - 18).

SUBCHAPTER 5. OPTIONAL SERVICES

PART 23. BEHAVIORAL HEALTH HOME

450:17-5-140. Program description and purpose

(a) The purpose of Behavioral Health Homes within the mental health delivery array is to promote enhanced integration and coordination of primary, acute, behavioral health, and long-term services and supports for persons across the lifespan with chronic illness, including adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). Care must be delivered using an integrated team that will comprehensively address physical, mental health, and substance use disorder treatment needs.

(b) The BHH must maintain facility policies and program descriptions that clearly describe that the purpose of the BHH is to improve the health status of individuals with Serious Mental Illness and/or Serious Emotional Disturbance by integrating behavioral and primary health care and promoting wellness and prevention.

(c) The BHH must provide program descriptions and demonstrate evidence that the following functions are implemented.

(1) Quality-driven, cost-effective, culturally appropriate, and person- and family-centered health home services;

(2) Coordinated access to:

(A) High-quality health care services informed by evidence-based clinical practice guidelines;

(B) Preventive and health promotion services, including prevention of mental illness and substance use disorders;

(C) Mental health and substance abuse services;

(D) Comprehensive care management, care coordination, and transitional care across settings. Transitional care includes appropriate follow-up from inpatient to other settings, such as participation in discharge planning and facilitating transfer from a pediatric to an adult system of health care;

(E) Chronic disease management, including self-management support to individuals and their families;

(F) Individual and family supports, including referral to community, social support, and recovery services; and,

(G) Long-term care supports and services;

(3) Person-centered care plans for each individual that coordinates and integrates all of his or her clinical and non-clinical health-care related needs and services;

(4) Proper and continuous use of health information technology to link services, facilitate communication among team members and between the health team and individual and family caregivers, and provide feedback to practices, as feasible and appropriate; and

(5) Quality improvement program, which collects and reports on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level.

(d) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:17-5-141. Target populations

(a) The BHH must be established to serve only the following target populations:

(1) Adults with a serious mental illness(SMI);

(2) Children with a serious emotional disturbance (SED); or

(3) Both.

(b) Organizational documents must clearly describe the target population(s) to be served by the BHH.

(c) Target population descriptions should not be interpreted as to limit access to individuals based on funding sources, including not limiting access to those who are uninsured but otherwise meet the target population criteria. Although not required, BHHs are encouraged to identify funding in order to provide BHH services to individuals who meet the target population criteria but do not have Medicaid.

(d) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:17-5-142. Outreach and engagement

(a) The BHH must have policies and procedures to describe how outreach and engagement activities will occur to identify individuals within the target population(s) who could benefit from BHH services.

(b) The BHH must have memoranda of agreements to arrange for outreach and engage in settings outlined further in these rules in Section 450:17-5-160.

(c) Facility records will identify which staff members are responsible for specific elements of outreach and engagement.

(d) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:17-5-143. Structure of Behavioral Health Home and administrative staff

(a) The BHH policies must describe how it is organized within one of the following structures:

(1) In-house model where the behavioral health agency is directly providing primary care performed by a qualified employee, or purchasing through a contract; or

(2) Co-located partnership model where the behavioral health agency arranges for primary care services to be provided onsite, establishing written agreements with external primary care providers; or

(3) Facilitated referral model, where most primary care services are not provided onsite at the facility; however, the facility has processes in place to ensure the coordination of care that is provided offsite.

(b) In the event the BHH does not directly provide the full array of required services, there must be organizational procedures and clinical records to document that the BHH has otherwise ensured the services are coordinated on behalf of each consumer.

(c) The facility operating the BHH will have policies and program descriptions to define how the BHH will operate a team dedicated to provide the range of specific services articulated elsewhere in this Subchapter.

(d) The facility shall verify the health home director for adults meets or exceeds the following qualifications:

(1) Possess a Bachelor's degree from an accredited university and have at least two years' experience in health administration;

(2) Possess a Master's degree from an accredited university in a health or social services related field;

(3) Be licensed as a Registered Nurse with the Oklahoma Board of Nursing; or

(4) Be licensed as a Physician or be licensed as a Nurse Practitioner.

(e) The BHH shall verify the Project Director for children possesses a Bachelor's degree in the field of social or human sciences from an accredited university, has at least three years' work experience in the social service field and has a minimum of one year experience in an administrative position.

(f) The BHH will adhere to the following ratios in terms of the full time equivalent (FTE) for the health home director.

(1) The BHH shall maintain a health home director at a ratio of 1 FTE per 500 BHH participants. BHHs with less than 500 participants shall maintain a health home director at a minimum of .5 FTE.

(2) A health home requiring a health home director and health home nurse care manager of .5 FTE each may employ 1 FTE individual to serve in both roles, provided that individual meets the requirements for both positions.

(3) A health home requiring more than .5 FTE health home director, may choose to designate a lead health home director and fulfill the additional FTE requirement with key management staff who meet the requirements of (1) and (2) above.

(g) Compliance with this Section will be determined by on-site observation, review of organizational documents,

signed agreements, personnel records, job descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:17-5-144. Treatment team; general requirements

(a) The BHH must designate an interdisciplinary treatment team that is responsible, with each consumer's input and guidance, to direct, coordinate, and manage the care and services to be provided or arranged for by the BHH.

(b) The interdisciplinary team must, based on the comprehensive assessment, identify for each consumer a specific licensed behavioral health professional (LBHP) on the interdisciplinary treatment team to lead the process of the initial comprehensive assessment and plan and to provide therapy services if indicated on the integrated plan. This will ensure that each consumer's needs are assessed, and that the active treatment plan is implemented as indicated.

(c) Compliance with this Section will be determined by on-site observation, review of organizational documents, signed agreements, activity reports, and clinical records.

450:17-5-145. Treatment team; adult team

(a) Each BHH team serving adults shall include, the following positions, unless otherwise arranged as permitted in (b) below:

(1) Health Home Director;

(2) Nurse Care Manager;

(3) Consulting Primary Care Physician, Advanced Practice Registered Nurse, or Physician Assistant;

(4) Licensed Psychiatric Consultant;

(5) License Behavioral Health Professional;

(6) Certified Behavioral Health Case Manager I or II;

(7) Hospital Liaison/Health Home Specialist; and

(8) Wellness Coach/Certified Peer Support Specialist.

(b) Variations from the above staff pattern on a continuous basis, must be approved in advanced by the ODMHSAS Commissioner or a designee.

(c) If the health team experiences difficulty in recruiting staff to fill any of the above positions, a recruitment and contingency plan to maintain essential services, will be submitted to the ODMHSAS Director of Provider Certification for approval.

(d) The facility must have written policies and procedures defining the program's plan for staff-to-consumer ratio for each adult BHH team and a plan for how exceptions will be handled.

(e) Staffing ratios must be regularly monitored and evaluated within the certified facility's performance improvement activities.

(f) Compliance with this Section will be determined by on-site observation, review of organizational documents, personnel records, staffing schedules, and clinical records.

450:17-5-146. Treatment team; children and adolescent team

(a) Each BHH team serving children and adolescents shall include, the following positions, unless otherwise arranged as permitted in (b) below:

Emergency Adoptions

- (1) Care Coordinator;
 - (2) Project Director;
 - (3) Licensed Psychiatric Consultant;
 - (4) Licensed Nurse Care Manager (RN or LPN);
 - (5) Peer to Peer Family /Youth Support Provider;
 - (6) Children's Health Home Specialist; and
 - (7) Consulting Primary Care Practitioner.
- (b) Variations from the above staff pattern on a continuous basis, must be approved in advanced by the ODMHSAS Commissioner or a designee.
- (c) If the health team experiences difficulty in recruiting staff to fill any of the above positions, a recruitment and contingency plan to maintain essential services, will be submitted to the ODMHSAS Director of Provider Certification for approval.
- (d) The facility must have written policies and procedures defining the program's plan for staff-to-consumer ratio for each child and/or adolescent BHH team and a plan for how exceptions will be handled.
- (e) Staffing ratios must be regularly monitored and evaluated within the facilities performance improvement activities.
- (f) Compliance with this Section will be determined by on-site observation, review of organizational documents, personnel records, staffing schedules, and clinical records.

450:17-5-147. Required services

- (a) The BHH must have policies and clear descriptions to delineate each specific service provided by the BHH.
- (b) The BHH must provide the following services within the framework described in 450:17-5-140:
- (1) Comprehensive Care Management;
 - (2) Care Coordination;
 - (3) Health Promotion;
 - (4) Comprehensive Transitional Care;
 - (5) Individual and Family Support services; and
 - (6) Referral to Community and Social Support Services.
- (c) Program descriptions, personnel and privileging records, and other organizational documents will specify which staff members are qualified to provide each BHH service.
- (d) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:17-5-148. Access to specialists

- (a) The facility must have procedures and agreements in place to facilitate referral for other medical services needed beyond the scope of the BHH.
- (b) Referral documents and releases of information shall comply with applicable privacy and consumer consent requirements.
- (c) Clinical documentation will track referrals to and use of specialists.
- (d) Compliance with this Section will be determined by on-site observation, review of organizational documents,

signed agreements, outcome monitoring and other performance improvement activity reports, and clinical records.

450:17-5-149. Admission

- (a) The facility must determine the extent to which each consumer's needs and preferences can be adequately addressed within the array of required BHH services.
- (b) An integrated screening approach in accordance with OAC 450:17-3-21 will be used to determine clinical eligibility for BHH services.
- (c) Facility policies and procedures must assure that adults who meet the criteria for a SMI or children who meet the criteria for a SED are eligible for BHH services. This includes individuals receiving Targeted Case Management (TCM). It will also include additional individuals who are not currently receiving care coordination.
- (d) The facility must obtain informed consent specific to enrollment in the Behavioral Health Home.
- (1) The consent must be specific to the extent that it permits the BHH team members to share information relevant to the delivery of BHH services.
 - (2) The process for obtaining consent must educate the consumer of their right to choose among qualified BHHs or to opt out of the BHH service.
 - (3) The BHH must obtain consent for a child in state custody from the Child Welfare or Juvenile Justice worker.
- (e) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:17-5-150. Initial assessment

- (a) A Licensed Behavioral Health Professional (LBHP), acting within his or her state scope of practice requirements, must complete the initial assessment for health home services in accordance with the standard in OAC 450:17-3-22 for consumers who have not been assessed by the facility within the past 6 months.
- (b) The initial assessment must include at a minimum, the following:
- (1) The admitting diagnosis as well as other diagnoses;
 - (2) The source of referral;
 - (3) The reason for admission as well as stated by the client or other individuals who are significantly involved; and
 - (4) A list of current prescriptions and over-the counter medications as well as other substances the client may be taking.
- (c) The BHH should provide access to an appropriate health-care professional and a health screening within 72 hours of placement for children entering foster care.
- (d) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:17-5-151. Comprehensive assessment

(a) A comprehensive assessment must be completed by the interdisciplinary team performing within each team member's scope of practice consistent with each consumer's immediate needs and include a written narrative in each of the following areas:

- (1) Psychiatric and substance abuse history, mental status, and a current DSM diagnosis;
- (2) Medical, dental, and other health needs;
- (3) Education and/or employment;
- (4) Social development and functioning;
- (5) Activities of daily living; and
- (6) Family structure and relationships.

(b) The BHH must ensure access to a comprehensive medical and behavioral health assessment for children in foster care within 30 days of placement.

(c) The BHH must provide or arrange for a functional assessment for all children using a tool approved by ODMHSAS. Assignment to high intensity Wraparound or Resource coordination intensity of care must be determined by clinically informed decision-making by LBHP.

(d) The comprehensive assessment must be updated as needed but no less than every six (6) months.

(e) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:17-5-152. Integrated care plan

(a) The BHH team must develop a consumer directed, integrated active care plan for each enrolled consumer that reflects input of the team, (including the involvement of the consulting primary care physician or APRN in managing the medical component of the plan), and others the consumer chooses to involve.

(b) The plan shall clearly address physical and behavioral health goals, consumer preferences, and the overall all health and wellness needs of the consumer.

(c) The plan must be documented and complete within thirty (30) working days of admission to the BHH.

(d) The BHH must provide for each consumer and primary caregiver(s), as applicable, education and training consistent with the consumer and caregiver responsibilities as identified in the active treatment plan and relative to their participation in implementing the plan of care.

(e) Compliance with this Section will be determined by on-site observation, review of organizational documents, personnel records, staffing schedules, and clinical records.

450:17-5-153. Integrated care plan; content

(a) The integrated care plan must address all services necessary to assist the client in meeting his or her physical and behavioral health goals, and include the following:

- (1) Consumer diagnoses, relative to behavioral and physical health conditions assessed by and addressed by the BHH in terms of direct services provided and/or

conditions for which the individual is referred elsewhere for treatment.

(2) Treatment goals, including preventive/primary care services;

(3) Interventions, including follow up with necessary medical providers;

(4) A detailed statement of the type, duration, and frequency of services, including primary medical and specialty care, social work, psychiatric nursing, counseling, and therapy services, necessary to meet the consumer's specific needs;

(5) Medications, treatments, and individual and/or group therapies;

(6) As applicable, family psychotherapy with the primary focus on treatment of the consumer's conditions; and

(7) The interdisciplinary treatment team's documentation of the consumer's or representative's and/or primary caregiver's (if any) understanding, involvement, and agreement with the care plan.

(b) Compliance with this Section will be determined by on-site review of clinical records and supported documentation.

450:17-5-154. Review of plan

(a) The BHH will review, revise, and document the individualized integrated care plan as frequently as the consumer's conditions require, but no less frequently than every six (6) months.

(b) A revised active plan must include information from the consumer's initial evaluation and comprehensive assessments and updates, the progress toward goals specified in the written care plan, and changes, as applicable, in goals.

(c) Compliance with this Section will be determined by outcome monitoring, performance improvement activity reports.

450:17-5-155. Intensive care coordination for children and adolescents; wraparound approach

(a) If the BHH serves children or adolescents with SED, care coordination must be delivered with a single point of accountability to ensure that medically necessary services and supports are accessed, coordinated, and delivered in strength based, individualized, family driven, youth guided, and ethnically, culturally and linguistically relevant manner.

(b) The BHH will document that delivery of specific services and supports are guided by the needs, strengths and culture of the child and family, developed through a wraparound care planning process consistent with System of Care values.

(c) Program policies and descriptions will define the wrap-around approach and related values as identified in (a) and (b) above and stipulate these must be followed by staff to develop care coordination plans.

(d) Care plans and other clinical records reflect implementation of services based on the foundations described in (a) through (c).

(e) Compliance with this Section will be determined by review of policies and procedures, staff training logs, outcome

Emergency Adoptions

monitoring, performance improvement activity reports, clinical records, and related documentation.

450:17-5-156. Behavioral Health Home medication monitoring

(a) When medication services are provided as a component of the BHH services, medication administration, storage and control, and consumer reactions shall be regularly monitored.

(b) Facilities shall assure proper storage and control of medications, immediate response if incorrect or overdoses occur, and have appropriate emergency supplies available if needed.

(1) Written procedures for medication administration shall be available and accessible in all medication storage areas, and available to all staff authorized to administer medications.

(2) All medications shall be kept in locked, non-consumer accessible areas. Conditions which shall be considered in medication storage are light, moisture, sanitation, temperature, ventilation, and the segregation and safe storage of poisons, external medications, and internal medications.

(3) Telephone numbers of the state poison centers shall be immediately available in all locations where medications are prescribed, administered, and stored.

(c) Compliance with this Section will be determined by on-site observation and a review of the following: written policy and procedures, clinical records, and PI records.

450:17-5-157. Behavioral Health Home pharmacy services

(a) When medication services are provided as a component of the BHH services, the facility shall make available access to pharmacy services to meet consumers' pharmacological needs that are addressed by the BHH physicians and other BHH licensed prescribers. Provision of services may be made through agreement with another program through a pharmacy in the community, or through their own Oklahoma licensed pharmacy.

(b) Compliance with this Section may be determined by a review of the following: Clinical records; written agreements for pharmacy services; on-site observation of in-house pharmacy; and State of Oklahoma pharmacy license.

450:17-5-158. Health promotion and wellness; consumer self-management

(a) The BHH must assist members to participate in the implementation of their comprehensive care plan.

(b) This must include, but not be limited to providing health education specific to a member's chronic conditions; development of self-management plans with the individual; support to improve social networks; and providing health-promoting lifestyle interventions. Health promoting lifestyle interventions include, but are not limited to substance use prevention, smoking prevention and cessation, nutritional counseling, obesity reduction and increasing physical activity; and assisting to understand and self-manage chronic health conditions.

(c) In addition, BHHs that serve children and adolescents must provide child-specific health promotion activities. These include but are not limited to education regarding the importance of immunizations and screenings, child physical and emotional development; linking each child with screening in accordance with the EPSDT periodicity schedule; monitoring usage of psychotropic medications through report analysis and follow up with outliers; identifying children in need of immediate or intensive care management for physical health needs; and, providing opportunities and activities for promoting wellness and preventing illness, including the prevention of chronic physical health conditions.

(d) Compliance with this Section will be determined by review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:17-5-159. Discharge or transfer from Behavioral Health Home

(a) The BHH shall, on behalf of any consumer that transfers to another facility, forward the following within fifteen (15) days as permitted by privacy and confidentiality and if requested:

(1) The BHH discharge summary; and

(2) The consumer's clinical record.

(b) For consumers who initiate BHH service and later decline those services, or are discharged from a BHH based on non-adherence to care plans, the BHH must forward to the primary health care provider of record, if any, and if requested by the consumer:

(1) The BHH discharge summary; and

(2) The consumer's clinical record.

(c) As applicable to (a) and/or (b) above, the BHH discharge summary shall include the following:

(1) A summary of the services provided, including the consumer's symptoms, treatment and recovery goals and preferences, treatments, and therapies.

(2) The client's current active treatment plan at time of discharge.

(3) The client's most recent physician orders.

(4) Any other documentation that will assist in post-discharge continuity of care.

(d) A completed discharge summary shall be entered in each consumer's record within fifteen (15) days of the consumer completing or discontinuing services.

(e) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:17-5-160. Linkage and transitional care

(a) The BHH must have procedures and agreements in place to facilitate referral for other medical services needed by consumers beyond the scope of the BHH, as well as to assist the consumer to obtain services that are needed following discharge from the BHH.

(b) The BHH will also document referrals to community and social support services to facilitate access to formal and informal resources beyond the scope of services covered by SoonerCare, such as those which may be available from other parents, family members, community-based organizations, service providers, grants, social programs, funding options, school-based services, faith based organizations, etc.

(c) The BHH will develop contracts or memoranda of understandings (MOUs) with regional hospital(s), Psychiatric Residential Treatment Facilities (PRTF) or other system(s) to ensure a formalized structure for transitional care planning, to include communication of inpatient admissions and discharges of BHH participants.

(1) Transitional care will be provided by the BHH for existing BHH consumers who have been hospitalized or placed in other non-community settings, such as psychiatric residential treatment facilities, as well as to newly identified, potential BHH consumers who are entering the community.

(2) The BHH team will collaborate with all parties involved including the facility, primary care physician, and community providers to ensure a smooth discharge and transition into the community and prevent subsequent re-admission(s).

(3) Transitional care is not limited to institutional transitions, but applies to all transitions that will occur throughout the development of the enrollee and includes transition from and to school-based services and pediatric services to adult services.

(4) The BHH will document transitional care provided in the clinical records.

(d) Compliance with this Section will be determined by on-site observation, review of organizational documents, contracts, MOUs, and clinical records.

450:17-5-161. Consumer (Patient Care) Registries and Population Health Management

(a) The BHH must implement clinical decision support mechanisms, including but not limited to point-of-care reminders, following nationally published evidence-based guidelines for:

- (1) A mental health or substance use disorder;
- (2) A chronic medical condition;
- (3) An acute condition;
- (4) A condition related to unhealthy behaviors; and
- (5) Well child or adult care.

(b) BHH must have descriptions of programs in place to demonstrate how it encourages healthier lifestyles for BHH members, including increased physical activity, better nutrition, avoidance of behavioral risks, and wider use of preventive care.

(c) The BHH shall electronically submit data to a health home information management system, subject to prior approval by the Director of ODMHSAS Provider Certification, which will act as a consumer registry, care management device and outcomes measurement tool.

(d) The BHH shall utilize information provided through the approved information system for the purpose of enrollment

and discharge tracking, compliance, quality assurance, and outcome monitoring.

(e) Compliance will be determined by on-site observation, review of information available through an approved information system, and consultation with the ODMHSAS Decision Support Services and ODMHSAS Information Services Division.

450:17-5-162. Electronic health records and data sharing

(a) The BHH shall have a functioning electronic health record (EHR) system that meets Meaningful Use standards, as defined in the Medicare and Medicaid Incentive Programs, or have a facility approved written plan with timeframes to obtain one.

(b) The BHH shall document a plan to work with health information organizations to share referrals, continuity of care documents, lab results, and other health information and develop partnerships that maximize the use of Health Information Technology (HIT) across all treating providers.

(c) Compliance with (a) will be determined by review of documentation that certifies the electronic health record meets Meaningful Use standards or documentation of a plan to obtain one with implementation timeline.

(d) Compliance with (b) will be determined by on-site observation, review of information available through an approved information system documenting that BHH consumers' records have been accessed and shared through a Health Information Exchange (HIE), and consultation with the ODMHSAS Decision Support Services and ODMHSAS Information Services Division.

450:17-5-163. Performance measurement and quality improvement

(a) There shall be an ongoing performance improvement program designed to objectively and systematically monitor, evaluate and improve the quality of consumer care related to BHH operations.

(b) The BHH performance improvement activities must:

- (1) Focus on high risk, high volume, or problem-prone areas.
- (2) Consider incidence, prevalence, and severity of problems.
- (3) Give priority to improvements that affect behavioral outcomes, client safety, and person-centered quality of care.

(c) Performance improvement activities must also track adverse client events, analyze their causes, and implement preventive actions and mechanisms.

(d) The program must use quality indicator data, including client care, and other relevant data in the design of its program.

(e) The BHH must use the data collected to monitor the effectiveness and safety of services and quality of care and identify opportunities and priorities for improvement.

(f) The functions and processes outlined in (a) through (e) shall be evidenced in an annual written plan for performance

Emergency Adoptions

improvement activities. The plan shall include but not be limited to:

- (1) Outcomes management processes which include measures required by CMS and the State and may also include measures from the SAMHSA National Outcomes Measures, NCQA, and HEDIS as required to document improvement in population health.
- (2) Quarterly record review to minimally assess:
 - (A) Quality of services delivered;
 - (B) Appropriateness of services;
 - (C) Patterns of service utilization;
 - (D) Treatment goals and objectives based on assessment findings and consumer input;
 - (E) Services provided which were related to the goals and objectives;
 - (F) Patterns of access to and utilization of specialty care; and
 - (G) The care plan is reviewed and updated as prescribed by policy.
- (3) Review of critical incident reports and consumer grievances or complaints.
- (g) Compliance with this Section will be determined by a review of the written program evaluation plan, program goals and objectives and other supporting documentation provided.

[OAR Docket #15-28; filed 1-8-15]

TITLE 450. DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES CHAPTER 27. STANDARDS AND CRITERIA FOR MENTAL ILLNESS SERVICE PROGRAMS

[OAR Docket #15-29]

RULEMAKING ACTION:

EMERGENCY adoption

RULES:

- Subchapter 1. General Provisions
- 450:27-1-2. [AMENDED]
- Subchapter 7. Clinical Services
- Part 3. Additional or Optional Services [AMENDED]
- 450:27-7-21. [AMENDED]
- Subchapter 9. Behavioral Health Home [NEW]
- 450:27-9-1. [NEW]
- 450:27-9-2. [NEW]
- 450:27-9-3. [NEW]
- 450:27-9-4. [NEW]
- 450:27-9-5. [NEW]
- 450:27-9-6. [NEW]
- 450:27-9-7. [NEW]
- 450:27-9-8. [NEW]
- 450:27-9-9. [NEW]
- 450:27-9-10. [NEW]
- 450:27-9-11. [NEW]
- 450:27-9-12. [NEW]
- 450:27-9-13. [NEW]
- 450:27-9-14. [NEW]
- 450:27-9-15. [NEW]
- 450:27-9-16. [NEW]
- 450:27-9-17. [NEW]

- 450:27-9-18. [NEW]
- 450:27-9-19. [NEW]
- 450:27-9-20. [NEW]
- 450:27-9-21. [NEW]
- 450:27-9-22. [NEW]
- 450:27-9-23. [NEW]
- 450:27-9-24. [NEW]

AUTHORITY:

Oklahoma Department of Mental Health and Substance Abuse Services Board; 43A O.S. §§ 3-323A.

ADOPTION:

November 21, 2014

APPROVED BY GOVERNOR:

December 17, 2014

EFFECTIVE:

Immediately upon Governor's approval or January 1, 2015, whichever is later.

EXPIRATION:

Effective through September 14, 2015, unless superseded by another rule or disapproved by the Legislature

SUPERSEDED EMERGENCY ACTIONS:

N/A

INCORPORATIONS BY REFERENCE:

N/A

FINDING OF EMERGENCY:

The Agency finds that a compelling public interest exists and finds that an imminent peril exists to the preservation of the public health, safety, or welfare which necessitates promulgation of emergency rules to create certification standards and criteria for Behavioral Health Homes. The Oklahoma Health Care Authority, pending approval from the Centers for Medicare and Medicaid Services (CMS), intends to implement Behavioral Health Homes throughout the State in early 2015 and has initiated emergency rulemaking proceedings in order to create reimbursement guidelines in Title 317. ODMHSAS emergency rules are necessary to enable ODMHSAS to certify providers as Behavioral Health Homes in time for statewide implementation. If rules are not implemented, service providers will not be able to meet compliance standards to provide BHH services. If BHHs are not implemented, the majority of SoonerCare and ODMHSAS consumers with SMI and SED will continue to receive non-integrated services through various uncoordinated systems of healthcare throughout the State. People with SMI die 25 years earlier than individuals in the general population, mostly for medical reasons rather than suicide or accidental death. The Behavioral Health Home model intends to address this significant health issue. Not implementing the proposed rule would have a detrimental effect on public health by not moving forward to address the mental health crises in Oklahoma.

ANALYSIS:

Rules are revised to create certification standards and criteria for Behavioral Health Homes. Behavioral Health Homes are created to promote enhanced integration and coordination of primary, acute, behavioral health, and long-term services and supports for persons across the lifespan with chronic illness. The purpose of the Behavioral Health Home is to improve the health status of consumers with Serious Mental Illness or Serious Emotional Disturbance by promoting wellness and prevention and to improve access and continuity in healthcare for these members by supporting coordination and integration of primary care services in specialty behavioral healthcare settings.

CONTACT PERSON:

Gretchen Geis, Administrative Rules Liaison, Department of Mental Health and Substance Abuse Services, Post Office Box 53277, Oklahoma City, Oklahoma 73152-3277, (405) 522-2053.

PURSUANT TO THE ACTIONS DESCRIBED HEREIN, THE FOLLOWING RULES ARE CONSIDERED FINALLY ADOPTED AS SET FORTH IN 75 O.S., SECTION 253 (F), AND EFFECTIVE UPON APPROVAL BY THE GOVERNOR OR JANUARY 1, 2015, WHICHEVER IS LATER:

SUBCHAPTER 1. GENERAL PROVISIONS

450:27-1-2. 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 resident; or deprivation of food, clothing, shelter, or healthcare by a staff responsible for providing these services to a consumer.

"Advanced Practice Registered Nurse or (APRN)" means a registered nurse in good standing with the Oklahoma Board of Nursing, and has acquired knowledge and clinical skills through the completion of a formal program of study approved by the Oklahoma Board of Nursing Registration and has obtained professional certification through the appropriate National Board recognized by the Oklahoma Board of Nursing. Advanced Practice Registered Nurse services are limited to the scope of their practice as defined in 59 Okla. Stat. § 567.3a and corresponding rules and regulations at OAC 485:10-5-1 through 10-16-9.

"Behavioral Health Home or BHH" means a specifically organized entity that functions within a currently ODMHSAS certified mental health treatment program organization to promote enhanced integration and coordination of primary, acute, behavioral health, and long-term services and supports for persons across the lifespan with chronic illness. BHHs ensure comprehensive team-based health care, meeting physical, mental health, and substance use disorder care needs. Health care is delivered utilizing a whole-person, patient-centered, coordinated care model for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). Care coordination is provided for all aspects of the individual's life and for transitions of care the individual may experience.

"Case management services" means planned referral, linkage, monitoring and support, and advocacy provided in partnership with a consumer to assist that consumer with self sufficiency and community tenure and take place in the individual's home, in the community, or in the facility, in accordance with a service plan developed with and approved by the consumer and qualified staff.

"Children's Health Home Specialist" means an individual within the children's Behavioral Health Home interdisciplinary team that will provide support, coaching and activities that promote good physical and mental health to individuals, families and groups. The focus of the Children's Health Home Specialist will include nutrition, healthy living habits, exercise, and preventing and/or managing chronic health conditions. Children's Health Home Specialists must be certified by ODMHSAS as Behavioral Health Case Manager I or II and complete trainings as required by ODMHSAS including but not limited to Behavioral Health Aide and Well Power.

"Clinical privileging" means an organized method for treatment facilities to authorize an individual permission to

provide specific care and treatment services to consumers within well-defined limits, based on the evaluation of the individual's license, education, training, experience, competence, judgment, and other credentials.

"Community-based Structured Crisis Center" or "CBSCC" means a program of non-hospital emergency services for mental health and substance abuse crisis stabilization as authorized by 43A O.S. §3-317, including, but not limited to, observation, evaluation, emergency treatment and referral, when necessary, for inpatient psychiatric or substance abuse services. This service is limited to CMHC's and Comprehensive Community Addiction Recovery Centers (CCARCs) who are certified by the Department of Mental Health and Substance Abuse Services or facilities operated by the Department of Mental Health and Substance Abuse Services.

"Community mental health center" or "CMHC" means a facility offering a comprehensive array of community-based mental health services, including but not limited to, inpatient treatment, outpatient treatment, partial hospitalization, emergency care, consultation and education; and, certain services at the option of the center, including, but not limited to, prescreening, rehabilitation services, pre-care and aftercare, training programs, and research and evaluation.

"Consumer" means an individual, adult, adolescent, 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.

"Co-occurring disorder" (COD) means any combination of mental health symptoms and substance abuse symptoms or diagnoses that affect a consumer and are typically determined by the current Diagnostic and Statistical Manual of Mental Disorders.

"Co-occurring disorder capability" means the organized capacity within any type of program to routinely screen, identify, assess, and provide properly matched interventions to consumers with co-occurring disorders.

"Co-occurring disorder enhanced" means that the program (or subunit of the program) provides a specialized service designed for individuals with co-occurring disorders, usually with a higher level of available service capacity or intensity for the co-occurring substance use disorder than would be the case in a comparable co-occurring disorder capable program.

"Crisis Diversion" means an unanticipated, unscheduled situation requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before they become overwhelming and severely impair the individual's ability to function or maintain in the community.

"Crisis Intervention" means actions taken, and services provided to address emergency psychological, physiological, and safety aspects of alcohol, drug-related, and mental health crises.

Emergency Adoptions

"Crisis stabilization" means emergency, psychiatric, and substance abuse services for the resolution of crisis situations and may include placement of an individual in a protective environment, basic supportive care, and medical assessment, and, if needed, referral to an ODMHSAS certified facility having nursing and medical support available.

"Critical incident" or "Incident" means an occurrence or set of events inconsistent with the routine operation of a facility, service setting, or otherwise routine care of a consumer. Critical incidents specifically include but are not necessarily limited to the following: adverse drug events; self-destructive behavior; deaths and injuries to consumers, staff and visitors; medication errors; residential consumers that are missing or considered in to have eloped; neglect or abuse of a consumer; fire; unauthorized disclosure of information; damage to or theft of property belonging to consumers or the facility; other unexpected occurrences; or events potentially subject to litigation. An incident may involve multiple individuals or results.

"Cultural competency" means the ability to recognize, respect, and address the unique needs, worth, thoughts, communications, actions, customs, beliefs and values that reflect an individual's racial, ethnic, religious, sexual orientation, and/or social group.

"DSM" means the most current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

"Emergency detention" means the detention of a person who appears to be a person requiring treatment in a facility approved by the Commissioner of Mental Health and Substance Abuse Services as appropriate for such detention after the completion of an emergency examination, either in person or via telemedicine, and a determination that emergency detention is warranted as defined in Title 43A O.S. Section 5-206.

"Emergency examination" means the examination of a person who appears to be a mentally ill person, an alcohol-dependent person, or drug-dependent person and a person requiring treatment, and whose condition is such that it appears that emergency detention may be warranted by a licensed mental health professional to determine if emergency detention of the person is warranted.

"Evidence based practice" means programs or practices that are supported by research methodology and have produced consistently positive patterns of results when replicated within the intent of the published guidance.

"Face-To-Face" for the purposes of the delivery of behavioral health care, means a face-to-face physical contact and in-person encounter between the health care provider and the consumer, including the initial visit. The use of telemedicine shall be considered a face-to-face encounter.

"Facilities or Facility" means entities as described in Title 43A O.S. § 1-103(7), community mental health centers, residential mental health facilities, community based structured crisis centers, certified services for the alcohol and drug dependent, programs of assertive community treatment, eating disorder treatment, gambling addiction treatment, and narcotic treatment programs.

"Hospital liaison" means an individual within the Behavioral Health Home interdisciplinary team that works closely

with hospital staff to assess the suitability of transition plans for consumers enrolled in a Behavioral Health Home. Hospital Liaisons will also work with other long term, residential facilities to plan for coordination of care during and after the consumer's residential stay. Hospital liaisons must be certified by ODMHSAS as a Behavioral Health Case Manager I or II and complete trainings as required by ODMHSAS.

"Licensed mental health professional" or "LMHP" as defined in Title 43A §1-103(11).

"Linkage" refers to the communication and coordination with other service providers to assure timely appropriate referrals between the CMHC and other providers.

"Medically necessary" means health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

"Medication error" means an error in prescribing, dispensing or administration of medication, regardless if the error reached the consumer, e.g., omission of prescribed drugs, giving drugs not prescribed, prescribing inappropriate drugs, prescribing or administering incorrect dosages, incorrectly filling or labeling prescriptions, incorrectly transcribing medication orders.

"Nurse Care manager" means a Licensed Practical Nurse (LPN) or a Registered Nurse (RN).

"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.

"Performance Improvement" or "PI" means an approach to the continuous study and improvement of the processes of providing health care services to meet the needs of consumers and others. Synonyms, and near synonyms include continuous quality improvement, continuous improvement, organization-wide quality improvement and total quality management.

"Primary Care Practitioner (PCP)" means a licensed physician, Advanced Practice Registered Nurse (APRN), or Physician Assistant (PA) licensed in the State of Oklahoma.

"Program of Assertive Community Treatment" or "PACT" is a clinical program that provides continuous treatment, rehabilitation, and support services to persons with mental illness in settings that are natural to the consumer.

"Progress notes" mean a chronological written description of services provided to a consumer, resident, client, or patient that documents, utilizing acceptable documentation practices, the consumer's response related to the intervention plan or services provided.

"Psychological-Social evaluations" are in-person interviews conducted by professionally trained personnel designed to elicit historical and current information regarding the behavior and experiences of an individual, and are designed to provide sufficient information for problem formulation and intervention.

"Psychotherapy" or "Therapy" means a goal directed process using generally accepted clinical approaches provided face-to-face by a qualified service provider with consumers in individual, group or family settings to promote positive emotional or behavioral change.

"Recovery Support Specialist" or "RSS" means an individual who has completed the ODMHSAS RSS training and has passed the ODMHSAS RSS exam.

"Rehabilitation Services" means face-to-face individual or group services provided by qualified staff to develop skill necessary to perform activities of daily living and successful integration into community life.

"Resident" means a person residing in a community living program certified by ODMHSAS.

"Residential treatment" means a structured, 24-hour supervised treatment program for individuals who are mentally ill with a minimum of twenty-one (21) hours of therapeutic services provided per week with the emphasis on stabilization and rehabilitation for transfer to a less restrictive environment. Stay in the program is time limited.

"Restraint" refers to manual, mechanical, and chemical methods that are intended to restrict the movement or normal functioning of a portion of an individual's body.

"Risk Assessment" means a clinical function that aims to determine the nature and severity of the mental health problem, determine which service response would best meet the needs of the consumer, and how urgently the response is required.

"Screening" means the process to determine whether the person seeking assistance needs further comprehensive assessment.

"Sentinel event" is a type of incident that is an unexpected occurrence involving the death or serious physical or psychological injury to a consumer, or risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or risk thereof" includes a variation in approved processes which could carry a significant chance of a serious adverse outcome to a consumer. These events signal the need for immediate investigation and response. Sentinel events include, but are not limited to: suicide, homicide, criminal activity, assault and other forms of violence, including domestic violence or sexual assault, and adverse drug events resulting in serious injury or death.

"Service Intensity" means the frequency and quantity of services needed, the extent to which multiple providers or agencies are involved, and the level of care coordination required.

"Service plan" or "Treatment plan" means the document used during the process by which a qualified service provider and the consumer together and jointly identify and rank problems, establish agreed-upon immediate short-term and long-term goals, and decide on the treatment process and resources to be utilized.

"Socialization" means all activities, which encourage interaction and the development of communication, interpersonal, social and recreational skills and can include consumer education.

"SoonerCare" means Oklahoma's Medicaid program.

"Supportive services" refers to assistance with the development of problem-solving and decision-making skills to maintain or achieve optimal functioning within the community and can include consumer education.

"Systems of Care values" means a philosophy, which embraces a family-driven, child-centered model of care that integrates and coordinates the efforts of different agencies and providers to individualize care in the least restrictive setting that is clinically appropriate.

"Trauma informed capability" means the capacity for a facility and all its programs to recognize and respond accordingly to the presence of the effects of past and current traumatic experiences in the lives of its consumers.

"Volunteer" means any person who is not on the program's payroll, but provides services and fulfills a defined role within the program and includes interns and practicum students.

"Wellness" means the condition of good physical, mental and emotional health, especially when maintained by an appropriate diet, exercise, and other lifestyle modifications.

"Wraparound approach" means a team-based planning and implementation process to improve the lives of children with complex needs and their families by developing individualized plans of care. The key characteristics of the process are that the plan is developed by a family centered team, is individualized based on the strengths and culture of the child and their family, and is driven by needs rather than services.

SUBCHAPTER 7. CLINICAL SERVICES

PART 3. ADDITIONAL OR OPTIONAL SERVICES

450:27-7-21. Additional treatment services;

(a) If the facility provides the following additional services those shall be provided in accordance with related standards described within OAC 450:27 and other portions of OAC:450, as applicable.

- (1) Case Management Services;
- (2) Medication Services;
- (3) Pharmacy Services; Peer Recovery Support Services;
- (4) Wellness Activities and Supports;
- (5) Behavioral Health Rehabilitation Services;
- (6) Day treatment services for children and adolescents; and,
- (7) Behavioral Health Home.

(b) If the facility provides the following services, in addition to those stipulated in 450:27-7-1. and 450:27-7-21, separate ODMHSAS certification will be required in accordance with OAC 450. including but not limited to the following:

- (1) Community Residential Mental Health Facilities, per OAC 450:16;
- (2) Alcohol and Drug Treatment Programs, per OAC 450:18;

Emergency Adoptions

- (3) Community Based Structured Crisis Services, per OAC 450:23;
 - (4) Comprehensive Community Addiction Recovery Centers, per OAC 450:24;
 - (5) Programs of Assertive Community Treatment, per OAC 450:55;
 - (6) Eating Disorder Treatment Programs, per OAC 450:60;
 - (7) Gambling Treatment Programs, per OAC 450:65; and/or,
 - (8) Opioid Substitution Treatment Programs, per OAC 450:70
- (c) Compliance with 450:27-7-21 is determined by review of program descriptions, clinical documentation, and review of ODMHSAS Certification findings additional applicable portions of OAC 450.

SUBCHAPTER 9. BEHAVIORAL HEALTH HOME

450:27-9-1. Program description and purpose

(a) The purpose of this Subchapter is to set forth, in addition to all other applicable rules, rules regulating program requirements, activities, and services for Mental Illness Service Programs who opt to deliver services through a Behavioral Health Home model.

(b) The purpose of BHHs within the mental health delivery array is to promote enhanced integration and coordination of primary, acute, behavioral health, and long-term services and supports for persons across the lifespan with chronic illness, including adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). Care must be delivered using an integrated team that will comprehensively address physical, mental health, and substance use disorder treatment needs.

(c) The BHH must maintain facility policies and program descriptions that clearly describe that the purpose of the BHH is to improve the health status of individuals with Serious Mental Illness and/or Serious Emotional Disturbance by integrating behavioral and primary health care and promoting wellness and prevention.

(d) The BHH must provide program descriptions and demonstrate evidence that the following functions are implemented.

(1) Quality-driven, cost-effective, culturally appropriate, and person- and family-centered health home services;

(2) Coordinated access to:

(A) High-quality health care services informed by evidence-based clinical practice guidelines;

(B) Preventive and health promotion services, including prevention of mental illness and substance use disorders;

(C) Mental health and substance abuse services;

(D) Comprehensive care management, care coordination, and transitional care across settings. Transitional care includes appropriate follow-up from inpatient to other settings, such as participation in discharge planning and facilitating transfer from a pediatric to an adult system of health care;

(E) Chronic disease management, including self-management support to individuals and their families;

(F) Individual and family supports, including referral to community, social support, and recovery services; and,

(G) Long-term care supports and services;

(3) Person-centered care plans for each individual that coordinates and integrates all of his or her clinical and non-clinical health-care related needs and services;

(4) Proper and continuous use of health information technology to link services, facilitate communication among team members and between the health team and individual and family caregivers, and provide feedback to practices, as feasible and appropriate; and

(5) A quality improvement program, which collects and reports on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level.

(e) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:27-9-2. Target populations

(a) The BHH must be established to serve only the following target populations:

(1) Adults with a serious mental illness(SMI);

(2) Children with a serious emotional disturbance (SED); or

(3) Both.

(b) Organizational documents must clearly describe the target population(s) to be served by the BHH.

(c) Target population descriptions should not be interpreted as to limit access to individuals based on funding sources, including not limiting access to those who are uninsured but otherwise meet the target population criteria. Although not required, BHHs are encouraged to identify funding in order to provide BHH services to individuals who meet the target population criteria but do not have Medicaid.

(d) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:27-9-3. Outreach and engagement

(a) The BHH must have policies and procedures to describe how outreach and engagement activities will occur to identify individuals within the target population(s) who could benefit from BHH services.

(b) The BHH must have memoranda of agreements to arrange for outreach and engage in settings outlined further in these rules in Section 450:24-9-21.

(c) Facility records will identify which staff members are responsible for specific elements of outreach and engagement.

(d) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:27-9-4. Structure of Behavioral Health Home and administrative staff

(a) The BHH policies must describe how it is organized within one of the following structures:

(1) In-house model where the behavioral health agency is directly providing primary care performed by a qualified employee, or purchasing through a contract; or

(2) Co-located partnership model where the behavioral health agency arranges for primary care services to be provided onsite, establishing written agreements with external primary care providers; or

(3) Facilitated referral model, where most primary care services are not provided onsite at the facility; however, the facility has processes in place to ensure the coordination of care that is provided offsite.

(b) In the event the BHH does not directly provide the full array of required services, there must be organizational procedures and clinical records to document that the BHH has otherwise ensured the services are coordinated on behalf of each consumer.

(c) The facility operating the BHH will have policies and program descriptions to define how the BHH will operate a team dedicated to provide the range of specific services articulated elsewhere in this Subchapter.

(d) The facility shall verify the health home director for adults meets or exceeds the following qualifications:

(1) Possess a Bachelor's degree from an accredited university and have at least two years' experience in health administration;

(2) Possess a Master's degree from an accredited university in a health or social services related field;

(3) Be licensed as a Registered Nurse with the Oklahoma Board of Nursing; or

(4) Be licensed as a Physician or be licensed as a Nurse Practitioner.

(e) The BHH shall verify the Project Director for children possesses a Bachelor's degree in the field of social or human sciences from an accredited university, has at least three years' work experience in the social service field and has a minimum of one year experience in an administrative position.

(f) The BHH will adhere to the following ratios in terms of the full time equivalent (FTE) for the health home director.

(1) The BHH shall maintain a health home director at a ratio of 1 FTE per 500 BHH participants. BHHs with less than 500 participants shall maintain a health home director at a minimum of .5 FTE.

(2) A health home requiring a health home director and health home nurse care manager of .5 FTE each may employ 1 FTE individual to serve in both roles, provided that individual meets the requirements for both positions.

(3) A health home requiring more than .5 FTE health home director, may choose to designate a lead health home director and fulfill the additional FTE requirement with key management staff who meet the requirements of (1) or (2) above.

(g) Compliance with this Section will be determined by on-site observation, review of organizational documents, signed agreements, personnel records, job descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:27-9-5. Treatment team; general requirements

(a) The BHH must designate an interdisciplinary treatment team that is responsible, with each consumer's input and guidance, to direct, coordinate, and manage the care and services to be provided or arranged for by the BHH.

(b) The interdisciplinary team must, based on the comprehensive assessment, identify for each consumer a specific licensed behavioral health professional (LBHP) on the interdisciplinary treatment team to lead the process of the initial comprehensive assessment and plan and to provide therapy services if indicated on the integrated plan. This will ensure that each consumer's needs are assessed, and that the active treatment plan is implemented as indicated.

(c) Compliance with this Section will be determined by on-site observation, review of organizational documents, signed agreements, activity reports, and clinical records.

450:27-9-6. Treatment team; adult team

(a) Each BHH team serving adults shall include, the following positions, unless otherwise arranged as permitted in (b) below:

(1) Health Home Director;

(2) Nurse Care Manager;

(3) Consulting Primary Care Physician, Advanced Practice Registered Nurse, or Physician Assistant;

(4) Licensed Psychiatric Consultant;

(5) License Behavioral Health Professional;

(6) Certified Behavioral Health Case Manager I or II;

(7) Hospital Liaison/Health Home Specialist; and

(8) Wellness Coach/Certified Peer Support Specialist.

(b) Variations from the above staff pattern on a continuous basis, must be approved in advanced by the ODMHSAS Commissioner or a designee.

(c) If the health team experiences difficulty in recruiting staff to fill any of the above positions, a recruitment and contingency plan to maintain essential services, will be submitted to the ODMHSAS Director of Provider Certification for approval.

(d) The facility must have written policies and procedures defining the program's plan for staff-to-consumer ratio for each adult BHH team and a plan for how exceptions will be handled.

Emergency Adoptions

(e) Staffing ratios must be regularly monitored and evaluated within the facilities performance improvement activities.

(f) Compliance with this Section will be determined by on-site observation, review of organizational documents, personnel records, staffing schedules, and clinical records.

450:27-9-7. Treatment team; children and adolescent team

(a) Each BHH team serving children and adolescents shall include the following positions, unless otherwise arranged as permitted in (b) below:

- (1) Care Coordinator;
- (2) Project Director;
- (3) Licensed Psychiatric Consultant;
- (4) Licensed Nurse Care Manager (RN or LPN);
- (5) Peer to Peer Family /Youth Support Provider;
- (6) Children's Health Home Specialist; and
- (7) Consulting Primary Care Practitioner.

(b) Variations from the above staff pattern on a continuous basis, must be approved in advanced by the ODMHSAS Commissioner or a designee.

(c) If the health team experiences difficulty in recruiting staff to fill any of the above positions, a recruitment and contingency plan to maintain essential services, will be submitted to the ODMHSAS Director of Provider Certification for approval.

(d) The facility must have written policies and procedures defining the program's plan for staff-to-consumer ratio for each child and/or adolescent BHH team and a plan for how exceptions will be handled.

(e) Staffing ratios must be regularly monitored and evaluated within the facilities performance improvement activities.

(f) Compliance with this Section will be determined by on-site observation, review of organizational documents, personnel records, staffing schedules, and clinical records.

450:27-9-8. Required services

(a) The BHH must have policies and clear descriptions to delineate each specific service provided by the BHH.

(b) The BHH must provide the following services within the framework described in 450:27-9-1:

- (1) Comprehensive Care Management;
- (2) Care Coordination;
- (3) Health Promotion;
- (4) Comprehensive Transitional Care;
- (5) Individual and Family Support services; and
- (6) Referral to Community and Social Support Services.

(c) Program descriptions, personnel and privileging records, and other organizational documents will specify which staff members are qualified to provide each BHH service.

(d) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:27-9-9. Access to specialists

(a) The BHH must have procedures and agreements in place to facilitate referral for other medical services needed beyond the scope of the BHH.

(b) Referral documents and releases of information shall comply with applicable privacy and consumer consent requirements.

(c) Clinical documentation will track referrals to and use of specialists.

(d) Compliance with this Section will be determined by on-site observation, review of organizational documents, signed agreements, outcome monitoring and other performance improvement activity reports, and clinical records.

450:27-9-10. Admission

(a) The facility must determine the extent to which each consumer's needs and preferences can be adequately addressed within the array of required BHH services.

(b) An integrated screening approach in accordance with OAC 450:27-7-2 will be used to determine clinical eligibility for BHH services.

(c) Facility policies and procedures must assure that adults who meet the criteria for a SMI or children who meet the criteria for a SED are eligible for BHH services. This includes individuals receiving Targeted Case Management (TCM). It will also include additional individuals who are not currently receiving care coordination.

(d) The facility must obtain informed consent specific to enrollment in the BHH.

(1) The consent must be specific to the extent that it permits the BHH team members to share information relevant to the delivery of BHH services.

(2) The process for obtaining consent must educate the consumer of their right to choose among qualified BHHs or to opt out of the BHH service.

(3) The BHH must obtain consent for a child in state custody from the Child Welfare or Juvenile Justice worker.

(e) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:27-9-11. Initial assessment

(a) A Licensed Behavioral Health Professional (LBHP), acting within his or her state scope of practice requirements, must complete the initial assessment for health home services in accordance with the standard in OAC 450:27-7-3 for consumers who have not been assessed by the facility within the past 6 months.

(b) The initial assessment must include at a minimum, the following:

(1) The admitting diagnosis as well as other diagnoses;

(2) The source of referral;

(3) The reason for admission as well as stated by the client or other individuals who are significantly involved; and

(4) A list of current prescriptions and over-the counter medications as well as other substances the client may be taking.

(c) The BHH should provide access to an appropriate health-care professional and a health screening within 72 hours of placement for children entering foster care.

(d) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:27-9-12. Comprehensive assessment

(a) A comprehensive assessment must be completed by the interdisciplinary team performing within each team member's scope of practice consistent with each consumer's immediate needs and include a written narrative in each of the following areas:

- (1) Psychiatric and substance abuse history, mental status, and a current DSM diagnosis;
- (2) Medical, dental, and other health needs;
- (3) Education and/or employment;
- (4) Social development and functioning;
- (5) Activities of daily living; and
- (6) Family structure and relationships.

(b) The BHH must ensure access to a comprehensive medical and behavioral health assessment for children in foster care within 30 days of placement.

(c) The BHH must provide or arrange for a functional assessment for all children using a tool approved by ODMHSAS. Assignment to high intensity Wraparound or Resource coordination intensity of care must be determined by clinically informed decision-making by LBHP.

(d) The comprehensive assessment must be updated as needed but no less than every six (6) months.

(e) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:27-9-13. Integrated care plan

(a) The BHH team must develop a consumer directed, integrated active care plan for each enrolled consumer that reflects input of the team, (including the involvement of the consulting primary care physician or APRN in managing the medical component of the plan), and others the consumer chooses to involve.

(b) The plan shall clearly address physical and behavioral health goals, consumer preferences, and the overall all health and wellness needs of the consumer.

(c) The plan must be documented and complete within thirty (30) working days of admission to the BHH.

(d) The BHH must provide for each consumer and primary caregiver(s), as applicable, education and training consistent with the consumer and caregiver responsibilities as identified in the active treatment plan and relative to their participation in implementing the plan of care.

(e) Compliance with this Section will be determined by on-site observation, review of organizational documents, personnel records, staffing schedules, and clinical records.

450:27-9-14. Integrated care plan; content

(a) The integrated care plan must address all services necessary to assist the client in meeting his or her physical and behavioral health goals, and include the following:

(1) Consumer diagnoses, relative to behavioral and physical health conditions assessed by and addressed by the BHH in terms of direct services provided and/or conditions for which the individual is referred elsewhere for treatment.

(2) Treatment goals, including preventive/primary care services;

(3) Interventions, including follow up with necessary medical providers;

(4) A detailed statement of the type, duration, and frequency of services, including primary medical and specialty care, social work, psychiatric nursing, counseling, and therapy services, necessary to meet the consumer's specific needs;

(5) Medications, treatments, and individual and/or group therapies;

(6) As applicable, family psychotherapy with the primary focus on treatment of the consumer's conditions; and

(7) The interdisciplinary treatment team's documentation of the consumer's or representative's and/or primary caregiver's (if any) understanding, involvement, and agreement with the care plan.

(b) Compliance with this Section will be determined by on-site review of clinical records and supported documentation.

450:27-9-15. Review of plan

(a) The BHH will review, revise, and document the individualized integrated care plan as frequently as the consumer's conditions require, but no less frequently than every six (6) months.

(b) A revised active plan must include information from the consumer's initial evaluation and comprehensive assessments and updates, the progress toward goals specified in the written care plan, and changes, as applicable, in goals.

(c) Compliance with this Section will be determined by outcome monitoring, performance improvement activity reports.

450:27-9-16. Intensive care coordination for children and adolescents; wraparound approach

(a) If the BHH serves children or adolescents with SED, care coordination must be delivered with a single point of accountability to ensure that medically necessary services and supports are accessed, coordinated, and delivered in strength based, individualized, family driven, youth guided, and ethnically, culturally and linguistically relevant manner.

Emergency Adoptions

(b) The BHH will document that delivery of specific services and supports are guided by the needs, strengths and culture of the child and family, developed through a wraparound care planning process consistent with System of Care values.

(c) Program policies and descriptions will define the wrap-around approach and related values as identified in (a) and (b) above and stipulate these must be followed by staff to develop care coordination plans.

(d) Care plans and other clinical records reflect implementation of services based on the foundations described in (a) through (c).

(e) Compliance with this Section will be determined by review of policies and procedures, staff training logs, outcome monitoring, performance improvement activity reports, clinical records, and related documentation.

450:27-9-17. Behavioral Health Home medication monitoring

(a) When medication services are provided as a component of the BHH services, medication administration, storage and control, and consumer reactions shall be regularly monitored.

(b) Facilities shall assure proper storage and control of medications, immediate response if incorrect or overdoses occur, and have appropriate emergency supplies available if needed.

(1) Written procedures for medication administration shall be available and accessible in all medication storage areas, and available to all staff authorized to administer medications.

(2) All medications shall be kept in locked, non-consumer accessible areas. Conditions which shall be considered in medication storage are light, moisture, sanitation, temperature, ventilation, and the segregation and safe storage of poisons, external medications, and internal medications.

(3) Telephone numbers of the state poison centers shall be immediately available in all locations where medications are prescribed, administered, and stored.

(c) Compliance with this Section will be determined by on-site observation and a review of the following: written policy and procedures, clinical records, and PI records.

450:27-9-18. Behavioral Health Home pharmacy services

(a) When medication services are provided as a component of the BHH services, the facility shall make available access to pharmacy services to meet consumers' pharmacological needs that are addressed by the BHH physicians and other BHH licensed prescribers. Provision of services may be made through agreement with another program through a pharmacy in the community, or through their own Oklahoma licensed pharmacy.

(b) Compliance with this Section may be determined by a review of the following: Clinical records; written agreements for pharmacy services; on-site observation of in-house pharmacy; and State of Oklahoma pharmacy license.

450:27-9-19. Health promotion and wellness; consumer self-management

(a) The BHH must assist members to participate in the implementation of their comprehensive care plan.

(b) This must include, but not be limited to providing health education specific to a member's chronic conditions; development of self-management plans with the individual; support to improve social networks; and providing health-promoting lifestyle interventions. Health promoting lifestyle interventions include, but are not limited to substance use prevention, smoking prevention and cessation, nutritional counseling, obesity reduction and increasing physical activity; and assisting to understand and self-manage chronic health conditions.

(c) In addition, BHHs that serve children and adolescents must provide child-specific health promotion activities. These include but are not limited to education regarding the importance of immunizations and screenings, child physical and emotional development; linking each child with screening in accordance with the EPSDT periodicity schedule; monitoring usage of psychotropic medications through report analysis and follow up with outliers; identifying children in need of immediate or intensive care management for physical health needs; and, providing opportunities and activities for promoting wellness and preventing illness, including the prevention of chronic physical health conditions.

(d) Compliance with this Section will be determined by review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:27-9-20. Discharge or transfer from Behavioral Health Home

(a) The BHH shall, on behalf of any consumer that transfers to another facility, forward the following within fifteen (15) days as permitted by privacy and confidentiality and if requested:

(1) The BHH discharge summary; and

(2) The consumer's clinical record.

(b) For consumers who initiate BHH service and later decline those services, or are discharged from a BHH based on non-adherence to care plans, the BHH must forward to the primary health care provider of record, if any, and if requested by the consumer:

(1) The BHH discharge summary; and

(2) The consumer's clinical record.

(c) As applicable to (a) and/or (b) above, the BHH discharge summary shall include the following:

(1) A summary of the services provided, including the consumer's symptoms, treatment and recovery goals and preferences, treatments, and therapies.

(2) The client's current active treatment plan at time of discharge.

(3) The client's most recent physician orders.

(4) Any other documentation that will assist in post-discharge continuity of care.

(d) A completed discharge summary shall be entered in each consumer's record within fifteen (15) days of the consumer completing or discontinuing services.

(e) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:27-9-21. Linkage and transitional care

(a) The BHH must have procedures and agreements in place to facilitate referral for other medical services needed by consumers beyond the scope of the BHH, as well as to assist the consumer to obtain services that are needed following discharge from the BHH.

(b) The BHH will also document referrals to community and social support services to facilitate access to formal and informal resources beyond the scope of services covered by SoonerCare, such as those which may be available from other parents, family members, community-based organizations, service providers, grants, social programs, funding options, school-based services, faith based organizations, etc.

(c) The BHH will develop contracts or memoranda of understandings (MOUs) with regional hospital(s), Psychiatric Residential Treatment Facilities (PRTF) or other system(s) to ensure a formalized structure for transitional care planning, to include communication of inpatient admissions and discharges of BHH participants.

(1) Transitional care will be provided by the BHH for existing BHH consumers who have been hospitalized or placed in other non-community settings, such as psychiatric residential treatment facilities, as well as to newly identified, potential BHH consumers who are entering the community.

(2) The BHH team will collaborate with all parties involved including the facility, primary care physician, and community providers to ensure a smooth discharge and transition into the community and prevent subsequent re-admission(s).

(3) Transitional care is not limited to institutional transitions, but applies to all transitions that will occur throughout the development of the enrollee and includes transition from and to school-based services and pediatric services to adult services.

(4) The BHH will document transitional care provided in the clinical records.

(d) Compliance with this Section will be determined by on-site observation, review of organizational documents, contracts, MOUs, and clinical records.

450:27-9-22. Consumer (patient care) registries and population health management

(a) The BHH must implement clinical decision support mechanisms, including but not limited to point-of-care reminders, following nationally published evidence-based guidelines for:

- (1) A mental health or substance use disorder;
- (2) A chronic medical condition;
- (3) An acute condition;
- (4) A condition related to unhealthy behaviors; and
- (5) Well child or adult care.

(b) BHH must have descriptions of programs in place to demonstrate how it encourages healthier lifestyles for BHH members, including increased physical activity, better nutrition, avoidance of behavioral risks, and wider use of preventive care.

(c) The BHH shall electronically submit data to a health home information management system, subject to prior approval by the Director of ODMHSAS Provider Certification, which will act as a consumer registry, care management device and outcomes measurement tool.

(d) The BHH shall utilize information provided through the approved information system for the purpose of enrollment and discharge tracking, compliance, quality assurance, and outcome monitoring.

(e) Compliance will be determined by on-site observation, review of information available through an approved information system, and consultation with the ODMHSAS Decision Support Services and ODMHSAS Information Services Division.

450:27-9-23. Electronic health records and data sharing

(a) BHH shall have a functioning electronic health record (EHR) system that meets Meaningful Use standards, as defined in the Medicare and Medicaid Incentive Programs, or have a facility approved written plan with timeframes to obtain one.

(b) The BHH shall document a plan to work with health information organizations to share referrals, continuity of care documents, lab results, and other health information and develop partnerships that maximize the use of Health Information Technology (HIT) across all treating providers.

(c) Compliance with (a) will be determined by review of documentation that certifies the electronic health record meets Meaningful Use standards or documentation of a plan to obtain one with implementation timeline.

(d) Compliance with (b) will be determined by on-site observation, review of information available through an approved information system documenting that BHH consumers' records have been accessed and shared through a Health Information Exchange (HIE), and consultation with the ODMHSAS Decision Support Services and ODMHSAS Information Services Division.

450:27-9-24. Performance measurement and quality improvement

(a) There shall be an ongoing performance improvement program designed to objectively and systematically monitor, evaluate and improve the quality of consumer care related to BHH operations.

(b) The BHH performance improvement activities must:

- (1) Focus on high risk, high volume, or problem-prone areas.
- (2) Consider incidence, prevalence, and severity of problems.
- (3) Give priority to improvements that affect behavioral outcomes, client safety, and person-centered quality of care.

Emergency Adoptions

(c) Performance improvement activities must also track adverse client events, analyze their causes, and implement preventive actions and mechanisms.

(d) The program must use quality indicator data, including client care, and other relevant data in the design of its program.

(e) The BHH must use the data collected to monitor the effectiveness and safety of services and quality of care and identify opportunities and priorities for improvement.

(f) The functions and processes outlined in (a) through (e) shall be evidenced in an annual written plan for performance improvement activities. The plan shall include but not be limited to:

(1) Outcomes management processes which include measures required by CMS and the State and may also include measures from the SAMHSA National Outcomes Measures, NCQA, and HEDIS as required to document improvement in population health.

(2) Quarterly record review to minimally assess:

(A) Quality of services delivered;

(B) Appropriateness of services;

(C) Patterns of service utilization;

(D) Treatment goals and objectives based on assessment findings and consumer input;

(E) Services provided which were related to the goals and objectives;

(F) Patterns of access to and utilization of specialty care; and

(G) The care plan is reviewed and updated as prescribed by policy.

(3) Review of critical incident reports and consumer grievances or complaints.

(g) Compliance with this Section will be determined by a review of the written program evaluation plan, program goals and objectives and other supporting documentation provided.

[OAR Docket #15-29; filed 1-8-15]

TITLE 450. DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES CHAPTER 55. STANDARDS AND CRITERIA FOR PROGRAMS OF ASSERTIVE COMMUNITY TREATMENT

[OAR Docket #15-30]

RULEMAKING ACTION:

EMERGENCY adoption

RULES:

Subchapter 1. General Provisions

450:55-1-2. [AMENDED]

Subchapter 25. Behavioral Health Home [NEW]

450:55-25-1. [NEW]

450:55-25-2. [NEW]

450:55-25-3. [NEW]

450:55-25-4. [NEW]

450:55-25-5. [NEW]

450:55-25-6. [NEW]

450:55-25-7. [NEW]

450:55-25-8. [NEW]

450:55-25-9. [NEW]

450:55-25-10. [NEW]

450:55-25-11. [NEW]

450:55-25-12. [NEW]

450:55-25-13. [NEW]

450:55-25-14. [NEW]

450:55-25-15. [NEW]

450:55-25-16. [NEW]

450:55-25-17. [NEW]

450:55-25-18. [NEW]

450:55-25-19. [NEW]

450:55-25-20. [NEW]

450:55-25-21. [NEW]

450:55-25-22. [NEW]

450:55-25-23. [NEW]

AUTHORITY:

Oklahoma Department of Mental Health and Substance Abuse Services Board; 43A O.S. §§ 2-101, 3-306 and 3-319.

ADOPTION:

November 21, 2014

APPROVED BY GOVERNOR:

December 17, 2014

EFFECTIVE:

Immediately upon Governor's approval or January 1, 2015, whichever is later.

EXPIRATION:

Effective through September 14, 2015, unless superseded by another rule or disapproved by the Legislature

SUPERSEDED EMERGENCY ACTIONS:

N/A

INCORPORATIONS BY REFERENCE:

N/A

FINDING OF EMERGENCY:

The Agency finds that a compelling public interest exists and finds that an imminent peril exists to the preservation of the public health, safety, or welfare which necessitates promulgation of emergency rules to create certification standards and criteria for Behavioral Health Homes. The Oklahoma Health Care Authority, pending approval from the Centers for Medicare and Medicaid Services (CMS), intends to implement Behavioral Health Homes throughout the State in early 2015 and has initiated emergency rulemaking proceedings in order to create reimbursement guidelines in Title 317. ODMHSAS emergency rules are necessary to enable ODMHSAS to certify providers as Behavioral Health Homes in time for statewide implementation. If rules are not implemented, service providers will not be able to meet compliance standards to provide BHH services. If BHHs are not implemented, the majority of SoonerCare and ODMHSAS consumers with SMI and SED will continue to receive non-integrated services through various uncoordinated systems of healthcare throughout the State. People with SMI die 25 years earlier than individuals in the general population, mostly for medical reasons rather than suicide or accidental death. The Behavioral Health Home model intends to address this significant health issue. Not implementing the proposed rule would have a detrimental effect on public health by not moving forward to address the mental health crises in Oklahoma.

ANALYSIS:

Rules are revised to create certification standards and criteria for Behavioral Health Homes. Behavioral Health Homes are created to promote enhanced integration and coordination of primary, acute, behavioral health, and long-term services and supports for persons across the lifespan with chronic illness. The purpose of the Behavioral Health Home is to improve the health status of consumers with Serious Mental Illness or Serious Emotional Disturbance by promoting wellness and prevention and to improve access and continuity in healthcare for these members by supporting coordination and integration of primary care services in specialty behavioral healthcare settings.

CONTACT PERSON:

Gretchen Geis, Administrative Rules Liaison, Department of Mental Health and Substance Abuse Services, Post Office Box 53277, Oklahoma City, Oklahoma 73152-3277, (405) 522-2053.

**PURSUANT TO THE ACTIONS DESCRIBED HEREIN,
THE FOLLOWING RULES ARE CONSIDERED
FINALLY ADOPTED AS SET FORTH IN 75 O.S.,
SECTION 253 (F), AND EFFECTIVE UPON APPROVAL**

BY THE GOVERNOR OR JANUARY 1, 2015,
WHICHEVER IS LATER:

SUBCHAPTER 1. GENERAL PROVISIONS

450:55-1-2. Definitions

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

"Advanced Practice Nurse" or "APN" means an individual who is a licensed registered nurse with current certification of recognition to practice as an Advanced Practice Nurse issued by the Oklahoma Board of Nursing.

"Behavioral Health Home or BHH" means a specifically organized entity that functions within a currently ODMHSAS certified mental health treatment program organization to promote enhanced integration and coordination of primary, acute, behavioral health, and long-term services and supports for persons across the lifespan with chronic illness. BHHs ensure comprehensive team-based health care, meeting physical, mental health, and substance use disorder care needs. Health care is delivered utilizing a whole-person, patient-centered, coordinated care model for adults with serious mental illness (SMI). Care coordination is provided for all aspects of the individual's life and for transitions of care the individual may experience.

"Certified behavioral health case manager" means any person who is certified by the Department of Mental Health and Substance Abuse Services to offer behavioral health case management services as one of the three (3) classifications of case manager within the confines of a mental health facility or drug or alcohol treatment facility that is operated by the Department or contracts with the State to provide behavioral health services.

"Community-based Structured Crisis Center" or "CBSCC" means a program of non-hospital emergency services for mental health and substance abuse crisis stabilization including, but not limited to, observation, evaluation, emergency treatment and referral, when necessary, for inpatient psychiatric or substance abuse services. This service is limited to CMHC's who are certified by the Department of Mental Health and Substance Abuse Services or facilities operated by the Department of Mental Health and Substance Abuse Services.

"Clinical privileging" means an organized method for treatment facilities to authorize an individual permission to provide specific care and treatment services to consumers within well-defined limits, based on the evaluation of the individual's license, education, training, experience, competence, judgment and other credentials.

"Consumer" means an individual who has applied for, is receiving, or has received 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.

"Co-occurring disorder" means any combination of mental health and substance abuse symptoms or diagnoses in a client.

"Co-occurring disorder capability" means the organized capacity within any type of program to routinely screen, identify, assess, and provide properly matched interventions to individuals with co-occurring disorders.

"Credentialed Recovery Support Specialist" is a member of the PACT team who is working as a Recovery Support Specialist and has completed the ODMHSAS approved training and testing.

"Crisis intervention" means an immediately available service to meet the psychological, physiological and environmental needs of individuals who are experiencing a mental health or substance abuse crisis.

"Crisis stabilization" means emergency psychiatric and substance abuse services for the resolution of crisis situations and may include placement of an individual in a protective environment, basic supportive care, and medical assessment and, if needed, referral to an ODMHSAS certified facility having nursing and medical support available.

"Critical incident" means an occurrence or set of events inconsistent with the routine operation of the facility, or the routine care of a consumer. Critical incidents specifically include but are not necessarily limited to the following: adverse drug events; self-destructive behavior; deaths and injuries to consumers, staff and visitors; medication errors; consumers that are absent without leave (AWOL); neglect or abuse of a consumer; fire; unauthorized disclosure of information; damage to or theft of property belonging to a consumers or the facility; other unexpected occurrences; or events potentially subject to litigation. A critical incident may involve multiple individuals or results.

"Cultural competency" means the ability to recognize, respect, and address the unique needs, worth, thoughts, communications, actions, customs, beliefs and values that reflect an individual's racial, ethnic, religious, sexual orientation, and/or social group.

"DSM" means the current Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

"FTE" means an employee, or more than one, who work(s) the time equivalent to the number of hours per week, month or year of one (1) employee working full-time.

"Governing Agency" means the facility or specific community based behavioral health provider under which the PACT program is operated.

"Historical time line" means a method by which a specialized form is used to gather, organize and evaluate historical information about significant events in a consumer's life, experience with mental illness, and treatment history.

"Hospital liaison" means an individual within the Behavioral Health Home interdisciplinary team that works closely with hospital staff to assess the suitability of transition plans for consumers enrolled in a Behavioral Health Home. Hospital Liaisons will also work with other long term, residential facilities to plan for coordination of care during and after the consumer's residential stay. Hospital liaisons must be certified

Emergency Adoptions

by ODMHSAS as a Behavioral Health Case Manager I or II and complete trainings as required by ODMHSAS.

"Individual Treatment Team" or **"ITT"** means the primary case manager and a minimum of two other clinical staff on the PACT team who are responsible to keep the consumer's treatment coordinated, monitor their services, coordinate staff activities and provide information and feedback to the whole team.

"Licensed Behavioral Health Professional" or **"LBHP"** means: 1) 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. 2) Practitioners with a license to practice in the state in which services are provided or those 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. 3) 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. 4) 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.

"Licensed mental health professional" or **"LMHP"** as defined in Title 43A §1-103 (11).

"Linkage services" means the communication and coordination with other service providers pursuant to a valid release that assure timely appropriate referrals between the PACT program and other providers.

"Longitudinal Face Sheet" means a process that is used to track a PACT consumer's specific demographic, personal contact, treatment history and other relevant information from the time of admission until discharge.

"Licensed Practical Nurse" or **"LPN"** means an individual who is currently licensed by the Oklahoma Board of Nursing to provide a directed scope of nursing practice.

"Medically necessary" means health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

"Nurse Care manager" means a Licensed Practical Nurse (LPN) or a Registered Nurse (RN).

"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.

"Performance Improvement" or **"PI"** means an approach to the continuous study and improvement of the processes of providing health care services to meet the needs of

consumers and others. Synonyms, and near synonyms include continuous performance improvement, continuous improvement, organization-wide performance improvement and total quality management.

"Persons with special needs" means any person with a condition which is considered a disability or impairment under the "American with Disabilities Act of 1990" including, but not limited to the deaf and hearing impaired, visually impaired, physically disabled, developmentally disabled, persons with disabling illness, persons with mental illness. See "Americans with Disabilities Handbook," published by U.S. Equal Employment Opportunity Commission and U.S. Department of Justice.

"PICIS" is a comprehensive management information system based on national standards for mental health and substance abuse databases. It is a repository of diverse data elements that provide information about organizational concepts, staffing patterns, consumer profiles, program or treatment focus, and many other topics of interest to clinicians, administrators and consumers. It includes unique identifiers for agencies, staff and consumers that provide the ability to monitor the course of consumer services throughout the statewide DMHSAS network. PICIS collects data from hospitals, community mental health centers, substance abuse agencies, domestic violence service providers, residential care facilities, prevention programs, and centers for the homeless which are operated or funded in part by DMHSAS.

"Primary Care Practitioner (PCP)" means a licensed physician, Advanced Practice Registered Nurse (APRN), or Physician Assistant (PA) licensed in the State of Oklahoma.

"Primary Case Manager" is a certified behavioral health case manager assigned by the team leader to coordinate and monitor activities of the ITT, has primary responsibility to write the treatment plan and make revisions to the treatment plan and weekly schedules.

"Program Assistant" is a member of the PACT team providing duties supportive of the Team and may include organizing, coordinating, and monitoring non-clinical operations of the PACT, providing receptionist activities and coordinating communication between the team and consumers.

"Program of Assertive Community Treatment" or **"PACT"** means a clinical program that provides continuous treatment, rehabilitation and support services to persons with mental illness in settings that are natural to the consumer.

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

"Recovery Support Specialist" is a member of the PACT team who is or has been a recipient of mental health services for a serious mental illness and is willing to use and share his or her personal, practical experience, knowledge, and first-hand insight to benefit the team and consumers.

"Risk Assessment" means a clinical function that aims to determine the nature and severity of the mental health problem, determine which service response would best meet the needs of the consumer, and how urgently the response is required.

"Service Intensity" means the frequency and quantity of services needed, the extent to which multiple providers or agencies are involved, and the level of care coordination required.

"SoonerCare" means Oklahoma's Medicaid program.

"Team Leader" is the clinical and administrative supervisor of the PACT team who also functions as a practicing clinician. The team leader is responsible for monitoring each consumer's clinical status and response to treatment as well as supervising all staff and their duties as specified by their job descriptions.

"Trauma informed" means the capacity for a facility and all its programs to recognize and respond accordingly to the presence of the effects of past and current traumatic experiences in the lives of its consumers.

SUBCHAPTER 25. BEHAVIORAL HEALTH HOME

450:55-25-1. Program description and purpose

(a) The purpose of this Subchapter is to set forth, in addition to all other applicable rules, rules regulating program requirements, activities, and services for PACT Programs who opt to deliver services through a Behavioral Health Home model.

(b) The purpose of BHHs within the mental health delivery array is to promote enhanced integration and coordination of primary, acute, behavioral health, and long-term services and supports for persons across the lifespan with chronic illness, including adults with serious mental illness (SMI). Care must be delivered using an integrated team comprehensively address physical, mental health, and substance use disorder treatment needs.

(c) The BHH must maintain facility policies and program descriptions that clearly describe that the purpose of the BHH is to improve the health status of individuals with Serious Mental Illness by integrating behavioral and primary health care and promoting wellness and prevention.

(d) The BHH must provide program descriptions and demonstrate evidence that the following functions are implemented.

(1) Quality-driven, cost-effective, culturally appropriate, and person- and family-centered health home services;

(2) Coordinated access to:

(A) High-quality health care services informed by evidence-based clinical practice guidelines;

(B) Preventive and health promotion services, including prevention of mental illness and substance use disorders;

(C) Mental health and substance abuse services;

(D) Comprehensive care management, care coordination, and transitional care across settings. Transitional care includes appropriate follow-up from inpatient to other settings, such as participation in discharge planning and facilitating transfer from a pediatric to an adult system of health care;

(E) Chronic disease management, including self-management support to individuals and their families;

(F) Individual and family supports, including referral to community, social support, and recovery services; and

(G) Long-term care supports and services;

(3) Person-centered care plans for each individual that coordinates and integrates all of his or her clinical and non-clinical health-care related needs and services;

(4) Proper and continuous use of health information technology to link services, facilitate communication among team members and between the health team and individual and family caregivers, and provide feedback to practices, as feasible and appropriate; and

(5) A quality improvement program, which collects and reports on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level.

(e) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:55-25-2. Target population

(a) The PACT BHH must be established to serve only adults with serious mental illness (SMI).

(b) Organizational documents must clearly describe the target population(s) to be served by the BHH.

(c) Target population descriptions should not be interpreted as to limit access to individuals based on funding sources, including not limiting access to those who are uninsured but otherwise meet the target population criteria. Although not required, BHHs are encouraged to identify funding in order to provide BHH services to individuals who meet the target population criteria but do not have Medicaid.

(d) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:55-25-3. Outreach and engagement

(a) The BHH must have policies and procedures to describe how outreach and engagement activities will occur to identify individuals within the target population(s) who could benefit from BHH services.

(b) The BHH must have memoranda of agreements to arrange for outreach and engage in settings outlined further in these rules in Section 450:55-25-20.

(c) Facility records will identify which staff members are responsible for specific elements of outreach and engagement.

(d) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

Emergency Adoptions

450:55-25-4. Structure of Behavioral Health Home and administrative staff

(a) The BHH policies must describe how it is organized within one of the following structures:

- (1) In-house model where the behavioral health agency is directly providing primary care performed by a qualified employee, or purchasing through a contract; or
- (2) Co-located partnership model where the behavioral health agency arranges for primary care services to be provided onsite, establishing written agreements with external primary care providers; or
- (3) Facilitated referral model, where most primary care services are not provided onsite at the facility; however, the facility has processes in place to ensure the coordination of care that is provided offsite.

(b) In the event the BHH does not directly provide the full array of required services, there must be organizational procedures and clinical records to document that the BHH has otherwise ensured the services are coordinated on behalf of each consumer.

(c) The facility operating the BHH will have policies and program descriptions to define how the BHH will operate a team dedicated to provide the range of specific services articulated elsewhere in this Subchapter.

(d) The facility shall verify the health home director for adults meets or exceeds the following qualifications:

- (1) Possess a Bachelor's degree from an accredited university and have at least two years' experience in health administration;
- (2) Possess a Master's degree from an accredited university in a health or social services related field;
- (3) Be licensed as a Registered Nurse with the Oklahoma Board of Nursing; or
- (4) Be licensed as a Physician or be licensed as a Nurse Practitioner.

(e) The BHH will adhere to the following ratios in terms of the full time equivalent (FTE) for the health home director.

- (1) The BHH shall maintain a health home director at a ratio of 1 FTE per 500 BHH participants. BHHs with less than 500 participants shall maintain a health home director at a minimum of .5 FTE.
- (2) A health home requiring a health home director and health home nurse care manager of .5 FTE each may employ 1 FTE individual to serve in both roles, provided that individual meets the requirements for both positions.
- (3) A health home requiring more than .5 FTE health home director, may choose to designate a lead health home director and fulfill the additional FTE requirement with key management staff who meet the requirements of (1) or (1) above.

(f) Compliance with this Section will be determined by on-site observation, review of organizational documents, signed agreements, personnel records, job descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:55-25-5. Treatment team; general requirements

(a) The BHH must designate an interdisciplinary treatment team that is responsible, with each consumer's input and guidance, to direct, coordinate, and manage the care and services to be provided or arranged for by the BHH.

(b) The interdisciplinary team must, based on the comprehensive assessment, identify for each consumer a specific licensed behavioral health professional (LBHP) on the interdisciplinary treatment team to lead the process of the initial comprehensive assessment and plan and to provide therapy services if indicated on the integrated plan. This will ensure that each consumer's needs are assessed, and that the active treatment plan is implemented as indicated.

(c) Compliance with this Section will be determined by on-site observation, review of organizational documents, signed agreements, activity reports, and clinical records.

450:55-25-6. Treatment team composition

(a) Each BHH team serving adults shall include, the following positions, unless otherwise arranged as permitted in (b) below:

- (1) Health Home Director;
- (2) Nurse Care Manager;
- (3) Consulting Primary Care Physician, Advanced Practice Registered Nurse; or Physician Assistant;
- (4) Licensed Psychiatric Consultant;
- (5) License Behavioral Health Professional;
- (6) Certified Behavioral Health Case Manager I or II;
- (7) Hospital Liaison/Health Home Specialist; and
- (8) Wellness Coach/Certified Peer Support Specialist.

(b) Variations from the above staff pattern on a continuous basis, must be approved in advanced by the ODMHSAS Commissioner or a designee.

(c) If the health team experiences difficulty in recruiting staff to fill any of the above positions, a recruitment and contingency plan to maintain essential services, will be submitted to the ODMHSAS Director of Provider Certification for approval.

(d) The facility must have written policies and procedures defining the program's plan for staff-to-consumer ratio for each adult BHH team and a plan for how exceptions will be handled.

(e) Staffing ratios must be regularly monitored and evaluated within the facilities performance improvement activities.

(f) Compliance with this Section will be determined by on-site observation, review of organizational documents, personnel records, staffing schedules, and clinical records.

450:55-25-7. Required services

(a) The BHH must have policies and clear descriptions to delineate each specific service provided by the BHH.

(b) The BHH must provide the following services within the framework described in 450:27-9-1:

- (1) Comprehensive Care Management;
- (2) Care Coordination;
- (3) Health Promotion;
- (4) Comprehensive Transitional Care;
- (5) Individual and Family Support services; and

(6) Referral to Community and Social Support Services.

(c) Program descriptions, personnel and privileging records, and other organizational documents will specify which staff members are qualified to provide each BHH service.

(d) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:55-25-8. Access to specialists

(a) The facility must have procedures and agreements in place to facilitate referral for other medical services needed beyond the scope of the BHH.

(b) Referral documents and releases of information shall comply with applicable privacy and consumer consent requirements.

(c) Clinical documentation will track referrals to and use of specialists.

(d) Compliance with this Section will be determined by on-site observation, review of organizational documents, signed agreements, outcome monitoring and other performance improvement activity reports, and clinical records.

450:55-25-9. Admission

(a) The facility must determine the extent to which each consumer's needs and preferences can be adequately addressed within the array of required BHH services.

(b) An integrated screening approach in accordance with 450:55-25-11 will be used to determine clinical eligibility for BHH services.

(c) Facility policies and procedures must assure that adults who meet the criteria for a SMI are eligible for BHH services. This includes individuals receiving Targeted Case Management (TCM). It will also include additional individuals who are not currently receiving care coordination.

(d) The facility must obtain informed consent specific to enrollment in the BHH.

(1) The consent must be specific to the extent that it permits the BHH team members to share information relevant to the delivery of BHH services.

(2) The process for obtaining consent must educate the consumer of their right to choose among qualified BHHs or to opt out of the BHH service.

(e) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:55-25-10. Integrated screening, intake, and assessment services

(a) BHH policy and procedure shall require that a screening of each potential BHH consumer's service needs is completed in a timely manner. An integrated screening should be welcoming and culturally appropriate, as well as maximize recognition of the prevalence of co-occurring disorders among those who typically present for services.

(b) Upon determination of appropriate admission, consumer intake, and assessment information shall include, but not be limited to, the following:

(1) Behavioral, including substance use, abuse, and dependence;

(2) Emotional, including issues related to past or current trauma;

(3) Physical;

(4) Social and recreational; and

(5) Vocational.

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

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

(e) Compliance with this Section will be determined by a review of clinical records, and policy and procedures.

450:55-25-11. Initial assessment

(a) A Licensed Behavioral Health Professional (LBHP), acting within his or her state scope of practice requirements, must complete the initial assessment for health home services in accordance with the standard in OAC 450:55-5-4 for consumers who have not been assessed by the facility within the past 6 months.

(b) The initial assessment must include at a minimum, the following:

(1) The admitting diagnosis as well as other diagnoses;

(2) The source of referral;

(3) The reason for admission as well as stated by the client or other individuals who are significantly involved; and

(4) A list of current prescriptions and over-the counter medications as well as other substances the client may be taking.

(c) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:55-25-12. Comprehensive assessment

(a) A comprehensive assessment must be completed by the interdisciplinary team performing within each team member's scope of practice consistent with each consumer's immediate needs and include a written narrative in each of the following areas:

(1) Psychiatric and substance abuse history, mental status, and a current DSM diagnosis;

(2) Medical, dental, and other health needs;

(3) Education and/or employment;

(4) Social development and functioning;

(5) Activities of daily living; and

Emergency Adoptions

(6) Family structure and relationships.

(b) The comprehensive assessment must be regularly updated, and no less than every six (6) months.

(c) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:55-25-13. Integrated care plan

(a) The BHH team must develop a consumer directed, integrated active care plan for each enrolled consumer that reflects input of the team, (including the involvement of the consulting primary care physician or APRN in managing the medical component of the plan), and others the consumer chooses to involve.

(b) The plan shall clearly address physical and behavioral health goals, consumer preferences, and the overall all health and wellness needs of the consumer.

(c) The plan must be documented and complete within thirty (30) working days of admission to the BHH.

(d) The BHH must provide for each consumer and primary caregiver(s), as applicable, education and training consistent with the consumer and caregiver responsibilities as identified in the active treatment plan and relative to their participation in implementing the plan of care.

(e) Compliance with this Section will be determined by on-site observation, review of organizational documents, personnel records, staffing schedules, and clinical records.

450:55-25-14. Integrated care plan; content

(a) The integrated care plan must address all services necessary to assist the client in meeting his or her physical and behavioral health goals, and include the following:

(1) Consumer diagnoses, relative to behavioral and physical health conditions assessed by and addressed by behavioral health home in terms of direct services provided and/or conditions for which individual is referred elsewhere for treatment.

(2) Treatment goals, including preventive/primary care services;

(3) Interventions, including follow up with necessary medical providers;

(4) A detailed statement of the type, duration, and frequency of services, including primary medical and specialty care, social work, psychiatric nursing, counseling, and therapy services, necessary to meet the consumer's specific needs;

(5) Medications, treatments, and individual and/or group therapies;

(6) As applicable, family psychotherapy with the primary focus on treatment of the consumer's conditions; and

(7) The interdisciplinary treatment team's documentation of the consumer's or representative's and/or primary caregiver's (if any) understanding, involvement, and agreement with the care plan.

(b) Compliance with this Section will be determined by on-site review of clinical records and supported documentation.

450:55-25-15. Review of plan

(a) The BHH will review, revise, and document the individualized integrated care plan as frequently as the consumer's conditions require, but no less frequently than every six (6) months.

(b) A revised active plan must include information from the consumer's initial evaluation and comprehensive assessments and updates, the progress toward goals specified in the written care plan, and changes, as applicable, in goals.

(c) Compliance with this Section will be determined by outcome monitoring, performance improvement activity reports,

450:55-25-16. Behavioral Health Home medication monitoring

(a) When medication services are provided as a component of the BHH services, medication administration, storage and control, and consumer reactions shall be regularly monitored.

(b) Facilities shall assure proper storage and control of medications, immediate response if incorrect or overdoses occur, and have appropriate emergency supplies available if needed.

(1) Written procedures for medication administration shall be available and accessible in all medication storage areas, and available to all staff authorized to administer medications.

(2) All medications shall be kept in locked, non-consumer accessible areas. Conditions which shall be considered in medication storage are light, moisture, sanitation, temperature, ventilation, and the segregation and safe storage of poisons, external medications, and internal medications.

(3) Telephone numbers of the state poison centers shall be immediately available in all locations where medications are prescribed, administered, and stored.

(c) Compliance with this Section will be determined by on-site observation and a review of the following: written policy and procedures, clinical records, and PI records.

450:55-25-17. Behavioral Health Home pharmacy services

(a) When medication services are provided as a component of the BHH services, the facility shall make available access to pharmacy services to meet consumers' pharmacological needs that are addressed by the BHH physicians and other BHH licensed prescribers. Provision of services may be made through agreement with another program through a pharmacy in the community, or through their own Oklahoma licensed pharmacy.

(b) Compliance with this Section may be determined by a review of the following: Clinical records; written agreements for pharmacy services; on-site observation of in-house pharmacy; and State of Oklahoma pharmacy license.

450:55-25-18. Health promotion and wellness; consumer self-management

- (a) The BHH must assist members to participate in the implementation of their comprehensive care plan.
- (b) This must include, but not be limited to providing health education specific to a member's chronic conditions; development of self-management plans with the individual; support to improve social networks; and providing health-promoting lifestyle interventions. Health promoting lifestyle interventions include, but are not limited to substance use prevention, smoking prevention and cessation, nutritional counseling, obesity reduction and increasing physical activity; and assisting to understand and self-manage chronic health conditions.
- (c) Compliance with this Section will be determined by review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:55-25-19. Discharge or transfer from Behavioral Health Home

- (a) The BHH shall, on behalf of any consumer that transfers to another facility, forward the following within fifteen (15) days as permitted by privacy and confidentiality and if requested:
 - (1) The BHH discharge summary; and
 - (2) The consumer's clinical record.
- (b) For consumers who initiate BHH service and later decline those services, or are discharged from a BHH based on non-adherence to care plans, the BHH must forward to the primary health care provider of record, if any, and if requested by the consumer:
 - (1) The BHH discharge summary; and
 - (2) The consumer's clinical record.
- (c) As applicable to (a) and/or (b) above, the BHH discharge summary shall include the following:
 - (1) A summary of the services provided, including the consumer's symptoms, treatment and recovery goals and preferences, treatments, and therapies.
 - (2) The client's current active treatment plan at time of discharge.
 - (3) The client's most recent physician orders.
 - (4) Any other documentation that will assist in post-discharge continuity of care.
- (d) A completed discharge summary shall be entered in each consumer's record within fifteen (15) days of the consumer completing or discontinuing services.
- (e) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:55-25-20. Linkage and transitional care

- (a) The BHH must have procedures and agreements in place to facilitate referral for other medical services needed by consumers beyond the scope of the BHH, as well as to assist the consumer to obtain services that are needed following discharge from the BHH.

- (b) The BHH will also document referrals to community and social support services to facilitate access to formal and informal resources beyond the scope of services covered by SoonerCare, such as those which may be available from other parents, family members, community-based organizations, service providers, grants, social programs, funding options, school-based services, faith based organizations, etc.
- (c) The BHH will develop contracts or memoranda of understandings (MOUs) with regional hospital(s), Psychiatric Residential Treatment Facilities (PRTF) or other system(s) to ensure a formalized structure for transitional care planning, to include communication of inpatient admissions and discharges of BHH participants.

(1) Transitional care will be provided by the BHH for existing BHH consumers who have been hospitalized or placed in other non-community settings, such as psychiatric residential treatment facilities, as well as to newly identified, potential BHH consumers who are entering the community.

(2) The BHH team will collaborate with all parties involved including the facility, primary care physician, and community providers to ensure a smooth discharge and transition into the community and prevent subsequent re-admission(s).

(3) Transitional care is not limited to institutional transitions, but applies to all transitions that will occur throughout the development of the enrollee and includes transition from and to school-based services and pediatric services to adult services.

(4) The BHH will document transitional care provided in the clinical records.

- (d) Compliance with this Section will be determined by on-site observation, review of organizational documents, contracts, MOUs, and clinical records.

450:55-25-21. Consumer (patient care) registries and population health management

- (a) The BHH must implement clinical decision support mechanisms, including but not limited to point-of-care reminders, following nationally published evidence-based guidelines for:
 - (1) A mental health or substance use disorder;
 - (2) A chronic medical condition;
 - (3) An acute condition;
 - (4) A condition related to unhealthy behaviors; and
 - (5) Well care.
- (b) BHH must have descriptions of programs in place to demonstrate how it encourages healthier lifestyles for BHH members, including increased physical activity, better nutrition, avoidance of behavioral risks, and wider use of preventive care.
- (c) The BHH shall electronically submit data to a health home information management system, subject to prior approval by the Director of ODMHSAS Provider Certification, which will act as a consumer registry, care management device and outcomes measurement tool.
- (d) The BHH shall utilize information provided through the approved information system for the purpose of enrollment

Emergency Adoptions

and discharge tracking, compliance, quality assurance, and outcome monitoring.

(e) Compliance will be determined by on-site observation, review of information available through an approved information system, and consultation with the ODMHSAS Decision Support Services and ODMHSAS Information Services Division.

450:55-25-22. Electronic health records and data sharing

(a) BHH shall have a functioning electronic health record (EHR) system that meets Meaningful Use standards, as defined in the Medicare and Medicaid Incentive Programs, or have a facility approved written plan with timeframes to obtain one.

(b) The BHH shall document a plan to work with health information organizations to share referrals, continuity of care documents, lab results, and other health information and develop partnerships that maximize the use of Health Information Technology (HIT) across all treating providers.

(c) Compliance with (a) will be determined by review of documentation that certifies the electronic health record meets Meaningful Use standards or documentation of plan to obtain one with implementation timeline.

(d) Compliance with (b) will be determined by on-site observation, review of information available through an approved information system documenting that BHH consumers' records have been accessed and shared through a Health Information Exchange (HIE), and consultation with the ODMHSAS Decision Support Services and ODMHSAS Information Services Division.

450:55-25-23. Performance measurement and quality improvement

(a) There shall be an ongoing performance improvement program designed to objectively and systematically monitor, evaluate and improve the quality of consumer care related to BHH operations.

(b) The BHH performance improvement activities must:

(1) Focus on high risk, high volume, or problem-prone areas.

(2) Consider incidence, prevalence, and severity of problems.

(3) Give priority to improvements that affect behavioral outcomes, client safety, and person-centered quality of care.

(c) Performance improvement activities must also track adverse client events, analyze their causes, and implement preventive actions and mechanisms.

(d) The program must use quality indicator data, including client care, and other relevant data in the design of its program.

(e) The BHH must use the data collected to monitor the effectiveness and safety of services and quality of care and identify opportunities and priorities for improvement.

(f) The functions and processes outlined in (a) through (e) shall be evidence in an annual written plan for performance improvement activities. The plan shall include but not be limited to:

(1) Outcomes management processes which include measures required by CMS and the State and may also include measures from the SAMHSA National Outcomes Measures, NCQA, and HEDIS as required to document improvement in population health.

(2) Quarterly record review to minimally assess:

(A) Quality of services delivered;

(B) Appropriateness of services;

(C) Patterns of service utilization;

(D) Treatment goals and objectives based on assessment findings and consumer input;

(E) Services provided which were related to the goals and objectives;

(F) Patterns of access to and utilization of specialty care; and

(G) The care plan is reviewed and updated as prescribed by policy.

(3) Review of critical incident reports and consumer grievances or complaints.

(g) Compliance with this Section will be determined by a review of the written program evaluation plan, program goals and objectives and other supporting documentation provided.

[OAR Docket #15-30; filed 1-8-15]

Executive Orders

As required by 75 O.S., Sections 255 and 256, Executive Orders issued by the Governor of Oklahoma are published in both the *Oklahoma Register* and the *Oklahoma Administrative Code*. Executive Orders are codified in Title 1 of the *Oklahoma Administrative Code*.

Pursuant to 75 O.S., Section 256(B)(3), "Executive Orders of previous gubernatorial administrations shall terminate ninety (90) calendar days following the inauguration of the next Governor unless otherwise terminated or continued during that time by Executive Order."

TITLE 1. EXECUTIVE ORDERS

1:2015-1.

EXECUTIVE ORDER 2015-01

WHEREAS, the State of Oklahoma is experiencing extremely cold weather after a period of unseasonably mild temperatures, which has resulted in increased demand for liquefied petroleum gas (hereinafter referred to as "propane");

WHEREAS, propane resources at certain Oklahoma refineries are currently stressed, significantly delaying the delivery of propane to transportation companies in some instances, thereby forcing transportation companies and retailers to obtain propane from other locations in surrounding states;

WHEREAS, many Oklahoman residents depend on the use of propane for survival during the winter months; and

WHEREAS, the limited suspension of certain hours of service regulations for drivers of commercial motor vehicles transporting propane in our state will ensure adequate supplies of propane throughout the state, thereby reducing the damaging effects of a potential shortage;

NOW, THEREFORE, I, Mary Fallin, Governor of the State of Oklahoma, pursuant to the power vested in me by Sections 1 and 2 of Article VI of the Oklahoma Constitution and 63 O.S. § 683.1 *et seq.*, and pursuant to Part 390.23 of Title 49 of the Code of Federal Regulations, hereby declare that because there is a state of emergency existing in the State of Oklahoma due to limited propane supplies, it is necessary to assist and expedite all efforts of transportation of propane throughout Oklahoma. In order to accommodate this need and to provide assistance to the citizens of Oklahoma in this extraordinary situation, I hereby order vehicles used in the support efforts to be exempt from Parts 390 through 399 of Title 49 of the Federal Motor Carrier Safety Regulations.

Declaration of this emergency provides relief for thirty (30) days from Parts 390 through 399 of the Federal Motor Carrier Safety regulations for those interstate and intrastate carriers who are providing direct assistance to this emergency. Direct assistance terminates when a driver or commercial motor vehicle is used in interstate or intrastate commerce to transport cargo not destined for the emergency relief effort, or when a motor carrier dispatches such driver or vehicle to a location outside the relief area.

Nothing contained in this declaration shall be construed as an exemption from the Controlled Substances and Alcohol Use and Testing requirements (49 C.F.R. Part 382), the Commercial Driver's License Standards requirements (49 C.F.R. Part 383), the Minimum Levels of Financial Responsibility for Motor Carrier requirements (49 C.F.R. Part 387), or any other portion of the regulations not specifically identified herein. Motor carriers that have an Out-Of-Service Order in effect cannot take advantage of the relief from regulation that this declaration provides.

This Order applies only to the transportation of propane to provide direct assistance to this emergency. No other products, including other petroleum products, are covered by the exemption and suspension under this Order.

This emergency notice will remain in effect for thirty (30) days, from January 9, 2015, through February 7, 2015.

Copies of this Executive Order shall be distributed to the Director of Emergency Management who shall cause the provisions of this Order to be implemented by all appropriate agencies of state government.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Oklahoma to be affixed at Oklahoma City, Oklahoma, this 8th day of January, 2015.

BY THE GOVERNOR OF THE
STATE OF OKLAHOMA

Mary Fallin

ATTEST:
Chris Bengé
Secretary of State

[OAR Docket #15-40; filed 1-9-15]

1:2015-2.

EXECUTIVE ORDER 2015-02

The leadership of the Oklahoma Legislature and Executive Branch officials believe that Oklahoma must pursue better approaches for justice reform that are consistent with Oklahoma values, resources and common sense. According to all

Executive Orders

measures, Oklahoma has some of the highest incarceration rates in the country for men and women. This is unacceptable to the leadership of Oklahoma.

I, Mary Fallin, Governor of the State of Oklahoma, by the authority vested in me pursuant to Sections 1 and 2 of Article VI of the Oklahoma Constitution, and in cooperation with the leadership of the Oklahoma Legislature and the Attorney General, hereby establish the Oklahoma Justice Reform Steering Committee ("Steering Committee").

The purpose of the Steering Committee shall be to develop a comprehensive and cooperative Oklahoma plan for implementing justice reform that is specifically tailored to Oklahoma's security needs and fiscal realities, and that: defines the objectives that would best alleviate prison overcrowding and promote public safety; prioritizes these objectives after having considered economic feasibility and efficacy in safely reducing Oklahoma's prison population; identifies and analyzes the concrete legislative and executive actions required to achieve plan implementation; and works collaboratively with the relevant Oklahoma agencies, the Governor's office, and the Legislature in researching, formulating, and disseminating the plan.

The Steering Committee shall consist of six (6) members having significant oversight responsibility of Oklahoma's criminal justice system, who are to be appointed as follows: the Governor or designee, who shall serve as Chairperson; the Attorney General or designee; the President Pro Tempore of the Senate or designee; the Speaker of the House of Representatives or designee; the Director of the Department of Corrections or designee; and the Commissioner of the Department of Mental Health and Substance Abuse Services, or designee.

The Steering Committee shall meet at such times and places as the Chairperson deems appropriate. Members shall serve

without compensation. Administrative support for the Steering Committee, including personnel necessary to ensure the proper performance of its duties and responsibilities, shall be provided by the Governor's Office.

All Executive departments, officers, agencies, and employees of this State shall cooperate with the Steering Committee in carrying out its duties and responsibilities, including providing any information, records, and reports to it as may be requested by the Chair.

The Steering Committee shall report its findings to the Governor, the President Pro Tempore of the Senate, and the Speaker of the House of Representatives no later than December 31, 2016. This report shall include any recommendations approved by a majority of the members. This Steering Committee shall sunset upon issuance of its final report.

This Executive Order shall be distributed to the Secretary of State and each steering committee member.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Oklahoma to be affixed at Oklahoma City, Oklahoma, this 14th day of January, 2015.

BY THE GOVERNOR OF THE
STATE OF OKLAHOMA

Mary Fallin

ATTEST:
Chris Bengé
Secretary of State

[OAR Docket #15-45; filed 1-14-15]

**STATE BOND ADVISOR'S OFFICE
NOTICE OF STATE CEILING AMOUNT FOR THE
CALENDAR YEAR 2015**

In accordance with Title 62 O.S, Section 695.25, the maximum total volume (also referred to as "Volume Cap" or "State Ceiling Amount") of Private Activity Bonds that may be issued pursuant to federal law by the State of Oklahoma during calendar year 2015 is \$387,805,100. From the first business day of 2015 through September 1, 2015, the Volume Cap is subdivided into the following categories ("Pools") and amounts: (1) Qualified Small Issue Pool, \$46,536,612; (2) Exempt Facility Pool, \$9,695,127; (3) Beginning Agricultural Producer Pool, \$3,878,051; (4) Student Loan Pool, \$60,109,791; (5)

Economic Development Pool, \$46,536,612; (6) Oklahoma Housing Finance Agency Pool, \$58,170,765; (7) State Issuer Pool, \$15,512,204; (8) Metropolitan Area Housing Pool, \$48,475,638; (9) Rural Area Housing Pool, \$31,024,408; and (10) Local Issuer Single Family Pool, \$67,865,893. From September 2, 2015, to 9:00 a.m., December 20, 2015, any amount remaining to be allocated from these pools is combined and managed from the Consolidated Pool. On or after 9:00 a.m. on December 20, 2015, certain Private Activity Bond issuing authorities may apply to the State Bond Advisor to carry forward a portion of any remaining State Ceiling Amount.

[OAR Docket #14-1158; filed 12-30-14]

