

Collection of Personal Information

Thank you for visiting the J.D. McCarty Center (JDMC) Website. J.D. McCarty Center collects NO personal information, such as personal names or addresses when you visit the JDMC Web site. Also, we do not give, sell, share or transfer any personal information to a third party, unless mandated by law. We do collect personal information when you voluntarily give us the information through applying for services, submitting an inquiry through our website, or by other means that you initiate.

In accordance with 74 O.S. § 3106.4, when the J.D. McCarty Center receives such information from you, we will store the personally identifiable data ("PII") in hard copy and/or electronic means. The PII may include but is not limited to: name, birth date, place of birth, mother's maiden name, biometric records, Social Security number, official state- or government-issued driver license or identification number, alien registration number, government passport number, employer or taxpayer identification number or any other information that is linked or linkable to an individual, such as medical, educational, financial or employment information. All identifiable medical information stored by JDMC is stored in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Below is an UNOFFICIAL version of the Oklahoma State Statutes which pertain to J.D. McCarty Center. For and official copy of the Oklahoma State Statutes, contact the [Secretary of State](#).

§63-485.1. Purpose of act.

The purpose of Sections 485.1 through 485.8 of this title shall be to provide a specialized hospital, which shall be named the J.D. McCarty Center for Children with Developmental Disabilities, for the care, maintenance, training, treatment, and general mental and physical rehabilitation of the residents of the state, and when space permits nonresidents, who may be afflicted with cerebral palsy or other developmental disabilities, provided that such specialized hospital shall be able to refuse admission to those patients who after competent examination are determined to be unable to benefit from such training, treatment, and general mental and physical rehabilitation, and provided that such specialized hospital shall be able to discharge and return any child to its parent or guardian if it is determined after admission that such training, treatment, and general mental and physical rehabilitation is not aiding the child. Educational services that may be required during an inpatient stay shall be arranged through and provided by the appropriate local education area (LEA). The term "cerebral palsy" as used in this title shall include all types of cerebral palsy.

Added by Laws 1947, p. 401, § 1, emerg. eff. May 7, 1947. Amended by Laws 1949, p. 433, § 1; Laws 1981, c. 71, § 1, operative July 1, 1981; Laws 1992, c. 307, § 15, eff. July 1, 1992; Laws 1995, c. 262, § 1, eff. July 1, 1995.

§63-485.2. Oklahoma Spastic Paralysis Commission -Creation -Powers and duties. There is hereby created the Oklahoma Spastic Paralysis Commission, which is designated as an agency of the State of Oklahoma, and is hereby authorized to exercise the powers and duties authorized in this act and all other powers incident and necessary to the purpose of this act.

Laws 1947, p. 401, § 2.§63-485.3. J.D. McCarty Center for Children with Developmental Disabilities -Establishment and maintenance -Contracts -Payments -Power of Commission - Legal representation –Sale of surplus property and fixtures.

A. The Oklahoma Cerebral Palsy Commission is hereby authorized and empowered to:

1. Establish and maintain the J.D. McCarty Center for Children with Developmental Disabilities, to provide care, maintenance, training, treatment, habilitation and rehabilitation of persons afflicted with cerebral palsy and other developmental disabilities within such institute;
2. Set fees and charges for patient services;
3. Provide care, maintenance, training, treatment and rehabilitation services to children not afflicted with cerebral palsy or developmental disabilities but who may benefit from the services available from the J.D. McCarty Center for Children with Developmental Disabilities, as determined to be practicable by the Oklahoma Cerebral Palsy Commission;
4. Provide services to any adults who may benefit from services available from the J.D. McCarty Center for Children with Developmental Disabilities, as determined to be practicable by the Oklahoma Cerebral Palsy Commission; provided, that services to adults shall not diminish any services available to children;
5. Enter into contracts for the purchase of real estate or other property and to buy or sell real estate, personal property and equipment necessary or incidental to the carrying out of the provisions of Sections 485.1 through 485.11 of this title; and
6. Enter into contracts with the Commission for Human Services and with other agencies of the state and of the counties in furtherance of the provisions of Sections 485.1 through 485.11 of this title; provided, the Oklahoma Cerebral Palsy Commission shall receive from the Commission for Human Services payments aggregating a minimum of One Hundred Thousand Dollars (\$100,000.00) annually from funds set aside in the Children with Special Health Care Needs Program; and provided further, the Oklahoma Cerebral Palsy Commission may negotiate with the Commission for Human Services or its successors for additional payments above One Hundred Thousand Dollars (\$100,000.00) from such funds.

B. The Commission shall be charged with the duties of management and control of the J.D. McCarty Center for Children with Developmental Disabilities and shall have power to sue or be sued in its own name.

C. The Attorney General shall furnish the Commission with legal representation. The Commission shall not contract for private legal counsel except for extraordinary situations other than normal day-to-day situations, and when approved by the Attorney General.

D. For the purposes of moving the J.D. McCarty Center for Children with Developmental Disabilities to its new facilities, the Oklahoma Cerebral Palsy Commission may sell surplus property and fixtures. Such sale of surplus property and fixtures shall be exempt from Sections 62.2 through 62.6 of Title 74 of the Oklahoma Statutes. The Commission shall sell such surplus property and fixtures at fair market value as determined by the members of the Commission. The process for the sale and transfer of title shall originate with the Commission. All proceeds from such sale of the property and fixtures shall be deposited into the J.D. McCarty Center for Children with Developmental Disabilities Revolving Fund.

Added by Laws 1947, p. 401, § 3, emerg. eff. May 7, 1947. Amended by Laws 1949, p. 434, § 2, emerg. eff. May 31, 1949; Laws 1976, c. 191, § 4, emerg. eff. June 4, 1976; Laws 1981, c. 71, § 2, operative July 1, 1981; Laws 1988, c. 222, § 4, operative July 1, 1988; Laws 1992, c. 307, § 16, eff. July 1, 1992; Laws 1995, c. 262, § 2, eff. July 1, 1995; Laws 1997, c. 281, § 2, eff. July 1, 1997; Laws 2004, c. 426, § 1, eff. July 1, 2004; Laws 2010, c. 413, § 23, eff. July 1, 2010. NOTE: Laws 1992, c. 249, § 4 repealed by Laws 1992, c. 373, § 22, eff. July 1, 1992.

§63-485.4. Oklahoma Cerebral Palsy Commission -Gifts and bequests. The Oklahoma Cerebral Palsy Commission is authorized to accept and receive gifts and bequests of money and property, both real and personal, which may be tendered by will or gift, conditionally or unconditionally, for the use of the Commission in the exercise of its powers and duties described in this act. The Commission shall administer the property or funds in the manner consistent with the terms of the gift and provisions of law. The Commission is hereby directed, authorized, and empowered to hold such funds in trust or invest them and use either principal or interest in keeping with the terms of the gift as stipulated by the donors for the sole benefit of the Commission in the performance of its duties provided here in.

Added by Laws 1947, p. 401, § 4, emerg. eff. May 7, 1947. Amended by Laws 2004, c. 426, § 2, eff. July 1, 2004.

§63-485.5. Members of Commission -Appointment -Term -Travel expenses. The Oklahoma Cerebral Palsy Commission shall be composed of five (5) members who shall serve without compensation. The three members of the Commission serving on the Commission on June 30, 2004, shall serve the remainder of their respective terms. Beginning July 1, 2004, the Governor of the State of Oklahoma shall appoint to the Commission two additional members who shall be chosen from a list of ten persons submitted to the Governor by the Grande Voiture of Oklahoma of La Societe des Quarante Hommes et Huit Chevaux. One newmember shall be appointed for a two-year term and one new member for a three-year term on the Commission. Thereafter, any member who takes the place of a member whose term is expiring shall be appointed to a three-year term in the same manner and from a list to be submitted as provided in this section for the original Commission pursuant to this section. Each member of the Commission shall be entitled to be reimbursed for necessary travel expenses pursuant to the State Travel Reimbursement Act. Added by Laws 1947, p. 401, § 5, emerg. eff. May 7, 1947. Amended by Laws 1949, p. 434, § 3, emerg. eff. May 31, 1949; Laws 1969, c. 5, § 1, emerg. eff. Feb. 3, 1969; Laws 1985, c. 178, § 47, operative July 1, 1985; Laws 2004, c. 426, § 3, eff. July 1, 2004.

§63-485.6. Officers -Organization -Director and personnel -Legal assistance.

A. The members of the Oklahoma Cerebral Palsy Commission shall select from among the members of the Commission a chair, a vice-chair, and a secretary, and organize itself for the purpose of carrying out the provisions of Section 485.1 et seq. of this title.

B. The Commission is hereby authorized in its discretion to employ a director who shall employ and hire other persons as may be required in the estimation of the director and in accordance with federal, state, and local laws to carry out the provisions of this act; provided that physical therapists, physical therapist assistants, occupational therapists, certified occupational therapist aides, speech pathologists, and the Director of Nursing so employed shall be unclassified and exempt from the provisions of the Merit System of Personnel Administration. Other positions may be unclassified as provided for in applicable federal, state, and local laws. The Commission

is authorized to hire an attorney to provide legal assistance or to contract for such specialized services only as provided for in Section 485.3 of this title.

Added by Laws 1947, p. 401, § 6, emerg. eff. May 7, 1947. Amended by Laws 1949, p. 435, § 5, emerg. eff. May 31, 1949; Laws 1995, c. 262, § 3, eff. July 1, 1995; Laws 1996, c. 326, § 4, eff. July 1, 1996; Laws 2008, c. 328, § 1, eff. Nov. 1, 2008.

§63-485.7. Bonds of members. Each member of the Commission shall give bond to the State of Oklahoma in the sum of One Thousand Dollars (\$1,000.00) conditioned for the honest and faithful performance of his duties, which bonds shall be approved by the Governor and deposited in the office of the Secretary of State.

Added by Laws 1947, p. 402, § 7, emerg. eff. May 7, 1947. Amended by Laws 1949, p. 435, § 6, emerg. eff. May 31, 1949.

§63-485.8. Partial invalidity. It is the intention of the Legislature to enact each and every part of this act and if any section, paragraph, sentence, item, or clause of this act shall for any reason be held unconstitutional, such decision shall not affect the validity of the remaining portions of this act.

Added by Laws 1947, p. 402, § 9, emerg. eff. May 7, 1947. §63-485.9. Change of name for Institute and Commission.

A. The names of the "Oklahoma Cerebral Palsy Center", formerly the "Oklahoma Cerebral Palsy Institute", and the "Oklahoma Spastic Paralysis Commission" are hereby changed to the "J.D. McCarty Center for Children with Developmental Disabilities" and the "Cerebral Palsy Commission", respectively.

B. Wherever in the statutes of this state the name "Oklahoma Cerebral Palsy Institute" or "Oklahoma Cerebral Palsy Center" occurs, the reference shall be deemed to be to the "J.D. McCarty Center for Children with Developmental Disabilities"; and wherever in said statutes the name "Oklahoma Spastic Paralysis Commission" appears, this reference shall be deemed to be to the "Cerebral Palsy Commission".

Laws 1961, p. 483, §§ 1, 2, emerg. eff. Jan. 30, 1961; Laws 1981, c. 71, § 3, operative July 1, 1981; Laws 1992, c. 307, § 17, eff. July 1, 1992. §63-485.10. Annuity contracts - Purchases as salary payments. A part of the salary, not to exceed the exclusion allowances provided in Section 403(b)(2), Internal Revenue Code, payable to any employee of the J.D. McCarty Center for Children with Developmental Disabilities may, at the request of the employee, be paid by the purchase of an annuity contract from any insurance company authorized to do business in Oklahoma by the J.D. McCarty Center for Children with Developmental Disabilities for the employee, and the employee shall be entitled to have such annuity contract continued in force in succeeding years by the J.D. McCarty Center for Children with Developmental Disabilities. The amounts so contributed or paid by the J.D. McCarty Center for Children with Developmental Disabilities for the annuity contract, or to continue it in force, shall be considered as payment of salary, for the same amounts, to the employee for State Retirement purposes, State Aid purposes, or Social Security purposes, but not for State Income Tax purposes. Provided that the amount received under such annuity contracts shall be income subject to state income tax when actually received.

Added by Laws 1967, c. 243, § 3, emerg. eff. May 8, 1967; Laws 1981, c. 71, § 4, operative July 1, 1981; Laws 1992, c. 307, § 18, eff. July 1, 1992.

§63-485.11. J.D. McCarty Center for Children with Developmental Disabilities Revolving Fund. There is hereby created in the State Treasury a revolving fund for the Oklahoma Cerebral Palsy Commission to be designated the "J.D. McCarty Center for Children with Developmental Disabilities Revolving Fund". The fund shall consist of all monies received by the Commission pursuant to statutory authority, but not including appropriated funds, gifts and bequests. The revolving fund shall be a continuing fund, not subject to fiscal year limitations and shall be under the control and management of the administrative authorities of the Commission. Expenditures from the fund shall be made pursuant to the laws of the state and the statutes relating to the Commission and may include up to Twenty-five Thousand Dollars (\$25,000.00) in expenditures for capital improvements within a single fiscal year or as otherwise provided by the Legislature. Warrants for expenditures from the fund shall be drawn by the State Treasurer, based on claims signed by an authorized employee or employees of the Commission and approved for payment by the Director of the Office of Management and Enterprise Services.

Added by Laws 1986, c. 209, § 5, operative July 1, 1986. Amended by Laws 1988, c. 222, § 5, operative July 1, 1988; Laws 1992, c. 307, § 19, eff. July 1, 1992; Laws 2012, c. 304, § 504. §63-485.12. Exemptions. Specialized vehicles utilized by the J.D. McCarty Center for Children with Developmental Disabilities shall not be included in nor subject to provisions of law establishing the State Motor Pool Division within the Office of Management and Enterprise Services. Added by Laws 1980, c. 345, § 16, emerg. eff. June 25, 1980. Amended by Laws 1983, c. 304, § 27, eff. July 1, 1983; Laws 2002, c. 397, § 29, eff. Nov. 1, 2002. Renumbered from § 159.11 of Title 47 by Laws 2002, c. 397, § 35, eff. Nov. 1, 2002. Amended by Laws 2012, c. 304, § 505. §63-

Below is an UNOFFICIAL version of Oklahoma Administrative Code (OAC) Section 130, which pertains to J.D. McCarty Center. For an official copy of the OAC, contact the [Oklahoma Secretary of State Office of Administrative Rules](#)

130:1-1-1. Purpose

The rules in this chapter provide the organizational framework for the Commission, provide the necessary channels through which the public can gain information about the Commission and the Center and provide regulations relating to the Center.

[Source: Added at 13 Ok Reg 3971, eff 9-11-96 through 7-14-97 (emergency); Added at 14 Ok Reg 3431, eff 8-11-97; Amended at 19 Ok Reg 2567, eff 7-11-02]

130:1-1-1.1. Definitions

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

"Center" means the J.D. McCarty Center for Children with Developmental Disabilities.

"Commission" means the Cerebral Palsy Commission.

"Director" means the chief executive officer of the Center.

"Habilitation" means ongoing therapeutic treatment designed to promote or increase a patient's functional capabilities. "Habilitation" does not include education services required to be provided by a local education agency.

"Patient" means a person age 0 to 21 who is admitted to the Center for either inpatient or outpatient services.

[Source: Added at 13 Ok Reg 3971, eff 9-11-96 through 7-14-97 (emergency); Added at 14 Ok Reg 3431, eff 8-11-97; Amended at 19 Ok Reg 2567, eff 7-11-02]

130:1-1-2. Purpose of Commission

(a) The purpose of the Commission is to maintain the Center to provide for the care, maintenance, training, treatment and general mental and physical rehabilitation of the residents of Oklahoma, and when space permits nonresidents, who are afflicted with cerebral palsy or other developmental disabilities or who may benefit from the services available from the Center. [63:485.1 and 485.3 (A)(1), (3) and (4)] The Center is not a local education agency and does not provide educational services. Inpatients receive educational services from Norman Public Schools.

(b) The Center seeks to:

- (1) Utilize measurable quality standards and to ensure excellence in health care through a comprehensive, multi-disciplinary approach to service delivery which will enable patients to maximize their potential and enhance their quality of life;
- (2) Provide an intensive and comprehensive habilitative environment through direct services, referrals and consultations that will lead to increased productivity and a quality standard of living;
- (3) Increase the physical and emotional well-being of patients and their households through a process of education, training, transitional planning and community support; and
- (4) Advocate for the needs of patients by increasing awareness and supplementing habilitative services in all communities as well as to pro-actively seek solutions to expressed concerns.

[Source: Added at 13 Ok Reg 3971, eff 9-11-96 through 7-14-97 (emergency); Added at 14 Ok Reg 3431, eff 8-11-97; Amended at 17 Ok Reg 1498, eff 5-25-00; Amended at 19 Ok Reg 2567, eff 7-11-02; Amended at 27 Ok Reg 2455, eff 7-25-10]

130:1-1-3. Organization of Commission; Officers

Commission members are appointed by the Governor. The members of the Commission select from the Commission a Chairman and Secretary. The duties of the officers of the Commission are as follows:

- (1) The Chairman shall preside at meetings and cause the agenda to be prepared for the meeting.
- (2) The Secretary shall complete the necessary arrangements for the meetings; cause to have notices and agendas sent to Commission members; and cause to have the minutes of the meetings recorded.

[Source: Added at 13 Ok Reg 3971, eff 9-11-96 through 7-14-97 (emergency); Added at 14 Ok Reg 3431, eff 8-11-97]

130:1-1-4. [RESERVED]

[Source: Reserved at 13 Ok Reg 3971, eff 9-11-96 through 7-14-97 (emergency); Reserved at 14 Ok Reg 3431, eff 8-11-97]

130:1-1-5. Commission meetings

The Commission shall hold a minimum of 11 regular meetings during each calendar year. The Commission may hold such special meetings, emergency meetings, or continued or reconvened meetings as found by the Commission to be expedient, necessary or proper.. All meetings of the Commission shall be conducted in compliance with the Oklahoma Open Meeting Act beginning at §300 of Title 25 of the Oklahoma Statutes.

[Source: Added at 13 Ok Reg 3971, eff 9-11-96 through 7-14-97 (emergency); Added at 14 Ok Reg 3431, eff 8-11-97; Amended at 19 Ok Reg 2567, eff 7-11-02]

130:1-1-6. Rules [REVOKED]

[Source: Added at 13 Ok Reg 3971, eff 9-11-96 through 7-14-97 (emergency); Added at 14 Ok Reg 3431, eff 8-11-97; Revoked at 19 Ok Reg 2567, eff 7-11-02]

130:1-1-7. Requests for information

(a) Requests for information may be made by telephone, by facsimile, by mail or by personal appearance. The Center's telephone numbers are (405) 321-4830 and (800) 777-1272.

(b) The Oklahoma Open Records Act beginning at §24A.1 of Title 51 of the Oklahoma Statutes sets forth the records that shall be open to any person for inspection, copying or mechanical reproduction. The Act recognizes privileges of confidentiality, including confidentiality of medical and educational records. Any disclosure of medical or educational records shall be made in accordance with applicable state and federal law and these rules. [See 130:12-7-2 (relating to medical records) and 130:15-1-7 (relating to school records)].

(c) Regular copies shall be provided at a per page cost of \$0.25 and certified copies shall be provided at a per page cost of \$1.00 [51:24A.5(3)]. A reasonable search fee of the hourly rate of the lowest paid employee capable of performing the search shall be charged when the records are requested solely for a commercial purpose or the request would clearly cause excessive disruption of the Center's essential functions [51:24A.5(3)].

[Source: Added at 13 Ok Reg 3971, eff 9-11-96 through 7-14-97 (emergency); Added at 14 Ok Reg 3431, eff 8-11-97; Amended at 19 Ok Reg 2567, eff 7-11-02]

130:1-1-8. Safety policy [REVOKED]

[Source: Added at 13 Ok Reg 3971, eff 9-11-96 through 7-14-97 (emergency); Added at 14 Ok Reg 3431, eff 8-11-97; Amended at 17 Ok Reg 1498, eff 5-25-00; Revoked at 19 Ok Reg 2567, eff 7-11-02]

130:1-1-9. Petitions for rule-making

(a) Any person may petition the Commission to promulgate, amend or repeal a rule [75:305].

The petition shall:

- (1) be in writing;
- (2) refer to the rule involved;
- (3) state the exact language requested;
- (4) state the purpose of the rule sought;
- (5) state a fact situation to which the rule sought will apply; and,
- (6) list the name and address of the person requesting the rule.

(b) The Commission may require any petitioner to provide additional information. A petition is not considered final until all requested information has been submitted. The failure to provide additional information shall be deemed to be a withdrawal of the petition.

(c) The petition shall be deemed to have been denied if rulemaking proceedings have not been initiated within thirty (30) calendar days from receipt of a final petition [75:305].

[Source: Added at 13 Ok Reg 3971, eff 9-11-96 through 7-14-97 (emergency); Added at 14 Ok Reg 3431, eff 8-11-97; Amended at 19 Ok Reg 2567, eff 7-11-02]

130:1-1-10. Petitions for declaratory rulings

(a) Any person may petition the Commission for a ruling as to the application of any rule or order. The petition shall:

- (1) be in writing;
- (2) refer to the rule or order involved;
- (3) state the nature and purpose of the declaratory ruling sought;
- (4) state the fact situation with respect to which the declaratory ruling is sought; and,
- (5) list the name and address of the person requesting the ruling.

(b) The Commission may require any petitioner to provide additional information. A petition is not considered final until all requested information has been submitted. The failure to provide additional information shall be deemed to be a withdrawal of the petition.

(c) Official rulings may be made by and at the discretion of the Commission as to the applicability of any rule or order. Generally, an official ruling will only be given if it is shown

that an actual case, controversy or issue is in contemplation on the hypotheses presented and that unreasonable hardship, loss or delay would result if the matter were not determined in advance.

(d) The declaratory ruling requested or refusal to issue such ruling shall be issued within thirty (30) workdays from receipt of the final petition, and shall be subject to review in accordance with the Administrative Procedures Act [75:307].

[Source: Added at 13 Ok Reg 3971, eff 9-11-96 through 7-14-97 (emergency); Added at 14 Ok Reg 3431, eff 8-11-97; Amended at 19 Ok Reg 2567, eff 7-11-02]

130:1-1-13. Use of Tobacco

(a) The use of tobacco and tobacco products on Center property is prohibited.

(b) All persons shall report violators of this rule.

[Source: Added at 19 Ok Reg 2567, eff 7-11-02; Amended at 26 Ok Reg 2811, eff 8-13-09; Amended at 27 Ok Reg 2455, eff 7-25-10]

130:1-1-14. Use of Center by public

(a) **Building.** No organization or individual may use the auditorium or conference rooms without having an approved contract on file with the Catering Manager.

(b) **Grounds.** No organization or individual may be on the grounds or use the grounds without signing the release form in Appendix A and receiving specific approval by the Commission or Director.

(c) **Lake.** No organization or individual may use the lake or fish in the lake without signing the release form in Appendix A and receiving specific approval by the Commission or Director.

(d) **Liability.** The Commission, Center and its employees shall not be responsible for injury occurring to anyone who uses the Center except as provided by Oklahoma's Risk Management Plan and the Governmental Tort Claims Act.

[Source: Added at 19 Ok Reg 2567, eff 7-11-02; Amended at 27 Ok Reg 2455, eff 7-25-10]

130:12-1-1. Purpose

The rules in this chapter provide regulations relating to the administrative procedures of the Center including admission, leaving the Center, records and billing.

[Source: Added at 19 Ok Reg 2598, eff 7-11-02]

130:12-1-2. Definitions

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

"**Center**" means the J.D. McCarty Center for Children with Developmental Disabilities.

"**Commission**" means the Cerebral Palsy Commission.

"**Director**" means the chief executive officer of the Center.

"**Habilitation**" means ongoing therapeutic treatment designed to promote or increase a patient's functional capabilities. "Habilitation" does not include education services required to be provided by a local education agency.

"**Patient**" means a person age 0 to 21 who is admitted to the Center for either inpatient or outpatient services.

[Source: Added at 19 Ok Reg 2598, eff 7-11-02]

SUBCHAPTER 3. ADMISSION

PART 1. INPATIENT

130:12-3-1. Basis for admission

(a) To be admitted as an inpatient, a person shall have a physical or cognitive disability.

Treatment and care are provided for persons with multiple needs including physical disabilities,

developmental delays, birth defects, genetic disorders, communication disorders, behavioral challenges, post-accident conditions, operative conditions or trauma conditions.

(b) The person shall be medically and emotionally stable so as to be managed on a habilitation and rehabilitation program, capable of active participation in a habilitation and rehabilitation program and shall have a medical condition or functional performance impairment which can be realistically improved through intensive rehabilitation measures; however, the potential for improvement may not be known until evaluation is completed.

[Source: Added at 19 Ok Reg 2598, eff 7-11-02]

130:12-3-2. Admission restrictions

(a) Persons who are on ventilators can not be considered for admission.

(b) Varicella (Chicken Pox)

(1) No person shall be admitted who has active Varicella.

(2) No person shall be admitted who has been exposed to Varicella within the past month and does not possess immunity.

(3) No person who does not possess immunity to Varicella shall be admitted until 21 days after an exposure to Varicella has occurred within the Center.

(c) The following conditions shall prevent admission unless approved by attending physician:

(1) Persons presenting for admission with a fever greater than 101 degrees F.

(2) Persons with acute vomiting or diarrhea or both.

(3) Persons with unexplained rash accompanied by fever.

(4) Persons with an untreated communicable skin condition.

(5) Persons who have been exposed to a communicable disease to which they do not possess immunity.

(d) No person shall not be considered for an evaluation if an evaluation was completed by the Center staff within the last 12 months, unless at least one of the following extenuating circumstances are present:

(1) post-operative status,

(2) a report from the person's legal guardian of regression or lack of progress in current program,

(3) a request, including details of a specific problem, from a therapist,

(4) a change of school systems or programs,

(5) a physician's request, or

(6) a need for evaluation of medication regimen.

(e) Persons who have been diagnosed with or show signs or symptoms of a communicable condition which would require isolation precautions shall be reviewed individually to determine the ability of the Center to provide required therapies and appropriate medical care in accordance with utilization review criteria while maintaining appropriate isolation precautions to prevent the spread of disease.

(f) Respite patients shall be admitted Monday through Thursday only. Any exception shall be approved by the admitting physician.

(g) Post-operative patients shall be admitted Monday through Thursday only. Any exception shall be approved by the admitting physician.

[Source: Added at 19 Ok Reg 2598, eff 7-11-02]

130:12-3-3. Admission procedures

(a) Upon the request for services, a social worker shall be assigned, who shall schedule an admission screening if the person does not have a completed form on file. The admission screening is reviewed to assess the person's acuity for nursing services, behavior management

and bed availability. The person may be considered for inpatient admission as either an evaluation patient or habilitation patient.

(b) The person may be placed on a waiting list or immediately admitted. If placed on a waiting list, the person shall be scheduled for an admission once a bed becomes available, and the staff to patient ratio is acceptable to handle any established medical and/or behavioral concerns.

(c) The person or legal guardian shall be notified in writing of admission in order to enhance communication between households and the Center and to provide an efficient and effective procedure for initiation of services.

[Source: Added at 19 Ok Reg 2598, eff 7-11-02; Amended at 27 Ok Reg 2458, eff 7-25-10]

130:12-3-4. Admission requirements

(a) Application for admission of a person age 0 to 21 shall be done by the person's legal guardian.

(b) Persons are admitted as inpatients only upon the order of a member of the medical or dental staff with admitting privileges. A physician's order is not necessary in order to schedule and complete an admission screening.

(c) All persons shall be required to complete the admission process with a registered nurse and other nursing personnel, as needed.

(d) Proper immunization is required for each inpatient. The person shall provide a current valid immunization record according to the most current ACIP recommendations. If immunizations are not current, they shall be brought up-to-date during the admission with consent of the legal guardian providing no contraindications to immunization exist.

(e) The person shall have had a PPD (Tuberculin skin test) within the last year. If PPD test was positive for tuberculosis, the person shall bring a statement from a physician that the person is free from active tuberculosis along with chest x-ray report and a report of any prophylactic medication received. PPD (Purified Protein Derivative) is the only diagnostic antigen that shall be accepted. The applicant shall have the skin test read by a medical professional. Self read tests shall not be accepted. The skin test shall be repeated at time of admission if PPD not used or if test was self read, unless a positive reaction occurred. A person may be admitted without a PPD if Center staff determine that the admission is an emergency, but the person shall be screened for signs and symptoms of tuberculosis at time of admission and a PPD shall be administered at that time.

(f) For all persons who have resided in a long term care facility, all persons having a history of Hepatitis B and all persons with Down's Syndrome, a Hepatitis B profile report is required. These persons shall be screened for the Hepatitis virus prior to admission, and an individualized assessment of transmission risk shall be performed.

(g) For all persons with Down's Syndrome, a report of previous x-rays of the atlanto axial vertebrae (C1-C2) is required.

(h) A prescription report shall be provided for any medication currently being taken. The report shall be written by the person's physician.

(i) If a person is taking an anticonvulsant medication, a blood level for the medication shall have been performed within one month prior to admission for evaluation or habilitation patients or within six months prior to admission for respite patients and a copy of the medication blood level, or report from physician, shall be brought with the person at time of admission.

(j) Post-operative persons are requested to provide a copy of current hospitalization records to include the following:

(1) history and physical, if completed within ten days of transfer,

- (2) lab report,
- (3) surgical report,
- (4) post-op report,
- (5) discharge summary,
- (6) physician's orders,
- (7) physician's written prescription for all Schedule II medications,
- (8) nursing discharge or transfer summary to include at least the following:
 - (A) status of intake and output,
 - (B) medications: amount and times to be given as well as the last time the medication was given.
- (k) Consent shall be obtained from the person's legal guardian at the time of admission for HIV/HBV testing to be used if needed at a later date during current admission.
- (l) Persons shall be screened for pediculosis (lice) and treated at the Center. Infestation with pediculosis shall not normally prevent admission.
- (m) Respite patients shall supply an adequate supply of all medications that shall be taken during the respite admission.

[Source: Added at 19 Ok Reg 2598, eff 7-11-02]

130:12-3-5. Admission status

- (a) Persons admitted as inpatients shall be classified as Evaluation, Habilitation or Respite admissions.
- (b) Inpatients staying for ongoing medical and therapeutic treatment, after the initial evaluation is completed, are in habilitation status. A change of status from evaluation to habilitation does not constitute a discharge and immediate readmission to the new status. It is simply a recognition of a change in therapeutic need of the patient. However, in all other situations denoting changes of status, a discharge and immediate readmission is required.
- (c) To maintain inpatient status, a patient shall have documented and continued improvement on a bi-weekly basis in at least one of the three primary therapy disciplines. When medically indicated, the physician may document low physical endurance as a contra-indication to the required therapeutic services for a maximum of one week.

[Source: Added at 19 Ok Reg 2598, eff 7-11-02]

130:12-3-6. Admission of persons in state custody

- (a) A person in the custody of the Department of Human Services, whether DHS custody is emergency, temporary or permanent, shall be considered for immediate inpatient admission to the Center if the person otherwise meets admission criteria in 130:12-3-1 through 130:12-3-5 and bed space is available.
- (b) A person in DHS custody shall be eligible to receive a thirty (30) day evaluation upon admission unless the person has received an evaluation within the previous (6) months. If the Center has performed an evaluation within the previous six (6) months and no extenuating circumstance exists which warrants additional evaluation in the opinion of medical personnel of the Center, the person will be placed in habilitative status only if the person will meet criteria in habilitative status. During the evaluation period, all appropriate rules shall apply.
- (c) If the person is recommended for continued service at the end of the person's thirty (30) day evaluation, the person shall be placed in habilitative status. Inpatient status shall continue as the person meets treatment criteria.

[Source: Added at 19 Ok Reg 2598, eff 7-11-02; Amended at 27 Ok Reg 2458, eff 7-25-10]

PART 3. OUTPATIENT

130:12-3-20. Admission requirements

- (a) Application for admission of a person 0 to 21 shall be done by the person's legal guardian.
 - (b) A physician's order or an order from a physician's assistant is required to be treated as an outpatient.
 - (c) Releases and statements relating to furnishing the appropriate therapies shall be completed before or upon admission to outpatient services.
 - (d) Outpatients must meet all admission criteria for inpatient admission as set forth in this chapter, provided that outpatients may be admitted on a more specialized therapeutic basis.
- [Source: Added at 19 Ok Reg 2598, eff 7-11-02; Amended at 27 Ok Reg 2458, eff 7-25-10]

130:12-3-21. Admission procedures

- (a) The availability of outpatient services shall depend upon the availability of therapeutic staff. A waiting list may be used if staff is limited.
 - (b) Upon the request for services, the Center shall schedule an admission screening if the person does not have a completed screening on file or can not bring a physician's order for evaluation or treatment. Requestors for outpatient services shall state specific therapies requested and what the person is currently receiving.
 - (c) Outpatient treatment will be provided on a first come, first served basis, recognizing in some cases all three primary therapists require coordination of service time. Once identified for admission, the person's legal guardian shall be notified and appointment(s) scheduled. The parent and/or guardian can leave the Center during the therapy session(s) as long as they are back in time to pick up their child. If the parent/guardian fails to be timely in picking up their child after the completion of therapy more than twice, the Center may choose to terminate the service.
- [Source: Added at 19 Ok Reg 2598, eff 7-11-02; Amended at 27 Ok Reg 2458, eff 7-25-10]

SUBCHAPTER 5. LEAVING THE CENTER

130:12-5-1. Leaving the Center

- (a) Every inpatient who leaves the Center for any purpose, including departures with a staff member or an approved student, shall sign out and in at the Nursing Station.
 - (b) Inpatients shall be placed on furlough if absent overnight from the Center for any reason.
- [Source: Added at 19 Ok Reg 2598, eff 7-11-02]

130:12-5-2. Discharge criteria

- (a) Inpatients shall be discharged from the Center upon written order from the attending physician or the physician's designee.
 - (b) The treatment team, consisting of all therapeutic service members and the attending physician, shall consider an inpatient for discharge under the following circumstances:
 - (1) the inpatient has achieved all treatment goals established at the time of and subsequent to admission;
 - (2) the inpatient no longer requires 24 hour habilitation or rehabilitative nursing;
 - (3) the inpatient is not receiving the required therapeutic services;
 - (4) the inpatient has no evidence of progress towards documented goals over a two week period;
 - (5) the inpatient develops an intercurrent medical condition which requires acute care and suspension of habilitative or rehabilitative services for no longer than seven (7) days.
 - (6) The inpatient is admitted as an inpatient to another facility for surgical or other procedures. Such an inpatient shall be discharged prior to admission at another facility regardless of an intent for habilitative treatment at the Center following the procedure.
- [Source: Added at 19 Ok Reg 2598, eff 7-11-02; Amended at 27 Ok Reg 2458, eff 7-25-10]

130:12-5-3. Discharge procedures

Upon discharge the inpatient shall be provided with documentation of evaluation results, treatment plan, goals, progress, diet instructions and recommendations to facilitate the inpatient's after care.

[Source: Added at 19 Ok Reg 2598, eff 7-11-02; Amended at 27 Ok Reg 2458, eff 7-25-10]

130:12-5-4. Discharge against medical advice

(a) In the event an inpatient leaves the Center against the advice of the attending practitioner or without proper discharge, the inpatient shall be discharged as against medical advice.

(b) The inpatient or the legal guardian shall be requested to sign a "Discharge Against medical Advice" form.

[Source: Added at 19 Ok Reg 2598, eff 7-11-02]

130:12-5-5. Discharge of persons in state custody

(a) A discharge date shall be established immediately at the end of an evaluation if habilitative stay is not recommended, or when the inpatient no longer meets habilitative status as set forth in 130:12-3-1 and 130:12-3-5. The Center shall notify DHS immediately of any planned discharge date and shall coordinate with DHS the transfer of the inpatient to the physical custody of DHS or the person designated by DHS to maintain physical custody of the inpatient after discharge.

(b) An inpatient who is in DHS custody and who no longer meets criteria for inpatient shall be set for discharge no later than sixty (60) days after the treatment team recommends discharge.

(c) In the event DHS is unable to arrange placement for the inpatient by the end of 60 days, DHS must come and pick up the child unless a court order for continued stay is received or until appropriate placement is made.

(d) Fees for inpatients in DHS custody who remain at the Center until appropriate placement can be found shall be the regular rate for inpatients at the Center.

[Source: Added at 19 Ok Reg 2598, eff 7-11-02; Amended at 27 Ok Reg 2458, eff 7-25-10]

130:12-5-6. Abandonment

(a) If a parent or legal guardian fails to pick up a patient at discharge, and after reasonable efforts have been made to contact the parent or guardian, the Center will consider the patient abandoned and immediately contact the Cleveland County District Attorney's Office and the Child Welfare Division of the Oklahoma Department of Human Services. The Center will also immediately send written notice to the parent or guardian informing him/her of the abandonment and actions taken by the Center.

(b) The patient shall be allowed to remain at the Center temporarily while placement is arranged by the Department of Human Services. In the event the patient requires immediate medical services, Center personnel shall request the Department of Human Services to take all prudent action to have the patient placed in temporary emergency custody to allow medical services to be provided.

(c) The status of a patient abandoned shall be that of a discharged patient who had remained in residence. The legal guardian of any such patient shall be billed for direct expenses at a flat rate scale for the care of the patient. Such fees shall be due immediately upon billing.

(d) In the event the patient is removed from the Center for any reason, the legal guardian shall be prohibited from returning the patient to the Center, unless the patient is subsequently placed in DHS custody and may be considered for inpatient status pursuant to 130:12-3-7.

[Source: Added at 19 Ok Reg 2598, eff 7-11-02; Amended at 27 Ok Reg 2458, eff 7-25-10]

130:12-5-7. Furlough

- (a) Patient will be granted overnight stays and short term furloughs not to exceed 14 days away from the Center upon request by the legal guardian.
- (b) A written, signed consent form must be on file at the Center. The consent form shall identify individuals designated by the legal guardian to take patients to off-premises activities.
- (c) In order to minimize disruptions in the patient's schedule, patients should not be picked up before 4:00 P.M. on Fridays and should be returned to the Center no later than 8:00 P.M. on Sunday.
- (d) If a patient furlough lasts longer than 14 days, discharge will occur pursuant to 130:12-5-2.
[Source: ; Added at 19 Ok Reg 2598, eff 7-11-02; Amended at 27 Ok Reg 2458, eff 7-25-10]

130:12-5-8. Denial of furlough

(a) Legal guardian.

- (1) An inpatient shall not be furloughed to a legal guardian who is suspected to be under the influence of alcohol, or drugs or who is otherwise incapacitated to a degree that may impair that individual's ability to assume the responsible care of that inpatient beyond the Center.
- (2) If the legal guardian who is suspected of being incapacitated insists on furloughing the inpatient, the inpatient shall be discharged immediately, and the legal guardian shall be requested to sign a form stating that the inpatient was discharged against the advice of the attending physician. A record shall be made of any legal guardian who refuses to sign such a form.
- (3) If the legal guardian who is suspected of being incapacitated proceeds to discharge the inpatient and subsequently places that inpatient's safety in jeopardy by attempting to transport that inpatient in an automobile, a designated staff member shall notify the Cleveland County Sheriff.

(b) Other individual.

- (1) If an individual who has been designated by the legal guardian to have furlough privileges for a particular inpatient is suspected of being incapacitated and unable to assume the responsible care of that inpatient, the individual shall be denied furlough privileges, and the legal guardian shall be informed of the situation.
- (2) If this individual does not leave the Center in a timely and orderly manner, a designated staff member shall notify the Cleveland County Sheriff.

[Source: Added at 19 Ok Reg 2598, eff 7-11-02; Amended at 27 Ok Reg 2458, eff 7-25-10]

130:12-5-9. Visits to staff member homes [REVOKED]

[Source: Added at 19 Ok Reg 2598, eff 7-11-02; Revoked at 27 Ok Reg 2458, eff 7-25-10]

SUBCHAPTER 7. RECORDS

130:12-7-1. Medical records

(a) The Center is a covered entity under the Health Insurance Portability and Accountability Act of 1996 ("HIPPA") (Pub.L 104-191, Aug. 21, 1996, 110 Stat. 1936). All individually identifiable health information of patients shall be obtained, maintained, transmitted and/or disclosed in conformity with HIPPA regulations and all other applicable state and federal law.

(b) Requests for medical records may be made pursuant to 130:1-1-7 of this title.

[Source: Added at 19 Ok Reg 2598, eff 7-11-02; Amended at 27 Ok Reg 2458, eff 7-25-10]

130:12-7-2. Release of medical records [REVOKED]

[Source: Added at 19 Ok Reg 2598, eff 7-11-02; Revoked at 27 Ok Reg 2458, eff 7-25-10]

SUBCHAPTER 9. BILLING

130:12-9-1. Billing

(a) Inpatients.

(1) **General.** The Center shall bill and attempt to collect the established full daily rate for all inpatient services unless the inpatient has been admitted to a charity care bed. Upon admission, the inpatient or legal guardian shall provide all information necessary to collect payment from third party payors if applicable.

(2) **Medicaid.** Medicaid shall be filed and accepted as payment in full for those Medicaid eligible inpatients except for Medicaid spend-downs that are the inpatient's responsibility.

(3) **Third party payor(s).** Claims shall be filed with third party payors in accordance with appropriate procedures. In cases where the third party payor does not cover the full amount of the bill, the inpatient shall be responsible for the remaining amount. In cases where an inpatient requests services that are not covered or for which authorization has been denied, the inpatient shall be responsible for the full amount of the bill.

(4) **No Medicaid or third party payor.** Inpatients having no Medicaid or third party payor shall be expected to pay the full amount of the bill. If a household believes they can not afford to pay the full amount, they may request, to apply for a payment plan or fee reduction. If the household still feels they can not pay the fees in accordance with the reduced rate, they may contact the Director, listing the reason(s) they can not meet their obligation and request a fee waiver.

(5) **Therapeutic services contracts.** The Center may additionally enter into contractual agreements with a third party to provide therapeutic services. These individual agreements shall specify the negotiated amounts for services rendered.

(6) **Charity beds.** The Center shall provide charity care not to exceed 10% of utilized beds. The legal guardian shall be notified in advance if admission will be as charity care status. Charity care inpatients shall otherwise meet admission and continued stay requirements. If it is determined that an inpatient should be discharged for failure to meet admission and continued stay requirements and the legal guardian shall be provided a written notice that the full daily rate shall be charged for each day the person remains at the Center.

(b) Outpatients.

(1) **General.** The Center shall bill and attempt to collect fees for all outpatient services rendered. Upon admission, the outpatient or legal guardian shall provide all information necessary to collect payment from third party payors if applicable. All co-pays shall be paid on the date the service is rendered.

(2) **Medicaid.** Medicaid shall be filed and accepted as payment in full for those Medicaid eligible outpatients except for Medicaid spend-downs that are the outpatient's responsibility.

(3) **Third party payor(s).** Claims shall be filed with third party payors in accordance with appropriate procedures. In cases where the third party payor does not cover the full amount of the bill, the outpatient shall be responsible for the remaining amount. IN cases where an outpatient requests services that are not covered or for which authorization has been denied, the outpatient shall be responsible for the full amount of the bill.

(4) **No Medicaid or third party payor.** Outpatients having no Medicaid or third party payor shall be expected to pay for services on the date they are entered. If a household believes they can not afford to pay the the full amount, they may request, to apply for a payment plan or fee reduction. If the household still feels they can not pay the fees in accordance with the reduced rate, they may contact the Director, listing the reason(s) they can not meet their obligation and request a fee waiver.

(5) **Therapeutic services contracts.** The Center may additionally enter into contractual agreements with a third party to provide therapeutic services. These individual agreements shall specify the negotiated amounts for services rendered.

(c) Respite.

(1) **Medicaid.** The fees for Medicaid eligible inpatients are paid through a grant with the Department of Human Services.

(2) **Non-Medicaid.** Inpatients are responsible for a percentage of the fees based on a sliding fee scale. A co-pay shall be paid prior to admission.

(d) **Bill conflicts.** Any person having a conflict with a patient bill may contact the Finance Office for resolution. In the event that the conflict can not be resolved by the Finance Office, the information shall be forwarded to the Director for resolution. If the conflict can not be resolved satisfactorily, a grievance may be filed.

[Source: Added at 19 Ok Reg 2598, eff 7-11-02; Amended at 27 Ok Reg 2458, eff 7-25-10]

CHAPTER 13. CENTER SERVICES

[Authority: 63 O.S., §485.2

[Source: Codified 7-11-02]

SUBCHAPTER 1. GENERAL PROVISIONS

130:13-1-1. Purpose

The rules in this chapter provide regulations relating to the services provided by the Center including inpatient services, outpatient services, dental services, isolation and disease spread prevention services, emergency services, outreach and contractual services.

[Source: Added at 19 Ok Reg 2604, eff 7-11-02]

130:13-1-2. Definitions

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

"**Center**" means the J.D. McCarty Center for Children with Developmental Disabilities.

"**Commission**" means the Cerebral Palsy Commission.

"**Director**" means the chief executive officer of the Center.

"**Habilitation**" means ongoing therapeutic treatment designed to promote or increase a patient's functional capabilities. "Habilitation" does not include education services required to be provided by a local education agency.

"**Patient**" means a person age 0 to 21 who is admitted to the Center for either inpatient or outpatient services.

[Source: Added at 19 Ok Reg 2604, eff 7-11-02]

SUBCHAPTER 3. INPATIENT SERVICES

PART 1. GENERAL PROVISIONS

130:13-3-1. Inpatient services

(a) Services available at the Center for inpatients include Pediatric Orthopedic, Ophthalmology, Physical Therapy, Speech Therapy, Occupational Therapy, Social Services, Special education provided by Norman Public Schools, Psychological Testing and Counseling, Food and Nutritional Services, nursing care to include post-operative care, referral services, follow-up services, and Independent Living Training.

(b) Inpatients are medically supervised by a physician with specialized training or experience in developmental disabilities and rehabilitation, receive 24 hour nursing and receive at least 2 hours of therapeutic training services per day. One hour of the required therapeutic services shall be from Speech-language Therapy, Occupational Therapy, Physical Therapy or any combination of the three. Therapy shall be provided in at least two different sessions daily. The second hour of the required therapeutic training services shall be a combination of the therapeutic services..

Because the Center's primary purpose is the treatment of children and recognizing the emotional and social needs of children, the Center shall provide recreation to all patients.

(c) As discussed more thoroughly in Chapter 15 of this title, the Center shall cooperate with each patient's local education agency to allow patients to receive special education when not receiving therapeutic services, unless they have completed school requirements.

(d) The Center offers a comprehensive multi-disciplinary program designed to enable each patient to reach the patient's potential. While each department provides therapies and treatment within a specific discipline, they all compliment each other, and it is the totality of the program that makes improvement possible. The formal "treatment day" at the Center is from 8:00 A.M. to 4:00 P.M. However, the activities of the Recreation Department, Nursing, Food and Nutritional Services and Social Work may extend beyond these hours.

[Source: Added at 19 Ok Reg 2604, eff 7-11-02; Amended at 27 Ok Reg 2462, eff 7-25-10]

130:13-3-2. Respite care

(a) Respite care may be offered to the legal guardian of a person with developmental disabilities to allow a brief period of relief from stresses associated with caring for the person, or to allow coping with a transitory event or situation during which the burden of caring for the person would be an excessive strain on the mental or psychological welfare, the health situation or other household concerns.

(b) Respite care is available for no less than four days and no more than seven days. A person shall not be scheduled more than once a year. Exceptions to the above limitations for crisis or genuine medical emergencies or both may be considered by the Director on an individual basis.

(c) Respite care includes nursing care services, recreational activities and nutritional services. The treatment team shall be composed of a social worker, physician, registered nurse and dietitian.

(d) Prior to admission the person shall have an admission screening on file. The initial request for respite care shall be taken by the rehabilitation administrative worker two months prior to the requested month. The legal guardian shall be informed of the decision, and a respite admission packet shall be sent prior to the scheduled date. While every effort shall be made to give a final decision as soon as possible, special circumstances may render this impossible.

[Source: Added at 19 Ok Reg 2604, eff 7-11-02; Amended at 27 Ok Reg 2462, eff 7-25-10]

130:13-3-3. Identification system

In order to ensure high-quality care, all inpatients shall use an individualized identification system. Acceptable methods shall consist of photographs, identification bracelets or badges, paper adhesive label to clothing and staff verification.

[Source: Added at 19 Ok Reg 2604, eff 7-11-02]

130:13-3-4. Education

The Center is not a local education agency and does not provide educational services to inpatients. Educational services are provided by the Norman Public Schools pursuant to applicable state and federal laws. The Center will provide the Norman Public Schools with facility space for conducting classes and make every reasonable effort to accommodate the school district's needs in providing education services to inpatients.

[Source: Added at 27 Ok Reg 2462, eff 7-25-10]

PART 3. DAILY CARE SERVICES

130:13-3-10. Hygiene

(a) The Center shall provide for the personal hygiene of inpatients.

- (b) The Center shall provide care and assistance with glasses, contacts and hearing aids.
 - (c) Patients shall be weighed and height obtained to maintain a record of weight gain or loss and height growth.
 - (d) Patients shall be prepared for bed with the supervision and assistance of nursing.
- [Source: Added at 19 Ok Reg 2604, eff 7-11-02]

130:13-3-11. Meal services

- (a) Meal service shall be provided to all inpatients. Individual meals shall be assembled according to the diet ordered by the physician.
 - (b) The Food and Nutrition Services Department is dedicated to observing quality control guidelines both those developed internally and those imposed by regulating agencies.
- [Source: Added at 19 Ok Reg 2604, eff 7-11-02]

130:13-3-12. Outside foods

- (a) The Center is committed to insuring that wholesome, nourishing, and safe food is provided for patient consumption.
 - (b) Foods prepared outside the Center and offered to our patients must be approved in advance by the Dietician. Criteria for approval may include food prepared in an environment licensed for operations by the State Health Department, food prepared by a patient's household members for consumption by that patient only, foods offered that maintain the prescribed diets for patients involved.
- [Source: Added at 19 Ok Reg 2604, eff 7-11-02; Amended at 27 Ok Reg 2462, eff 7-25-10]

PART 5. HABILITATION SERVICES

130:13-3-20. Treatment participation

- (a) The patient or legal guardian shall be provided adequate information to allow them to understand the medical condition, the nature of the proposed treatment, be aware of the risks, and understand the chances for success.
 - (b) The Center shall provide the patient or designated representative the right to know of any experimental research or other educational activities that are involved in the patient's treatment. The patient has the right to accept or refuse participation.
 - (c) The Center encourages patients and their households to be active in the course of the patient's daily nursing and personal care, therapeutic and medical treatment. When conflicts arise with respect to any of these areas of collaboration, the Center shall attempt to resolve such conflicts in a manner that is compassionate and sensitive to the needs and feelings of the patient and household while at the same time maintaining the essential standards and continuity of care requisite to sustaining the Center's primary mission for the welfare of all patients.
 - (d) Recognizing that the perspectives of patients and their households, staff and others are essential to the development of a continuous quality improvement program, the Center shall elicit feedback through a regular and planned process.
- [Source: Added at 19 Ok Reg 2604, eff 7-11-02]

130:13-3-21. Treatment areas

- (a) The Center shall provide necessary service and technology to facilitate a patient's overall communication. Patient demonstrating deficits in oral or verbal communication skills to such a degree that functional communicative interaction with others is reduced, restricted, or prevented may be candidates for augmentative communication assessment.

- (b) The Center shall seek to train patients in basic transfer skills where appropriate and necessary. Transfer activities are indicated for patients with the capability or potential for learning transfers to the floor, chair, toilet, bed, car or other place.
- (c) The Center shall attempt to help each patients establish successful elimination into the toilet on a regular basis and so avoid unscheduled soiling of clothing, avoid skin irritation, avoid social embarrassment, develop a sense of personal price and responsibility and develop good habits of personal hygiene.
- (d) The Center shall attempt to assess and determine pain accurately, to ensure respectful and responsive treatment and to establish protocols and a procedure for pain management that will incorporate the patient's values, beliefs and philosophy. All patients will have the right to be pain-free as possible. Pharmacological and non-pharmacological management and techniques shall be used.
- (e) Psychological counseling for the patient or household is a component of the services available at the Center.
- (f) The emotional well being of the patient shall be monitored and addressed.
- (g) The Center may provide diagnostic radiology services. All radiological procedures shall be conducted in compliance with established policies to ensure the safety of both personnel and the public.

[Source: Added at 19 Ok Reg 2604, eff 7-11-02]

130:13-3-22. Treatment training

- (a) As an integral part of each patient's program, patient and household education and training will be provided to promote continuity of care, increase the patient's and household's knowledge and skill base, offer support, referral, and recommendations to assist in meeting each patient's needs. Patients and households will be provided education and training according to the patient's assessed needs, abilities and readiness to learn. The assessment and plan will incorporate the patient's values, beliefs, philosophy, literacy, language, physical and or cognitive limitations and current support systems.
- (b) The Center seeks to train patients and households in therapy techniques and use and care of equipment which will enhance the effectiveness of treatment in the home setting. The therapeutic staff shall demonstrate, instruct, and train patients and households in techniques, activities, and equipment use, care, and safety during evaluation, habilitation, discharge, and during outpatient status.
- (c) The Center seeks to educate patients and households in the safe use of medications, side effects, contraindications, potential drug interactions, and food-drug interactions. Patients and households shall receive education on identified health needs or concerns.

[Source: Added at 19 Ok Reg 2604, eff 7-11-02]

PART 7. RECREATIONAL SERVICES

130:13-3-30. Recreational Services

- (a) The Center recognizes the need to provide recreation to inpatients. The Center further recognizes that Oklahoma law does not provide for recreational therapy, as such. However, recreation shall be provided for the emotional and social wellbeing of patients.
- (b) Recreation shall be scheduled to the extent allowed by the staffing of the Center and the ability of each patient to take part. No patient shall be scheduled for recreational activities beyond the proper abilities of the patient as determined by the patient's attending physician.
- (c) Patients may be granted permission to participate in activities off the premises, when approval is on record from the legal guardian. A member of the Center's staff shall accompany

patients on off-premises activities and an appropriate patient to staff ratio is required when patients are taken from the premises.

[Source: Added at 19 Ok Reg 2604, eff 7-11-02; Amended at 27 Ok Reg 2462, eff 7-25-10]

130:13-3-31. Evening and weekend recreational activities

(a) The Center considers socialization and development of effective interpersonal skills to be as important as the traditional therapies, and these facets of the Center's program continue into the evening and on weekend.

(b) Evening Recreational Department activities are held from 4:00 p.m. - 8:00 p.m. Evening activities shall provide small and large group experiences. Patients shall be encouraged to attend the evening program activities.

(c) For patients who remain at the Center on Saturday and Sunday, a recreation program shall be offered from 8:00 a.m. - 8:00 p.m. The major goal of this program is to involve the patients in fun, informative, interesting and age appropriate recreational activities. The activities will attempt to accommodate small and large groups of patients as is appropriate for the number of helpers and volunteers that can be recruited. Other activities may include field trips (large or small groups), cookouts and picnics, walks and vehicle riding, crafts and games.

[Source: Added at 19 Ok Reg 2604, eff 7-11-02; Amended at 27 Ok Reg 2462, eff 7-25-10]

130:13-3-32. Films [REVOKED]

[Source: Added at 19 Ok Reg 2604, eff 7-11-02; Revoked at 27 Ok Reg 2462, eff 7-25-10]

130:13-3-33. Swimming pool

(a) The swimming pool at the Center shall be used solely for aquatic and rehabilitative therapy. Any person using the swimming pool shall comply with the following rules:

(1) No diving or running in the pool area.

(2) No food, drink, glass or litter shall be allowed in the pool area.

(3) The last person in the pool area shall clean up the area around the pool, straighten equipment, hang up life jackets in the designated area, turn off lights and lock all doors or means of access to the pool.

(4) All accidents or injuries shall be reported immediately to the charge center nurse.

(b) The Commission, the Center and its employees shall not be responsible for injury occurring to anyone who uses the swimming pool except as provided by Oklahoma's Risk Management Plan and the Governmental Tort Claims Act.

[Source: Added at 19 Ok Reg 2604, eff 7-11-02; Amended at 27 Ok Reg 2462, eff 7-25-10]

130:13-3-34. Wading pool [REVOKED]

[Source: Added at 19 Ok Reg 2604, eff 7-11-02; Revoked at 27 Ok Reg 2462, eff 7-25-10]

130:13-3-35. Field trips

The therapeutic value of a field trip is of sufficient significance that a minimum of one field trip that involves a majority of the inpatient population will be planned and executed each month. During the summer program (approximately 8 weeks between June 15, and August 15) each year, field trips may be planned and executed weekly.

[Source: Added at 19 Ok Reg 2604, eff 7-11-02]

130:13-3-36. Special Olympics

(a) The Special Olympics Competitions permit each patient to function to the best of the patient's ability and to receive an appropriate reward for their effort.

(b) Patients at the Center may participate in as many district level Special Olympics events as possible. Some of these events include art, track and field, swimming and walley-ball/volleyball, music and bowling.

[Source: Added at 19 Ok Reg 2604, eff 7-11-02; Amended at 27 Ok Reg 2462, eff 7-25-10]

SUBCHAPTER 5. OUTPATIENT SERVICES

130:13-5-1. Outpatient services

(a) Patients admitted for daily outpatient services at the Center shall be scheduled for departmental services based upon identified patient needs and responsibilities to inpatients. Requests for individual outpatient therapy services shall be reviewed on a case-by-case basis, reviewing the nature of request, staff availability and departmental capability of performing requested service.

(b) Therapy departments will evaluate and treat outpatients who have a signed physician's order for treatment.

[Source: Added at 19 Ok Reg 2604, eff 7-11-02; Amended at 27 Ok Reg 2462, eff 7-25-10]

SUBCHAPTER 7. DENTAL SERVICES

130:13-7-1. Dental care

(a) Based upon availability, dental services shall be provided to relieve pain and infection, to provide adequate medications and function, to restore and maintain the oral cavity in a health condition, to develop with the patients the desire to retain and maintain their natural dentition, and to provide reasonable restoration as authorized.

(b) Antibiotic therapy is required for patients with a shunt or patients with cardiac problems.

[Source: Added at 19 Ok Reg 2604, eff 7-11-02; Amended at 27 Ok Reg 2462, eff 7-25-10]

130:13-7-2. Emergency dental treatment

The Center shall provide for emergency dental care to inpatients.

[Source: Added at 19 Ok Reg 2604, eff 7-11-02; Amended at 27 Ok Reg 2462, eff 7-25-10]

SUBCHAPTER 9. ISOLATION AND DISEASE SPREAD PREVENTION SERVICES

130:13-9-1. Isolation precautions

(a) The Center complies with Center for Disease Control recommendations regarding isolation precautions.

(b) Patients who have been diagnosed with or show signs or symptoms of a communicable condition that would require isolation precautions shall be reviewed individually to determine the following:

(1) The ability of the Center to provide required therapies for the patient in accordance with utilization review criteria while maintaining appropriate isolation precautions.

(2) The ability of the Center to provide appropriate medical care to the patient.

(3) The ability of the Center to provide appropriate isolation precautions for the patient to prevent the spread of disease.

[Source: Added at 19 Ok Reg 2604, eff 7-11-02]

130:13-9-2. Needle stick or other body fluid substance exposure

(a) Parenteral, mucous membrane non-intact skin exposures to blood and other body fluids may result in exposure to the Hepatitis B virus or HIB or both. Exposure shall be managed in accordance with CDC State Health Department and State Department of Labor standards.

(b) The blood of any person identified as a source of a needle stick or other body fluid substance may be drawn and tested for HBs Ag and HIB antibody when:

(1) the identified person or legal guardian provides written consent, or

(2) a health care worker provides a written statement that the worker has been exposed to the bodily fluids of the identified person in an occupational setting, and the exposure placed the work at risk for transfer of bodily fluids, or

(3) a court of competent jurisdiction orders the withdrawal and testing of the blood [63:1-502.3(A)(1), (2) and (3)]

(c) The withdrawal and testing of the blood shall be performed in a reasonable manner, according to generally accepted clinical practice. [63:1-502.3(A)]

(d) When the Center or its employees acts in compliance with 63 O.S. §1-502.3, they shall not incur any civil or criminal liability.

[Source: Added at 19 Ok Reg 2604, eff 7-11-02; Amended at 27 Ok Reg 2462, eff 7-25-10]

SUBCHAPTER 11. EMERGENCY SERVICES

130:13-11-1. Emergency medical care, limits

(a) The Center has no emergency room, critical care unit, surgical or anesthesia capabilities and does not have the capability to provide long-term life sustaining support. If a person has or develops an incurable or irreversible condition, or other medical conditions that cannot be treated at the Center, the person shall be provided manual life support until the person can be transported to Norman Regional Hospital or an appropriate facility.

(b) An emergency is defined as acute chest pain, respiratory difficulty non responsive to prescribed treatment, status epilepticus, sudden loss of consciousness, long-bone fracture(s) or any other condition which may be life-threatening.

(c) Emergency first aid that can be provided includes: cardiopulmonary resuscitation, administration of oxygen, fracture support, hemostasis, bandaging, eye irrigation and treatment for anaphylactic shock. Resuscitative measures shall be limited to non-invasive procedures. Invasive procedures may be performed by a Staff Physician, if present, or Trained Emergency Medical Technicians upon their arrival.

(d) Other emergencies, such as rape, sexual molestation, child abuse, severe emotional illness, multiple trauma or violence shall be managed by activating the emergency medical system (911) with appropriate nursing first aid being provided.

(e) In the event a person not eligible for treatment is presented at the Center for any form of treatment, whether of an emergency nature or otherwise, Center personnel on duty, which may or may not include a licensed physician, shall attempt to stabilize the person's condition to the extent of the knowledge, experience and licensure of the personnel on duty, and make arrangements to transport the person to a facility which can provide suitable care.

[Source: Added at 19 Ok Reg 2604, eff 7-11-02]

130:13-11-2. Life-sustaining treatment

(a) Life sustaining treatment shall not be withheld or withdrawn by the physicians of the Center. All patients admitted to the Center shall receive appropriate medical care, treatment, nutrition, hydration and pain management throughout their stay except as provided in paragraphs (b) and (c).

(b) If a qualified patient has an advance directive to withhold or withdraw life-sustaining treatment, the Center shall honor that request and abide by that decision. A qualified patient is one who is eighteen (18) years of age or older, who has issued an advance directive and who is in a terminal condition or in a persistently unconscious state.

(c) If a patient has a DNR (Do Not Resuscitate) order, the Center shall abide by that order.

[Source: Added at 19 Ok Reg 2604, eff 7-11-02]

130:13-11-3. Procedures following death of a patient

(a) If a patient dies at the Center, the attending physician or the physician in charge shall pronounce the death, notify the legal guardian of the death, contact the state medical examiner prior to release of the body, sign the death certificate within 48 hours, submit a written report within 36 hours with a copy of the patient's medical records as requested by the State Medical Examiner, and complete the death certificate and file it with the local registrar within 3 days.

(b) Mortuary personnel shall be required to sign for release of the body.

[Source: Added at 19 Ok Reg 2604, eff 7-11-02]

SUBCHAPTER 13. OUTREACH AND CONTRACTUAL SERVICES

130:13-13-1. Outreach services

(a) Outreach services shall provide consultation and services to maintain benefits of patient care in include, but are not limited to: seating/positioning recommendations or evaluations, augmentative communication evaluation or in-service, feeding/nutritional program, behavior modification, home physical therapy program, home visit evaluation, and nursing care in-service.

(b) Outreach services may be provided to people with developmental disabilities from birth to 21 years of age who have received services from the Center either as an inpatient, outpatient or a recipient of an interdisciplinary admission screening. This service shall be offered and scheduled when appropriate as part of discharge planning and on follow-up services for our inpatients or as part of an admission screening.

(c) Requests for outreach services shall be reviewed on a case-by-case basis, reviewing the requests, staff availability and needs of the patient and distance. If approved, a social worker shall act as case manager for the patient receiving an outreach service. Patients approved for Center-based outreach services shall be notified of approval in writing.

[Source: Added at 19 Ok Reg 2604, eff 7-11-02; Amended at 27 Ok Reg 2462, eff 7-25-10]

130:13-13-2. Contractual services

(a) Contractual therapeutic services to include evaluation and treatment may be provided to individuals with developmental disabilities based upon contractual guidelines and identified patient needs.

(b) Contractual services may be provided to the following programs, facilities and public agencies.

(1) DDS

(2) Sooner Start

(3) Oklahoma Public Schools

(c) Upon receipt of approval therapist(s) will provide services to DDS and Sooner Start on a case-by-case basis, reviewing the nature of the request, staff availability, and departmental capability of performing service.

(d) All requests for contractual services other than DDS and Sooner Start determine if current staff is able to accurately meet contractual needs/guidelines and if so implementation of appropriate charging/billing arrangements and drafting of contract.

(e) Therapists provide therapeutic/contractual services in accordance with contractual guidelines/standards, J.D. McCarty Center approved rules and Quality Assurance/Improvement Plan.

(f) Patients approved for Center-based contractual services shall be notified of approval in writing.

[Source: Added at 19 Ok Reg 2604, eff 7-11-02; Amended at 27 Ok Reg 2462, eff 7-25-10]

SUBCHAPTER 15. OTHER SERVICES

130:13-15-1. Library services

The patient's library will be used for the benefit of the patients of the Center.
[Source: Added at 19 Ok Reg 2604, eff 7-11-02]

130:13-15-2. Cultural awareness

The Center will acknowledge and facilitate the exhibition and practice of a patient's cultural behaviors and activities to the extent that they do not interfere with the treatment of the patient or the treatment of other patients in the Center.

[Source: Added at 19 Ok Reg 2604, eff 7-11-02; Amended at 27 Ok Reg 2462, eff 7-25-10]

130:13-15-3. Home environment assessments

(a) The Center offers home environment assessments to facilitate patient care, treatment, discharge and aftercare planning.

(b) A request for home environment assessments may be made in writing by the attending physician.

(c) The assessment will address the following areas:

(1) Individuals who reside in the home and their relationship and roles with the patient.

(2) Physical aspects of the home including accessibility and locality with respect to community resource

(3) Other areas that are specified by the attending physician.

(d) A case manager, social worker or therapist shall conduct the requested home environment assessment and provide the requestor with a written report, including impressions and recommendations, within 14 days of the initial request.

[Source: Added at 19 Ok Reg 2604, eff 7-11-02]

CHAPTER 14. PATIENT BILL OF RIGHTS

[Authority: 63 O.S., §485.2

[Source: Codified 7-11-02]

SUBCHAPTER 1. GENERAL PROVISIONS

130:14-1-1. Purpose

The rules in this chapter provide regulations relating to personal and medical entitlements and freedoms of patients at the Center.

[Source: Added at 19 Ok Reg 2610, eff 7-11-02]

130:14-1-2. Definitions

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

"**Center**" means the J.D. McCarty Center for Children with Developmental Disabilities.

"**Commission**" means the Cerebral Palsy Commission.

"**Director**" means the chief executive officer of the Center.

"**Habilitation**" means ongoing therapeutic treatment designed to promote or increase a patient's functional capabilities. "Habilitation" does not include education services required to be provided by a local education agency.

"**Patient**" means a person age 0 to 21 who is admitted to the Center for either inpatient or outpatient services.

[Source: Added at 19 Ok Reg 2610, eff 7-11-02]

130:14-1-3. Statement of rights

(a) Each patient of the Center shall be provided the full protection of the rights established by these rules.

(b) Each patient, upon admission to the Center, shall be notified of rights guaranteed in this Bill of Rights. If the patient is a minor, the patient's legal guardian shall be informed. Notification

shall be accomplished by providing the new patient with a copy of this chapter. If the patient cannot read, an oral explanation of the chapter shall be provided. The legal guardian of a minor shall be provided a copy of this chapter.

(c) Each inpatient shall be notified of the Center's standards and sanctions which can be imposed for violations of the standards. Staff shall explain to each inpatient all standards whose violation may result in loss of privileges or use of property, etc. by providing the inpatient with a written copy of the standards, and explaining them orally if the inpatient cannot read, and posting the standards in a conspicuous place in each area where inpatients have access.

[Source: Added at 19 Ok Reg 2610, eff 7-11-02]

130:14-1-4. Basic rights

(a) Each patient has the right to receive services suited to the patient's condition and to a safe, sanitary and humane living environment.

(b) Each patient shall receive proper care, treatment and services, including medical treatment, recreation, nutrition, education, training, therapeutic rehabilitation, psychological and social services suited to the patient's needs, regardless of race, religion, sex, ethnicity, degree of disability or handicapping condition.

(c) All persons shall be free from harassment based on sex, race, color, religion, national origin, political affiliation or physical handicap.

[Source: Added at 19 Ok Reg 2610, eff 7-11-02]

130:14-1-5. Ethics forum

The Center will provide patient care within an ethical framework established by the Center's ethics forum. The ethics forum shall include the patient or patient's designee, the physician and the social worker. This forum shall give due regard and respect to the wishes of the patient or the patient's designated representative where ethical issues arise.

[Source: Added at 19 Ok Reg 2610, eff 7-11-02]

130:14-1-6. Grievances

(a) A staff member shall serve as Patient Advocate with the specific duty of resolving problems with patients and their households.

(b) The purpose of the patient grievance system is to provide an effective means whereby a patient, who is experiencing a problem that is affecting the patient's adjustment and progress toward habilitation, may seek help in resolving that problem.

(c) Patients shall receive an orientation about the grievance system from the Center's social workers. Initial orientation shall be supplemented at some later date by additional training in grievance system usage, as needed.

(d) Patients shall not be discouraged or delayed from filing a grievance. Patient problems shall be dealt with promptly to prevent the escalation of the grievance into serious problems and dangerous situations. Center personnel shall attempt to resolve grievances at the lowest level and in the quickest time possible. It is the staff's duty to alleviate the problem as quickly and efficiently as possible.

(e) A patient, or any person acting on behalf of a patient, including staff, may file a complaint alleging abuse or neglect by staff. Grievances may include matters involving the substance or application of any written or unwritten policy, or rule of the Center or of an agent or contractor of the Center, or any decision, behavior or action by an employee, agent or contractor or by other patients at the Center.

- (f) The grievance procedures shall provide for a sure, but reasonable, access to the system by all patients at all times. When the filing of a grievance would disrupt the daily scheduled activities of the Center, the grievance shall be received at the earliest practical time.
- (g) The grievant may present the grievant's side of the issues. This right extends to all parties to the grievance. All parties have the right to present not only their contentions, but also to present suggestions for resolving the grievance.
- (h) An initial response to a grievance shall be made promptly following the submission of the grievance, with the exception of weekends and holidays. The initial response shall notify the patient that the grievance has been received and that the grievance officer shall set up a meeting to discuss the problem with the patient.
- (i) Responses to a grievance shall address the grievance such that the patient is able to know that the patient's problem was understood and that attempts were made to resolve the grievance. Responses shall include the names of those participating in any meeting, the date of the meetings, the topics discussed and the offered resolution. The staff shall strive to make the resolution permanent and be one that completely resolves the problem in such a manner as to permit the resolution of similar problems that might arise in the future.
- (j) The patient shall be informed and encouraged to appeal decisions that the patient believes to be unsatisfactory. A grievant that is dissatisfied with the resolution to a filed grievance may appeal the grievance first to the Director and then to the Commission.
- (k) Appeals to the Commission are required when there is a determination made that the satisfactory resolution to the grievance requires consideration of a policy, procedure, or budgetary amendment which is beyond the directors scope of authority. Appeals to the Director are required where there is a finding that the satisfactory resolution of the grievance is beyond the staff member's authority.
- (l) If a patient at the Center who is in the custody of the Department of Human Services has not accepted the resolution of the Commission, the Grievance Coordinator shall immediately forward the grievance, together with the proposed resolution and all supporting documentation, to the Office of Advocate Defender of the Department of Human Services.
- (m) The fact that a patient files a grievance shall not be considered in any administrative decision concerning the patient, nor shall any copy of the grievance reporting document be placed in the patient's case file or medical record. Patients who use the system shall not be treated in any different manner from any other patient.

[Source: Added at 19 Ok Reg 2610, eff 7-11-02; Amended at 27 Ok Reg 2467, eff 7-25-10]

SUBCHAPTER 3. PERSONAL RIGHTS

PART 1. PROPERTY

130:14-3-1. Mail, telephone, visitation

- (a) Each inpatient is entitled to unimpeded, private, and uncensored communications with others by sealed mail and telephone and to visit with persons of the patient's choice, except as otherwise limited by this chapter or law. Toll charges for long distance telephone calls shall be the responsibility of the inpatient or the legal guardian.
- (b) The right of an inpatient to communicate by mail, email, or telephone or to visit with persons of the inpatient's choice may be limited by staff if:
- (1) the limitation is essential to prevent the inpatient from violating a law,
 - (2) the limitation is essential to prevent substantial and serious physical or mental harm to the inpatient,

(3) an individual has complained to the Center of previous telephone harassment by the inpatient and has requested that the inpatient be prevented from telephoning the individual in the future. In this instance, the limitation shall apply solely to telephoning the individual making the complaint.

(4) an inpatient's legal guardian has requested that the inpatient not be allowed to communicate with specific individual(s).

(5) a visitor's behavior is disruptive to the functioning of the Center, or

(6) the limitation has been ordered by the Department of Human Services.

(c) The Center shall not impose a limitation upon any patient regarding communications between the inpatient and the inpatient's attorney, physician clergy, official agencies and courts, except to the extent that reasonable times and places for use of telephones and visitation may be applied so long as they do not have the effect of making communications with these parties impracticable.

[Source: Added at 19 Ok Reg 2610, eff 7-11-02; Amended at 27 Ok Reg 2467, eff 7-25-10]

130:14-3-2. Patient money

(a) For the purposes of this rule, "money" includes any legal tender, note, draft, certificate of deposit, stock, bond, check or credit card.

(b) An inpatient has the right to easy access to money in the inpatient's personal account at the Center and to spend or otherwise use the money as the inpatient chooses. Inpatients shall be allowed to carry up to \$5.00 for therapeutic purposes. If indicated in the treatment plan. Amounts in excess of \$5.00 shall be coordinated on a case-by-case basis with the treatment team and the Finance Office.

(c) All money which is on the person of an inpatient, which comes to an inpatient, or which the Center receives in place of the inpatient under a benefit arrangement or otherwise, shall be deposited with the Business Manager for safekeeping in a personal account in the inpatient's name. The money, and transactions affecting it, shall be accounted for in the name of the inpatient and recorded in the inpatient's account records. The Center shall be liable for any discrepancies or losses from the inpatient's account. The inpatient or the inpatient's legal guardian shall be provided a copy of the account and transactions on request.

(d) Nursing staff shall direct inpatients or legal guardians to the Finance Office upon discharge to collect all money including earnings in an inpatient's personal account.

(e) The Center shall not withdraw funds from an inpatient's personal account to pay for services rendered by the Center.

[Source: Added at 19 Ok Reg 2610, eff 7-11-02; Amended at 27 Ok Reg 2467, eff 7-25-10]

130:14-3-3. Personal property

(a) Each inpatient may receive, possess, and use all personal property, including clothing, except as otherwise provided in this section. Inpatients are encouraged to leave all valuables at home. However, if an inpatient brings personal property such as jewelry or other items valued at more than \$100.00, excluding therapeutic and adaptive equipment items, they will be tagged with the inpatient's C.P.C. number and placed in the fireproof safe in the Finance Office. If the inpatient chooses to maintain items in the inpatient's custody, the Center shall not assume liability for these articles. An inpatient may request items that are valued less than \$100.00 be secured in the safe too.

(b) The Center may bar particular kinds of personal property from the Center. A written list of banned items may be obtained from the Center staff.

(c) Authorized staff may limit the operation of subsection (a) above for a specific inpatient regarding specific property if such limitation is essential:

- (1) to prevent theft, loss or destruction of property,
 - (2) to prevent the inpatient from physically harming the inpatient or others,
 - (3) to achieve a treatment objective if the personal property would interfere with the inpatient's treatment plan, or
 - (4) to eliminate the introduction of functionally unsafe devices and equipment into the Center.
- [Source: Added at 19 Ok Reg 2610, eff 7-11-02]

130:14-3-4. Access to records

Patients, or their legal representatives, shall have access to their own medical records in a manner that complies with all applicable state and federal law.

[Source: Added at 19 Ok Reg 2610, eff 7-11-02; Amended at 27 Ok Reg 2467, eff 7-25-10]

PART 3. SELF

130:14-3-10. Privacy

All patients shall be afforded privacy of their bodies to the greatest extent possible. To ensure patient safety, security cameras are installed throughout the Center. To ensure inpatient privacy, each inpatient room has curtains that can be drawn to provide privacy.

[Source: Added at 19 Ok Reg 2610, eff 7-11-02]

130:14-3-11. Labor by patients

Inpatients shall not be used to provide a source of labor, except when the plan of care requires such activities for therapeutic reasons.

[Source: Added at 19 Ok Reg 2610, eff 7-11-02]

130:14-3-12. Patient safety.

(a) The Center shall provide a safe and secure environment for patients. All persons shall comply with safety rules. Any one observed committing an unsafe act shall be reported to the Director, the Safety Officer, the Deputy Director or a department head.

(b) No person shall use or possess illegal drugs or intoxicating beverages on Center premises.

(c) All weapons of any kind are prohibited on Center property except lawfully owned firearms stored in a locked vehicle on the Center's parking lot pursuant to 12O.S.Supp.2004, § 1289.7a. However, no firearms will be permitted in vehicles parked on the parking lot adjacent to the Education Building where elementary and secondary classes are held pursuant to 12 O.S.Supp.2003, § 1280. This prohibition shall not apply to private vehicles driven to the Education Building for the sole purpose of transporting students as long as the vehicles are not left unattended.

(d) Knives with blades of 3 inches or less shall not be considered weapons for the purpose of this section.

(e) Questions concerning what constitutes an intoxicating beverages, weapons, or drugs should be directed to the Director the Deputy Director or the Personnel Officer.

[Source: Added at 19 Ok Reg 2610, eff 7-11-02; Amended at 27 Ok Reg 2467, eff 7-25-10]

130:14-3-13. Policy on abuse and neglect

(a) The Center acknowledges its responsibility to secure, protect, and maintain the physical and psychological well being of all patients; therefore, no patient shall be neglected or physically, psychologically, sexually, verbally or otherwise abused by staff, volunteers or others having direct contact with the patient population. The Center's emphasis is on positive actions and interactions with patients. Any behavior, which does not meet this criteria, shall be subject to immediate review and questioning.

(b) Oklahoma law requires any person with reason to believe that a minor patient (age birth to 18) is being or has been abused or neglected to report the condition or incident in question to the Department of Human Services (Children Welfare Services) for investigation. A report can also be made to the statewide Child Abuse Hotline.

(c) It is the policy of the Center for any person with reason to believe that an adult patient (age 18-21) who is being or has been abused or neglected to report the condition or incident in question to the Cleveland County Department of Human Services (Adult Protective Services) for investigation.

[Source: Added at 19 Ok Reg 2610, eff 7-11-02]

SUBCHAPTER 5. MEDICAL RIGHTS

130:14-5-1. Individualized treatment

(a) Upon completion of an evaluation, each patient shall be afforded individualized treatment. An individualized treatment plan shall be developed with the active involvement of the patient. The plan for a minor patient shall be developed with the active participation of the patient's legal guardian.

(b) The patient or legal guardian shall be informed of the patient's clinical status and progress at reasonable intervals.

(c) The patient or legal guardian shall be informed of the names, professional titles and relative duties of all persons rendering treatment to the patient.

(d) The patient or legal guardian shall be informed of the nature of the care, procedures and treatment that the patient shall receive.

(e) The patient or legal guardian shall be advised of any proposed change, and the reasons for such change, in the clinical staff responsible for the patient or any transfer of the patient within or outside of the program.

[Source: Added at 19 Ok Reg 2610, eff 7-11-02]

130:14-5-2. Medications

All patients shall be free from unnecessary, inappropriate or excessive medications.

[Source: Added at 19 Ok Reg 2610, eff 7-11-02]

130:14-5-3. Least restrictive treatment

(a) Every effort shall be made to grant each patient the maximum amount of physical freedom within and outside the Center. Physical autonomy shall be limited only as necessary for the patient's safety or to facilitate or enhance the patient's medical or therapeutic treatment course. In situations where mechanisms are utilized for such purposes, the least restrictive means of intervention shall be imposed.

(b) The range of mechanisms utilized in the Center and scope of appropriate use are as follows:

(1) Manual powered wheelchairs.

(A) Both manual and powered wheelchairs are intended to improve a patient's mobility or for facilitating orthopedically functional seating and positioning. In all cases some type of safety restraining mechanism is required, such as a seat belt, chest harness and wheelchair tray.

(B) Controlling the speed of a powered wheelchair or limiting a patient's independent mobility in a manual chair is required when patient's safety or the safety of others in the area is a concern or when it is necessary to provide medical, therapeutic or educational intervention.

(2) Corner chairs, adapted desks with seat belts and other types of gross movement limiting seating systems with or without tray tops. These types of seating systems are appropriate for use in the therapeutic and classroom settings to facilitate rehabilitative treatment and educational intervention. They are also appropriate in certain situations to limit mobility if the patient is in a

situation where injury may occur due to a failure to be aware of environmental hazards that cannot be mediated.

(3) Three types of hospital bed (in order from least to restrictive in nature): Standard hospital bed with rail; Youth bed; Pediatric hospital crib . The selection of the type of bed to be utilized by a particular patient shall be determined with specific regard to demonstrated safety needs, the patient's medical status and requirements, developmental and chronological age and physical size. These criteria are set forth to ensure that the patient is afforded the least restrictive sleeping environment in conjunction with the maintenance of good health and physical safety.

(4) Arm splints, padded gloves, helmets or related devices. Such devices shall be utilized either to facilitate a patient's medical, therapeutic or educational intervention or to prevent the patient from inflicting self-injury or to prevent accidental injury. The least restrictive intervention shall be considered when selecting these devices; however, ensuring the physical safety of the patient shall be the primary objective.

[Source: Added at 19 Ok Reg 2610, eff 7-11-02; Amended at 27 Ok Reg 2467, eff 7-25-10]

130:14-5-4. Use of aversive treatment in behavioral management

(a) Restrictions on behavioral treatment approaches containing certain procedures are designed to protect the patient from inappropriate treatment contingencies and to ensure that behavior therapy programs are justified and effective. All behavior programs are designed on an individual basis using the least restrictive treatment approaches, which are effective.

(b) Patients shall be provided with an environment that is humane and appropriately responsible to desirable behavior. This type of environment is, by definition, sensitive to the child's needs and shall allow for input from the patient regarding the make-up of the environment. A general atmosphere of acceptance and encouragement shall prevail to enhance independent functioning.

(c) Treatment regimens shall be based on the empirical validation of the effectiveness of approaches with the behavior problem of concern and the type of patient being treated. Clinical experience and current research shall be utilized; however, because the research literature is limited and there are large individual differences seen in behavior disorders, extrapolation shall be necessary to bridge the gap between research and specific cases.

(d) The least restrictive treatment approaches shall be attempted in succession. The least necessary interventions shall be used in all cases.

[Source: Added at 19 Ok Reg 2610, eff 7-11-02]