1	STATE OF OKLAHOMA
2	1st Session of the 57th Legislature (2019)
3	COMMITTEE SUBSTITUTE FOR ENGROSSED
4	HOUSE BILL NO. 2341 By: Roberts (Sean) of the House
5	and
6	Smalley of the Senate
7	
8	
9	COMMITTEE SUBSTITUTE
10	An Act relating to statutory terms; amending 10 O.S. 2011, Sections 1408, 1410, 1411, 1414, 1414.1, 1415,
11	1415.1, 1416, 1417, 1417.1, 1425 and 1430.20, which relate to children; updating terms; deleting
12	definition; clarifying language; making language gender-neutral; amending 10A O.S. 2011, Section 2-7-
13	502, which relates to Children and Juvenile Code; updating terms; amending 10A O.S. 2011, Section 2-7-
14	503, as amended by Section 7, Chapter 362, O.S.L. 2014 (10A O.S. Supp. 2018, Section 2-7-503), which
15	relates to Children and Juvenile Code; updating term; amending 10A O.S. 2011, Section 2-7-601, as amended
16	by Section 3, Chapter 234, O.S.L. 2016 (10A O.S. Supp. 2018, Section 2-7-601), which relates to the
17	Office of Juvenile Affairs' powers and duties; updating term; amending 21 O.S. 2011, Sections 152,
18	643, 701.10b and 833, which relate to crimes and punishments; updating terms; amending 22 O.S. 2011,
19	Section 1161, as last amended by Section 1, Chapter 375, O.S.L. 2017 (22 O.S. Supp. 2018, Section 1161),
20	which relates to criminal procedure; updating term; amending 22 O.S. 2011, Section 1175.3, as amended by
21	Section 1, Chapter 300, O.S.L. 2015 (22 O.S. Supp. 2018, Section 1175.3), which relates to criminal
22	procedure; updating term; amending 22 O.S. 2011,
23	Sections 1175.5 and 1175.6, which relate to criminal procedure; updating term; updating statutory references; amending 22 O.S. 2011, Section 1175.6a,
24	as last amended by Section 2, Chapter 290, O.S.L.

1 2018 (22 O.S. Supp. 2018, Section 1175.6a), which relates to criminal procedure; updating term; 2 amending 22 O.S. 2011, Sections 1175.6b and 1175.6c, which relate to criminal procedure; updating term; 3 amending 25 O.S. 2011, Section 40; updating term; deleting obsolete date; directing certain use of 4 language; amending 30 O.S. 2011, Section 1-111, which relates to guardian and ward; updating term; amending 5 43A O.S. 2011, Section 1-103, as last amended by Section 1, Chapter 246, O.S.L. 2017 (43A O.S. Supp. 2018, Section 1-103), which relates to mental health; 6 deleting term; amending 43A O.S. 2011, Section 10-103, as amended by Section 1, Chapter 39, O.S.L. 2016 7 (43A O.S. Supp. 2018, Section 10-103), which relates to mental health; deleting term; amending 43A O.S. 8 2011, Section 10-104, as amended by Section 1, 9 Chapter 318, O.S.L. 2016 (43A O.S. Supp. 2018, Section 10-104), which relates to mental health; 10 updating term; amending 47 O.S. 2011, Section 1104.1, which relates to motor vehicles; updating terms; 11 amending 56 O.S. 2011, Sections 198.11c, 602, 1017.2, 1017.3, 1025.1 and 1030.1, which relate to poor 12 persons; updating terms; modifying definitions; amending 56 O.S. 2011, Section 2002, as last amended 13 by Section 1, Chapter 183, O.S.L. 2013 (56 O.S. Supp. 2018, Section 2002), which relates to poor persons; 14 updating terms; amending 56 O.S. 2011, Sections 343, 347, 530.2, 530.3 and 530.6, which relate to poor 15 persons; updating terms; amending 59 O.S. 2011, Section 367.3, which relates to professions and 16 occupations; updating term; amending 59 O.S. 2011, Section 887.17, as last amended by Section 3, Chapter 17 324, O.S.L. 2014 (59 O.S. Supp. 2018, Section 887.17), which relates to professions and 18 occupations; broadening practitioners who may make certain referrals; updating statutory language; 19 amending 62 O.S. 2011, Section 57.32, which relates to the Building Bonds Commission; updating term; 20 amending 63 O.S. 2011, Sections 1-1925.2, 1-219, 1-222.1 and 1-222.2, which relate to public health and 21 safety; updating terms; amending 63 O.S. 2011, Section 1-502.1, as amended by Section 1, Chapter 22 246, O.S.L. 2013 (63 O.S. Supp. 2018, Section 1-502.1), which relates to public health and safety; 23 updating term; amending 63 O.S. 2011, Sections 1-533 and 1-851.1, which relate to public health and 24 safety; updating term; amending 63 O.S. 2011, Section

1 1-1902, as amended by Section 1, Chapter 288, O.S.L. 2016 (63 O.S. Supp. 2018, Section 1-1902), which 2 relates to public health and safety; updating terms; amending 63 O.S. 2011, Section 1-1912, as last 3 amended by Section 1, Chapter 251, O.S.L. 2014 (63 O.S. Supp. 2018, Section 1-1912), which relates to 4 public health and safety; updating term; amending 63 O.S. 2011, Sections 330.51 and 5026, which relates to 5 public health and safety; updating term; amending 70 O.S. 2011, Section 6-105, as amended by Section 1, Chapter 78, O.S.L. 2012 (70 O.S. Supp. 2018, Section 6 6-105), which relates to schools; updating term; 7 amending 74 O.S. 2011, Section 255, which relates to state government; updating term; updating statutory name; and providing an effective date. 8 9 10 11 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA: 12 SECTION 1. AMENDATORY 10 O.S. 2011, Section 1408, is 13 amended to read as follows: 14 A. "Mentally retarded person Individual with Section 1408. 15 intellectual disability" as used in Sections 1406 through 1424 of 16 this title means a person who has significantly subaverage 17 functioning,  $\frac{10}{10}$  intelligence quotient of less than  $\frac{70}{10}$  seventy (70), 18 manifested before the age  $\frac{18}{18}$  of eighteen (18) and existing 19 concurrently with related limitations in two or more of the 20 following applicable adaptive skill areas: 21 1. Communication; 22 2. Self-care; 23 3. Home living; 24 4. Social skills;

Req. No. 2155

1	5.	Use of community resources;
2	6.	Self-direction;
3	7.	Health and safety;
4	8.	Functional academics;
5	9.	Leisure; and
6	10.	Work.
7	В.	"Resident" as used in Sections 1406 through 1424 of this
8	title sł	hall mean a person admitted to and in residence in any of the
9	institu	tions named in Section 1406 of this title, or on a vacation
10	or exter	nded vacation status from such institution.
11	С.	"Accreditation Council for Services for Mentally Retarded
12	and Othe	er Developmentally Disabled Individuals" means the national
13	<del>private</del>	nonprofit organization established for the purpose of
14	promotin	ng quality services for mentally retarded persons which is
15	incorpo	rated under that name.
16	Ð.	"Developmental disability" as used in Sections 1406 through
17	1424 of	this title means a severe, chronic disability of a person
18	which:	
19	1.	Is attributable to a mental or physical impairment or
20	combinat	tion of mental and physical impairments, such as mental
21	retardat	tion intellectual developmental disorder, cerebral palsy, or
22	autism;	
23	2.	Is manifested before the person attains twenty-two (22)
24	years of	f age;

Req. No. 2155

1	3. Is likely to continue indefinitely;
2	4. Results in substantial functional limitations in three or
3	more of the following areas of major life activity:
4	a. self-care,
5	b. receptive and expressive language,
6	c. learning,
7	d. mobility,
8	e. self-direction,
9	f. capacity for independent living, and
10	g. economic self-sufficiency; and
11	5. Reflects the person's need for a combination and sequence of
12	special, interdisciplinary, or generic care, treatment, or other
13	services which are of lifelong or extended duration and are
14	individually planned and coordinated. The term developmental
15	disability shall not include mentally ill persons, as those persons
16	are defined by Section 1-103 of Title 43A of the Oklahoma Statutes,
17	whose sole disability is mental illness.
18	$\frac{1}{2}$ D. Nothing in subsection $\frac{1}{2}$ Of this section shall be
19	construed to render persons who are receiving services upon the
20	effective date of this act September 1, 1991, through programs and
21	services for mentally retarded persons individuals with intellectual
22	disability offered by the Department of Human Services as ineligible
23	for such services. The Department of Human Services may provide,

24 within the limitations of funds and other resources available for

Req. No. 2155

such purpose, programs and services for persons with developmental
 disabilities who are not presently served by the Department of Human
 Services.

4 SECTION 2. AMENDATORY 10 O.S. 2011, Section 1410, is 5 amended to read as follows:

Section 1410. (a) All personal properties, records, equipment,
and supplies now owned and in use by the above-named institutions
shall be transferred to and become the property of the Commission
for Department of Human Services.

(b) All contracts, leases, and other such agreements as may have been entered into by the Board of Mental Health and Substance Abuse Services or any of its agents, relative to the institutions referred to in Section 1406 of this title and such duties and responsibilities as are in effect on the effective date of this act July 1, 1963, shall be assumed by and become binding upon the Commission for Human Services and the Department of Human Services.

17 (c) All unexpended funds to the credit of the above-named 18 institutions and all unexpended appropriations for such institutions 19 shall be transferred by the State Treasurer to the Department of 20 Human Services and placed in a separate fund. The fund shall be 21 known as the "Fund for Mentally Retarded Intellectual Disabilities." 22 10 O.S. 2011, Section 1411, is SECTION 3. AMENDATORY 23 amended to read as follows:

24

Req. No. 2155

Section 1411. (a) The Commission Director of Human Services is
 authorized and directed to promulgate and adopt all rules and
 regulations necessary to carry out the provisions of this act
 Section 1406 et seq. of this title.

5 (b) The Commission Director shall establish and maintain such methods of administration (including methods relating to the 6 7 establishment and maintenance of personnel standards on a merit basis) as are necessary for the proper and efficient administration 8 9 of the programs and institutions named in Section 1 of this act 1406 10 of this title; shall maintain records and prepare reports; shall 11 prescribe a uniform accounting system; and shall exercise any other 12 powers necessary to carry out the provisions of this act Section 13 1406 et seq. of this title.

14 (c) The Commission Director may provide for the repair, 15 alterations, or remodeling of any existing building at the above-16 named institutions, or at any other institution under its 17 jurisdiction, necessary for the proper and efficient administration 18 and to conserve the properties and the state's investment in such 19 properties. Funds available for operating expenses and revolving 20 funds of institutions under the control of the Commission Department 21 may be used for such purposes, and may also be expended for land and 22 other capital outlay, whenever the Commission Department finds the 23 same is needed for the proper discharge of its responsibilities. 24 Any county may convey to the State of Oklahoma, for the use of any

Req. No. 2155

1 such institution, land owned but not needed by the county; and such 2 conveyance may be made without consideration, appraisal, 3 advertisement for bids, or offer to the highest bidder, if the board 4 of county commissioners determines that the same will not be to the 5 detriment of the county.

6 (d) The Commission Department is authorized to receive grants of 7 federal funds for the purpose of combating or preventing mental retardation intellectual disabilities, including but not limited to 8 9 funds for the treatment, care, rehabilitation, or training of the 10 mentally retarded individuals with intellectual disabilities, or for 11 the establishment or expansion of any programs or facilities or 12 research projects relating to the mentally retarded individuals with 13 intellectual disabilities, or for construction of research centers 14 and facilities for the mentally retarded individuals with 15 intellectual disabilities, and is authorized to cooperate in any 16 reasonable manner with the federal agency or agencies granting such 17 federal funds for such purposes, including compliance with any 18 conditions prescribed by federal authorities for the granting of 19 such funds. The Commission Department may serve as the sole 20 designated state agency for receiving, disbursing, or administering 21 federal funds for any of the aforesaid purposes, provided federal 22 law requires such an agency and the Commission Department is 23 eligible to be such an agency under federal law. Provided, however, 24 that this section shall not prevent any other agency from receiving,

disbursing, or administering federal grants for any of the aforesaid
 purposes, if authorized or required by federal law.

(e) The Commission Department shall establish the duties and fix
the compensation of the superintendent and other personnel needed at
each of the institutions referred to in Section 1 of this act 1406
of this title. Appointments to all such positions shall be made by
the Director subject to the approval of the Commission.

8 (f) The <u>Commission Director</u> shall have authority to provide for 9 the expenditure of all funds for the administration and operations 10 of the institutions specified in Section <u>1 of this act 1406 of this</u> 11 <u>title</u> and for a compliance with the provisions of <u>this act Section</u> 12 1406 et seq. of this title.

13SECTION 4.AMENDATORY10 O.S. 2011, Section 1414, is14amended to read as follows:

15 Section 1414. A. 1. Mentally retarded persons Individuals 16 with intellectual disability who are legal residents of this state 17 and who have a mental age not above that of the average nine-year-18 old child, as determined by psychological examination, may be 19 admitted to an institution named in Section 1406 of this title or 20 provided community services, if available, on a voluntary basis only 21 upon written application to the Director on forms provided for such 22 purpose. Other mentally retarded persons individuals with 23 intellectual disability who are residents of this state and who are 24 above such mental age may be admitted or provided community

Req. No. 2155

services, on a voluntary basis only, upon recommendation of the
 superintendent of the institution and approval of the Director.

3 2. The application shall be signed by any parent having legal
4 custody of such person, a guardian appointed by a court, or other
5 legal custodian of such person.

3. The psychological examination provided for in this section
shall be on forms provided by the Department and must be completed
before an application can be approved and the applicant admitted to
the institution.

10 Β. Release of a resident of any of the institutions named in 11 Section 1406 of this title shall be subject to such reasonable rules 12 and conditions as may be prescribed by the Commission for Director 13 of Human Services and shall be made only to the parent, guardian 14 appointed by a court, or legal custodian of the resident; provided, 15 however, a resident eighteen (18) years of age or older who has not 16 been found by a court to be incompetent or incapacitated may request 17 and obtain such person's own release.

18SECTION 5.AMENDATORY10 O.S. 2011, Section 1414.1, is19amended to read as follows:

20 Section 1414.1. A. In addition to the admissions requirements 21 of Section 1414 of this title, the Greer Center Facility located on 22 the grounds of the Northern Oklahoma Resource Center of Enid in 23 Enid, Oklahoma, shall be established as a separate entity from the 24 Northern Oklahoma Resource Center of Enid and further shall provide

Req. No. 2155

1 for the admission of persons who have been dually diagnosed as
2 follows:

3 1. Primary diagnosis of mental retardation an intellectual 4 disability by a psychologist, physician or psychiatrist. The 5 diagnosis shall be in accordance with any statutory requirements and shall include intellectual evaluation, adaptive behavior evaluation, 6 7 and evidence that retardation the disability occurred within the developmental period. Preference shall be given for those 8 9 individuals whose retardation disability level falls within the mild 10 and moderate ranges; and

11 Secondarily, clinical evidence of behavioral or emotional 2. 12 problems pursuant to a formal, written evaluation by a psychologist, 13 psychiatrist or physician describing the nature of the problem, the 14 frequency of occurrence of the problem, any prior treatment efforts 15 and reasons why the applicant cannot receive appropriate treatment 16 in the applicant's current environment and a secondary diagnosis of 17 mental illness in accordance with the Diagnostic and Statistical 18 Manual of Mental Disorders, as revised and published by the American 19 Psychiatric Association.

B. A person shall not be considered for voluntary admission
into the Greer Center Facility unless it can be clinically
demonstrated that the behavior of the person does not pose an
unreasonable risk of injury, death or sexual assault to others or an
unreasonable risk of injury or death to self. Persons considered

Req. No. 2155

1 for admission shall not be considered by a psychologist,

2 psychiatrist, or physician as homicidal or suicidal and shall not 3 have exhibited homicidal or suicidal tendencies for six (6) months 4 prior to application for admission.

5 C. An applicant who requires skilled nursing care shall not be admitted to the Greer Center Facility. Applicants having a medical 6 7 condition which is degenerative in nature that will require skilled nursing shall be considered on a case by case basis to ensure that 8 9 sufficient staff is available to ensure quality of care. If an 10 applicant has any existing medical or surgical condition that is 11 correctable, the condition shall be remedied by the referring facility before admission to the Greer Center Facility is 12 13 considered.

14 Any person seeking admission to the Greer Center Facility D. 15 for treatment who qualifies under subsection A of this section, 16 subject to the availability of space, shall be admitted. All 17 persons admitted to the Greer Center Facility shall submit to the 18 director of the Greer Center Facility a referral packet that 19 contains at a minimum, the following information or records: 20 1. Results of a current physical exam; 21 2. Recent physician orders and progress notes for up to one (1) 22 year, if available; 23 3. Recent nursing notes for up to one (1) year, if available;

24 4. Fact sheet (medical records);

Req. No. 2155

1 5. Legal papers, including, but not limited to, birth 2 certificate, marriage certificate and guardianship; 3 6. Social history, with a recent social evaluation or update 4 within one (1) year; 5 7. Psychological exam administered or updated within ninety (90) days of referral; 6 7 8. Dental records; 9. Immunization record; 8 9 10. Multidisciplinary progress notes for up to one (1) year, if 10 available; 11 11. Medical and medication history; and 12 12. Individual Habilitation Plan or Care Plan, if available. 13 Ε. The Greer Center Admissions Committee shall consist of a 14 representative from the Greer Center Facility, and other 15 representatives selected by the Director of the Department of Human 16 Services. The Committee shall make decisions regarding admissions 17 to the programs of the Greer Center Facility. The Committee may 18 request additional information concerning an applicant from the 19 referring agency or participation by referring agency personnel as 20 necessary. 21 Persons entering the Greer Center Facility shall receive a F. 22 comprehensive evaluation of their intellectual functioning, adaptive 23 behavior skills, and mental health status, and shall receive a

24 continuous active treatment program, which includes aggressive,

Req. No. 2155

consistent implementation of a program of specialized and generic
 training, treatment, health services and related services. The
 evaluation and assessment shall be completed within thirty (30) days
 of admission to the Greer Center Facility.

G. After the evaluation and assessment by the Greer Center
Facility, staff shall present the referral packet of the individual
and their findings to the Greer Center Admissions Committee with a
recommendation for continued admission or alternate treatment.

1. The Greer Center Admissions Committee shall:

10a. make decisions regarding continued admission, and11b. notify the Department of Human Services, and the12referring agency in writing, stating specifically the13decisions of the Committee regarding admission,

including specific reasons for denial of admission.

If admission of an applicant is not continued at the Greer
 Center Facility after undergoing the evaluation process, the
 referring agency shall reimburse the Department of Human Services
 for the number of bed days used at the Medicaid rate for that unit.
 If admission of an applicant is continued, the applicant shall be
 certified for Medicaid reimbursement from the initial date of
 admission.

H. Individuals who have been admitted and served by the Greer Center Facility shall be eligible for readmission services on the same basis as an individual initially seeking services.

Req. No. 2155

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1 I. In addition to other discharge procedures and requirements 2 provided by law, the interdisciplinary team of the Greer Center Facility shall have recommended discharge based upon a determination 3 4 that the mental or physical condition of the individual prevents the 5 individual from receiving appropriate services at the Greer Center Facility or that the individual has made progress in behavioral and 6 7 emotional habilitation goals such that the individual no longer requires the specialized resources at the Greer Center Facility, and 8 9 may function in a less restrictive setting.

J. A referral to discharge is made to the Greer Center Discharge Committee, and the final decision to discharge is made by the Greer Center Discharge Committee.

13 K. The Greer Center Discharge Committee shall:

Consist of a representative from the Greer Center Facility
 and representatives selected by the Director of the Department of
 Human Services; and

17 2. Review the discharge referral and related materials to
18 ensure that the individual can safely reside in a less restrictive
19 setting with appropriate supports.

L. The Commission for <u>Director of</u> Human Services is authorized and hereby directed to promulgate and amend rules necessary to implement the provisions of this section.

23 SECTION 6. AMENDATORY 10 O.S. 2011, Section 1415, is 24 amended to read as follows:

## Req. No. 2155

Section 1415. A. The voluntary placement of a child in an
 institution for the mentally retarded individuals with intellectual
 <u>disabilities</u> by the child's parents shall not, by itself, abrogate
 the rights and authority of the parents.

5 B. 1. Except as otherwise provided in this paragraph, no later than January 1, 1988, all residents of the institutions specified in 6 7 Section 1406 of this title and all residents of other residential facilities for mentally retarded persons individuals with 8 9 intellectual disabilities operated by the Department of Human 10 Services who are eighteen (18) years of age or older shall have a 11 guardian appointed by a court. A guardian shall not be required for 12 a resident of said the institution eighteen (18) years of age or 13 older for whom a guardian is not recommended as provided in

14 subsection C of this section or who has not been found to be 15 incompetent or incapacitated by the court.

16 The guardian shall be the parent of the resident or a 2. 17 relative or other adult person appointed by a court to be the 18 guardian of the resident or former resident. A parent whose 19 parental rights have not been terminated by a court, and who is 20 otherwise qualified to serve as quardian, shall have first priority 21 for appointment as guardian. If a parent is not available or 22 willing to serve, a relative who is otherwise qualified to serve as 23 quardian shall have next priority for appointment as quardian.

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3. The guardian shall not be the superintendent or other
 employee of the institution or residential facility in which said
 <u>the</u> person resides or an employee of the Department of Human
 Services, except where the superintendent or employee is also the
 parent or relative of the resident or former resident. A
 superintendent may serve as guardian ad litem as provided in
 subsection D of this section.

8 C. 1. An assessment of the competency of a resident of an 9 institution or residential facility for the mentally retarded 10 <u>individuals with intellectual disabilities</u> operated by the 11 Department shall be completed within six (6) months:

a. prior to the eighteenth birthday of the resident; or,
b. after institutionalization if the resident is an adult
at the time of institutionalization; or
c. after the effective date of this act June 30, 1987, if

16 the resident is an adult who was institutionalized 17 prior to the effective date of this act June 30, 1987, 18 and for whom no competency assessment has been 19 performed or no guardian appointed.

20 2. The assessment shall be made by a panel composed of the 21 resident's social worker, the attending physician of the resident, 22 and a licensed psychiatrist or licensed psychologist with training 23 and experience in the area of mental retardation <u>intellectual</u> and 24 developmental disabilities. The panel shall make a recommendation

Req. No. 2155

to the superintendent as to whether or not the condition of the resident is such that appointment of a guardian is warranted. Upon the finding by the panel that appointment of a guardian is warranted, the superintendent shall initiate guardianship proceedings.

6 If the parents or other relative of the resident are unable D. 7 to serve as guardian or cannot be located, the Department may in a guardianship proceeding request the court to appoint a guardian ad 8 9 litem until such time as a guardian is appointed by a court. If the 10 court is satisfied, after inquiry into the matter, that a parent or other relative qualified and willing to serve as guardian cannot 11 12 with due diligence be located, the court may appoint a guardian ad 13 litem.

The court may appoint as guardian ad litem:
 a. a qualified relative or other adult person; or
 b. a public guardian if available; or
 c. the superintendent of the facility in which the resident resides.

In all cases, a qualified relative or other qualified adult shall have priority over the Department of Human Services for appointment as a guardian.

22 2. The appointment of a guardian ad litem shall be as guardian 23 ad litem of the person only of said the resident, and the court 24 shall set forth in its appointment order the specific powers and

Req. No. 2155

1 duties of the guardian ad litem. The guardian ad litem shall not 2 change the place of residence of the resident unless authorized by 3 the court.

3. The guardian ad litem may serve without bond.

5 E. The Department of Human Services may provide assistance to 6 residents and former residents of the institutions named in Section 7 1406 of this title as necessary to assure compliance with the 8 requirements of subsection B of this section, including filing a 9 petition to have a guardian of the person appointed for the 10 resident.

F. The superintendent of the institution shall have the custody of any resident during the time said the resident remains in the institution and shall be responsible for the care, treatment, and education of the resident during the time said the resident remains in the institution.

16SECTION 7.AMENDATORY10 O.S. 2011, Section 1415.1, is17amended to read as follows:

Section 1415.1. A. 1. All institutions named in Section 1406 of this title within the Department of Human Services, which are established primarily for the purpose of caring for the mentally retarded individuals with intellectual disabilities, shall maintain an adequate clinical record of each resident. Such record shall contain initial social, psychological, and medical evaluation

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4

Req. No. 2155

results, as well as interval reports of the resident's condition,
 the treatment and training prescribed, and the progress shown.

3 2. The Commission for Director of Human Services shall 4 establish an ombudsman program for each of the institutions and 5 residential facilities for the mentally retarded individuals with intellectual disabilities operated by the Department, which shall 6 7 include, but not be limited to, an appeals procedure for the resolution of grievances or complaints of the residents of the 8 9 institutions and facilities and the grievances or complaints of the 10 parents or the court-appointed guardians of the residents.

11 в. The educational and physical capabilities of each resident 12 shall be assessed at least one time each year by appropriate 13 professional personnel for the purpose of determining such further 14 treatment or training as may be required. A report of the findings 15 and recommendations of such assessments shall be filed in the 16 clinical record of the resident. Failure on the part of the 17 superintendent of the institution to institute a policy of annual 18 evaluations, if sufficient personnel are available, shall constitute 19 dereliction of duty.

20 C. When annual evaluations of a resident reflect improvement in 21 social or physical capabilities sufficient enough to permit the 22 resident to be released from the institution, either completely or 23 conditionally, the superintendent shall return such resident to the 24 resident's immediate family, or shall provide assistance for the

## Req. No. 2155

1 placement of the resident in some other appropriate residential
2 setting.

D. 1. The Department of Human Services may enter into
4 contracts for the development of residential settings and attendant
5 community services prior to the release of the resident.

6 The Department shall establish procedures which specify the 2. 7 conditions and requirements for recipients of such contracts. In establishing reimbursement rates for recipients of such contracts, 8 9 the Department may take into consideration any unusual or increased 10 costs of the recipient relating to the care and treatment of 11 developmentally disabled clients with developmental disabilities 12 including, but not limited to, workers' compensation costs.

13 3. A copy of these procedures shall be made available to any14 person upon request.

E. 1. In addition to any other form of assistance provided,
the Department is authorized to pay stipends to eligible relatives
and certified volunteers for the sole purpose of acquiring legal
representation to initiate guardianship proceedings.

Financial guidelines and other criteria pertaining to
 eligibility of relatives and certified volunteers applying for a
 stipend shall be established by rules promulgated by the Commission
 Director.

F. Reports of the reviews of the administration of psychotropic
 medications shall be made available to the parent or the court-

Req. No. 2155

appointed guardian of a resident of the institutions. The parent or the court-appointed guardian of a resident of the institution shall have access to all clinical records pertaining to the condition, treatment, training, and education of the resident which are maintained at the institution, or elsewhere, by the Department of Human Services.

7 SECTION 8. AMENDATORY 10 O.S. 2011, Section 1416, is
8 amended to read as follows:

9 Section 1416. A resident at an institution named in Section 10 1406 of this title is liable for his or her care and treatment. This claim of the state for such care and treatment shall constitute 11 12 a valid indebtedness against said the resident and his or her estate 13 and shall not be barred by any statute of limitations. At the death 14 of said the resident this claim shall be allowed and paid as other 15 lawful claims against the estate. Persons making application for 16 admission of a mentally retarded person an individual with 17 intellectual disability to said the institution are also liable for 18 the care and treatment of said the resident, provided that such 19 persons are legally obligated to support said the resident. No 20 person shall be liable for said care and treatment solely on the 21 grounds that said the person has been appointed guardian of said the 22 resident. Provided, further, that no admission or detention of a 23 mentally retarded person an individual with intellectual disability 24 in said the institution shall be limited or conditioned in any

Req. No. 2155

1 manner by the financial status or ability to pay of a mentally 2 retarded person an individual with intellectual disability, his or 3 her estate, or any relative.

4 SECTION 9. AMENDATORY 10 O.S. 2011, Section 1417, is 5 amended to read as follows:

6 Section 1417. (a) The Department <u>of Human Services</u> may 7 establish and direct such mental hygiene clinics and child guidance 8 clinics in local areas of the state where such clinics are deemed 9 most advantageous for the public welfare as a distinct part of the 10 general health program.

11 (b) Outpatient facilities and day care centers to be operated in 12 conjunction with state schools for the mentally retarded individuals 13 with intellectual disabilities shall be established, maintained and 14 operated by the Department to provide outpatient care for mentally 15 retarded persons individuals with intellectual disabilities. The 16 number and location of such facilities and day care centers shall be 17 determined by the Oklahoma Public Welfare Commission Director of 18 Human Services.

19SECTION 10.AMENDATORY10 O.S. 2011, Section 1417.1, is20amended to read as follows:

Section 1417.1. A. Payments under the Medicaid Program shall be made to reserve a bed in an intermediate care facility for the mentally retarded individuals with intellectual disabilities (ICF/IID) during the absence of a resident, other than for periods

Req. No. 2155

of inpatient hospitalization, pursuant to the provisions of 42 C.F.R. 447.40. Such payments for periods of absence shall be limited to payment for a maximum of sixty (60) days absent in a calendar year.

5 B. The Department of Human Services shall amend the Medicaid6 State Plan to conform with the requirements of this section.

7 SECTION 11. AMENDATORY 10 O.S. 2011, Section 1425, is
8 amended to read as follows:

9 Section 1425. (a) (1) The Department of Public Welfare <u>Human</u>
 10 <u>Services</u> and a county (through its board of county commissioners)
 11 may enter into an agreement for the operation of a Community <u>Mental</u>
 12 Retardation Complex Facility, where day care services, beneficial or
 13 necessary for <u>mentally retarded persons</u> <u>individuals with</u>

14 intellectual disabilities and their families, may be provided.

(2) If a building for the facility is constructed, the county shall be required to provide the site or the cost of the site; and not less than sixteen percent (16%) of the cost of constructing the building and of the cost of equipment for the facility. If space for the facility is rented, the county shall be required to pay the rental, and not less than sixteen percent (16%) of the cost of equipment for the facility.

(3) The cost of operating the facility shall be paid by the Department and the county in such proportions as may be specified in the agreement.

Req. No. 2155

(4) The facility shall be operated in accordance with standards,
 rules and regulations adopted by the Oklahoma Public Welfare
 Commission Department.

4 (b) A similar agreement with any other non-profit public or
5 private agency or organization may be entered into by the Department
6 of Public Welfare. Such agency or organization shall be subject to
7 the same requirements as those hereinabove specified for a county.
8 SECTION 12. AMENDATORY 10 O.S. 2011, Section 1430.20, is

10 Section 1430.20. A. Rules promulgated by the Commission for 11 Director of Human Services regarding the rights and responsibilities 12 of residents shall be available in each group home subject to the 13 provisions of the Group Homes for Persons with Developmental or 14 Physical Disabilities Act, and each resident and guardian or 15 advocate of the resident, if any, shall be provided a copy of these 16 rules prior to or upon admission. The provider or licensee shall 17 ensure that the staff is familiar with and observes the rights and 18 responsibilities enumerated in this section.

B. A statement of rights and responsibilities shall include,but not be limited to, the following:

21 1. Every resident's civil and religious liberties, including 22 the right to independent personal decisions and knowledge of 23 available choices, shall not be infringed and the provider shall 24 encourage and assist in the exercise of these rights;

Req. No. 2155

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amended to read as follows:

2. Every resident shall have the right to have private
 communications and consultations with the physician, attorney or any
 other person of the resident's choice, and may send and promptly
 receive, unopened, the resident's personal mail;

3. Every resident shall have the right, without fear of
reprisal, to present grievances on behalf of the resident or others
to the provider's staff or administrator, to governmental officials
or to any other person, and to join with other residents or
individuals within or outside of the facility to work for
improvements in resident care;

4. Every resident shall have the right to manage his or her own financial affairs, unless the resident delegates the responsibility, in writing, to the provider. The resident shall have at least a quarterly accounting of any personal financial transactions undertaken in the resident's behalf by the provider during any period of time the resident has delegated such responsibilities to the provider;

5. Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community. Every resident shall be fully informed by the resident's attending physician of the resident's own medical condition and proposed treatment in terms and language that the resident can understand, and shall have the right

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1 to refuse medication and treatment after being fully informed of and 2 understanding the consequences of such actions;

6. Every resident shall receive respect and privacy in the resident's medical care program. Case discussion, consultation, examination and treatment shall remain confidential and shall be conducted discreetly. Personal and medical records shall be confidential;

8 7. Every resident shall have the right to retain and use his or 9 her personal clothing and possessions, unless prohibited by law, and 10 shall have the right to security in the storage and use of such 11 clothing and possessions;

12 8. Every resident shall have the right to be treated 13 courteously and respectfully and shall be furnished by the provider 14 with a written statement of the services and related charges;

9. Every resident shall be free from mental and physical abuse,
and free from physical and chemical restraints, except those
physical and chemical restraints which are authorized in writing by
a physician, in accordance with rules promulgated by the Department,
for a specified period of time;

20 10. Every resident shall receive a statement of the provider's 21 guidelines and an explanation of the resident's responsibility to 22 comply with all reasonable regulations of the group home and to 23 respect the personal rights and private property of the other 24 residents;

Req. No. 2155

1 11. Every resident shall receive a statement that should they
 2 be adjudicated incompetent, the above rights and responsibilities
 3 shall be exercised by a court-appointed guardian;

4 12. No resident shall be required to perform services for a
5 provider, except for normal, shared household tasks;

Every resident shall have privacy for conjugal visits. A
resident may share a room with a spouse, if the spouse is residing
in the same group home; and

9 14. Every resident shall be entitled to all rights provided in
10 OAC 340:100-3-1.2.

11 C. No provider shall deny appropriate care on the basis of the 12 resident's source of payment.

D. Each provider shall provide appropriate staff training to
implement each resident's rights as stated in this section.

15 Ε. The rights enumerated in subsection B of this section may be 16 limited for residents of an alternative group home, as described in 17 OAC 340:100-5-22.6, if the resident has been placed in the 18 alternative group home pursuant to Section 1175.6b or Section 19 1175.6c of Title 22 of the Oklahoma Statutes, or if the resident has 20 mental retardation an intellectual disability and a current 21 community protection issue, which include, but are not limited to: 22 1. Allegation(s), charge, or conviction of a sexual offense; 23

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1 2. A history of stalking or opportunistic behavior which 2 demonstrates a likelihood of committing a sexually violent or 3 predatory act;

A pattern of violence towards others; 5 4. A diagnosis of mental retardation an intellectual disability and mental illness with ongoing episodes that are dangerous as 6 7 defined in Section 1175.1 of Title 22 of the Oklahoma Statutes; or 5. Evidence of commission of a violent crime. 8

9 F. An action may be brought against an individual by any 10 resident who is injured by any violation of this section, or who 11 shall suffer injury from any person whose threats would cause a 12 violation of this section if carried through, may maintain an action 13 to prevent, restrain or enjoin a violation or threatened violation. 14 If a violation or threatened violation of this section shall be 15 established in any action, the court shall enjoin and restrain or 16 otherwise prohibit the violation or threatened violation and assess 17 in favor of the plaintiff and against the defendant the cost of the 18 suit, and the reasonable attorney fees incurred by the plaintiff. 19 If damages are alleged and proved in the action, the plaintiff shall be entitled to recover from the defendant the actual damages 20 21 sustained by the plaintiff. If it is proved in an action that the 22 defendant's conduct was willful or in reckless disregard of the 23 rights provided by this section, punitive damages may be assessed.

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G. Any employee of the Department of Human Services who
inspects any group home shall report any flagrant violations of this
act Section 1430.1 et seq. of this title or any other statute to the
Director of Human Services, or a designee, who shall immediately
take whatever steps are necessary to correct the situation
including, when appropriate, reporting the violation to the district
attorney of the county in which the violation occurred.

H. Upon the death of a resident who has no sources of payment
for funeral services, the provider shall immediately notify
appropriate county officials who shall be responsible for funeral
and burial procedures of the deceased in the same manner as with any
indigent resident of the county.

13 SECTION 13. AMENDATORY 10A O.S. 2011, Section 2-7-502, 14 is amended to read as follows:

15 Section 2-7-502. A. Whenever a child who has been adjudicated 16 by the court as a child in need of supervision has been committed to 17 the Office of Juvenile Affairs, the Office may place the child in 18 the home of the child, the home of a relative of the child, foster 19 home, group home, transitional living program, independent living 20 program, community-based setting, rehabilitative facility or child 21 care facility under the operation of or licensure of the state, or 22 in a state school for the mentally retarded individuals with 23 intellectual disabilities if eligible for admission thereto. No

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child in need of supervision shall be placed in an Office-operated
 institution, other than a rehabilitative facility.

The Office of Juvenile Affairs may establish and maintain 3 Β. one or more rehabilitative facilities to be used exclusively for the 4 5 custody of children in need of supervision. Each such facility shall be, primarily, a nonsecure facility having as its primary 6 7 purpose the rehabilitation of children adjudicated to be in need of supervision. Such facility shall have a bed capacity for no more 8 9 than twenty children, and shall minimize the institutional 10 atmosphere and prepare the child for reintegration into the 11 community. Provided however, that such facility may be designed and 12 operated as a secure facility used exclusively for children in need 13 of supervision whom the court has specifically found to be so 14 unmanageable, ungovernable and antisocial that no other reasonable 15 alternative exists for treatment or restraint other than placement 16 in such a secure facility. Such facility shall not rely on locked 17 rooms, fences, or physical restraints.

18 C. A child in need of supervision who has been found by a court 19 to be a minor in need of treatment shall be placed as provided by 20 Section 2-2-804 of this title and the Inpatient Mental Health and 21 Substance Abuse Treatment of Minors Act.

22 SECTION 14. AMENDATORY 10A O.S. 2011, Section 2-7-503, 23 as amended by Section 7, Chapter 362, O.S.L. 2014 (10A O.S. Supp. 24 2018, Section 2-7-503), is amended to read as follows:

Req. No. 2155

Section 2-7-503. A. It is the intent of the Legislature of
 this state to provide for the creation of all reasonable means and
 methods that can be established by a state for:

4 1. The prevention of delinquency;

5 2. The care and rehabilitation of delinquent children; and

6 3. The protection of the public.

7 It is further the intent of the Legislature that this state, through 8 the Office of Juvenile Affairs, establish, maintain and continuously 9 refine and develop a balanced and comprehensive state program for 10 children who are potentially delinquent or are delinquent.

11 Except as provided in subsection C of this section, whenever Β. 12 a child who has been adjudicated by the court as a delinquent child 13 has been committed to the Office of Juvenile Affairs, the Office 14 shall provide for placement pursuant to any option authorized by 15 paragraphs 1 through 7 of this subsection; provided, nothing in this 16 subsection shall be construed to establish a priority in regard to 17 the selection of an option or to mandate the exclusive use of one 18 particular option:

Place the child in a secure facility, including a collocated
 secure facility, or other institution or facility maintained,
 operated or contracted by the state for delinquent children if the
 child has:

a. exhibited seriously violent, aggressive or assaultive
behavior,

1 committed a serious felony constituting violent, b. 2 aggressive and assaultive behavior, 3 habitually committed delinquent acts if such acts с. 4 would constitute felonies if committed by an adult, 5 d. committed multiple serious delinquent acts, or violated any condition of probation or parole, 6 e. 7 to the extent that it is necessary for the protection of the public. For purposes of placement, all deferred prosecutions for serious, 8 9 habitual, violent, aggressive or assaultive crimes shall count 10 toward placement decisions; 11 2. Place the child in a facility maintained, operated or 12 contracted by the state for children, or in a foster home, group 13 home, transitional living program or community residential center; 14 3. Allow the child his or her liberty, under supervision, in an 15 independent living program; 16 4. Allow the child his or her liberty, under supervision, 17 either immediately or after a period in one of the facilities 18 referred to in paragraphs 1 and 2 of this subsection; 19 5. Place the child in a state school for mentally retarded 20 individuals with intellectual disabilities, if the child is eligible 21 for admission thereto; 22 6. Place the child in any licensed private facility deemed by 23 the Office of Juvenile Affairs to be in the best interest of the 24 child; or

Req. No. 2155

7. Place the child as provided by Section 2-2-804 of this title
 and the Inpatient Mental Health and Substance Abuse Treatment of
 Minors Act, if the delinquent child has been found by a court to be
 in need of mental health or substance abuse treatment.

5 C. The Office shall place priority on the placement of6 delinquent youth held in secure juvenile detention facilities.

D. Placement of a juvenile pursuant to this section or any
other provision of law shall be the responsibility of the Office of
Juvenile Affairs and shall occur as soon as reasonably possible
after adjudication and after the selected placement option becomes
available.

12 The court shall not have authority to require specific placement 13 of a juvenile in a time frame which would require the removal of any 14 other juvenile from such placement.

SECTION 15. AMENDATORY 10A O.S. 2011, Section 2-7-601, as amended by Section 3, Chapter 234, O.S.L. 2016 (10A O.S. Supp. 2018, Section 2-7-601), is amended to read as follows:

Section 2-7-601. A. In addition to the other powers and duties prescribed by law, the Office of Juvenile Affairs shall have the following duties and powers with regard to juveniles placed in Office-operated institutions and facilities:

1. Provide for the care, education, training, treatment and rehabilitation of juveniles who are placed in the institutions and facilities. The Office shall provide for a uniform system of

Req. No. 2155

1 assessment of the reading ability of each juvenile upon initial 2 placement in an Office-operated institution or facility. The 3 assessment shall include, but not be limited to, the following 4 skills:

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a. the level of word decoding skills of the juvenile,b. the level of vocabulary and spelling ability of the juvenile, and

the comprehension level of the juvenile. 8 с. 9 The Office may give assistance to local school districts in 10 providing an education to such juveniles, may supplement such 11 education, and may provide facilities for such purposes. It shall 12 be the duty of the Office to assure that juveniles in the aforesaid 13 institutions and facilities receive educational services which 14 provide each juvenile with a balanced and comprehensive reading 15 program, which includes as its primary and foundational components:

16	(1)	an organized, systematic, explicit skills program
17		that may include phonics, word recognition
18		strategies and other word decoding skills to
19		address the needs of the individual juvenile as
20		determined by the entry level needs assessment,
21	(2)	a strong language arts and comprehension program
22		that includes a balance of oral and written
23		language, an ongoing individualized evaluation

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and diagnosis that informs the teacher and an assessment that assures accountability, and
(3) writing, mathematics, science and vocational-technical education;

5 2. Transfer from a juvenile institution to another facility under the jurisdiction of the Office, a juvenile who has been 6 7 adjudicated delinquent, if the Office believes it advisable to do so; transfer from a facility for juveniles in need of supervision to 8 9 another such facility, a juvenile who has been adjudicated in need 10 of supervision, provided that such transfer is consistent with the 11 treatment needs of the juvenile; transfer from a juvenile 12 institution or facility to a state school for the mentally retarded 13 individuals with intellectual disabilities, any juvenile eligible 14 for admission thereto, if the juvenile appears to be in need of the 15 care and treatment provided at such school; transfer from a facility 16 for delinquent or in need of supervision juveniles to an appropriate 17 facility or to the Department of Mental Health and Substance Abuse 18 Services any juvenile found by the court to be a minor in need of 19 treatment pursuant to the Inpatient Mental Health and Substance 20 Abuse Treatment of Minors Act and committed to inpatient mental 21 health or substance abuse treatment as provided by the Inpatient 22 Mental Health and Substance Abuse Treatment of Minors Act. If a 23 transfer is made pursuant to this paragraph, the Office shall comply 24 with the notification requirements of Section 2-2-504 of this title;

1 3. Release on parole a juvenile previously adjudicated to be 2 delinquent, subject to terms and conditions specified by the Office, whenever the Office determines that such release will not be 3 4 detrimental to society and that the juvenile is ready to be returned 5 to the community and revoke said the parole for violation of the specified terms or conditions of parole pursuant to the provisions 6 7 of this section and the rules and procedures established by the Office for such revocation; 8

9 4. Release any juvenile from a juvenile institution for 10 placement in a group home, transitional living program, independent 11 living program, other community-based facility or program or out-of-12 home care subject to terms and conditions specified by the Office; 13 and

14 5. Provide parole services for juveniles released on parole 15 from juvenile institutions, and aftercare services for juveniles 16 discharged from juvenile institutions or facilities. Persons 17 designated as Juvenile Parole Officers by the Office shall have the 18 power to serve process and to apprehend and detain juveniles and 19 make arrests in accordance with the laws of the state.

B. The transfer of a juvenile from a nonsecure placement to a
secure placement shall be subject to an administrative transfer
hearing and any revocation of parole shall be subject to a parole
revocation hearing.

24

Req. No. 2155

1 In any administrative transfer or parole revocation 1. 2 proceeding, the following minimum standards shall apply: 3 the juvenile shall have the right to notice of the a. 4 proposed transfer or parole revocation hearing and the 5 alleged violation of administrative or parole rules on which the proposed transfer or parole revocation is 6 7 based, b. the juvenile shall have the right to representation by 8 9 an attorney, 10 с. the juvenile shall have the right to present evidence 11 on behalf of the juvenile, and 12 d. the juvenile shall have a right to bail, except that 13 the right to bail shall not be construed to require that a juvenile who is in residence in an Office-14 15 operated institution or other facility at the time of 16 an alleged violation leading to an administrative 17 transfer proceeding be released from such institution 18 or facility.

19 2. The situs of the hearings shall be the county in which the 20 alleged violation of administrative or parole rules occurred or the 21 county of original jurisdiction. The judge having juvenile docket 22 jurisdiction in the county shall aid the administrative transfer or 23 parole revocation process of the Office by:

24 a. determining eligibility for and amount of bail,

### Req. No. 2155

- b. deciding any intermediate custody or placement issue,
   and
- if legal counsel for the juvenile has not otherwise 3 с. 4 been obtained, appointing legal counsel for the 5 juvenile and fixing the amount of compensation for the legal counsel. The judge shall also determine if the 6 7 juvenile is eligible for free legal services. If the juvenile is not eligible for free legal services, the 8 9 court shall order the parents or legal guardian of the 10 juvenile to pay for such services.

11 If legal counsel for the juvenile has not otherwise been 3. 12 obtained, the appointment of legal counsel for the juvenile, the 13 setting of the amount of compensation for such counsel, and the 14 determination of whether or not the juvenile is eligible for free 15 legal services shall be provided for pursuant to the Indigent 16 Defense Act; provided, however, in those counties subject to the 17 provisions of Section 138.1 of Title 19 of the Oklahoma Statutes, 18 the legal services shall be provided by the county indigent defender 19 as provided by law. If the juvenile is not eligible for free legal 20 services, the court shall order the parents or legal guardian of the 21 juvenile to pay for such services.

C. The Office may participate in federal programs relating to
 delinquent juveniles, or juveniles in need of supervision, or

24

institutions and services for such juveniles and apply for, receive,
 use and administer federal funds for such purposes.

D. The Office shall receive interest earnings on the investment by the State Treasurer of monies, to be credited to an agency special account, for the benefit of and held in trust for persons placed in the custody of the Office or in residence at institutions or facilities maintained by the Office.

8 SECTION 16. AMENDATORY 21 O.S. 2011, Section 152, is 9 amended to read as follows:

Section 152. All persons are capable of committing crimes, except those belonging to the following classes:

12 1. Children under the age of seven (7) years;

13 2. Children over the age of seven (7) years, but under the age 14 of fourteen (14) years, in the absence of proof that at the time of 15 committing the act or neglect charged against them, they knew its 16 wrongfulness;

3. Persons who are impaired by reason of mental retardation <u>an</u>
<u>intellectual disability</u> upon proof that at the time of committing
the act charged against them they were incapable of knowing its
wrongfulness;

4. Mentally ill persons, and all persons of unsound mind,
including persons temporarily or partially deprived of reason, upon
proof that at the time of committing the act charged against them
they were incapable of knowing its wrongfulness;

Req. No. 2155

5. Persons who committed the act, or made the omission charged,
 under an ignorance or mistake of fact which disproves any criminal
 intent. But ignorance of the law does not excuse from punishment
 for its violation;

5 6. Persons who committed the act charged without being6 conscious thereof; and

7 7. Persons who committed the act, or make the omission charged,8 while under involuntary subjection to the power of superiors.

9 SECTION 17. AMENDATORY 21 O.S. 2011, Section 643, is 10 amended to read as follows:

Section 643. To use or to attempt to offer to use force or violence upon or toward the person of another is not unlawful in the following cases:

When necessarily committed by a public officer in the
 performance of any legal duty, or by any other person assisting such
 officer or acting by such officer's direction;

17 2. When necessarily committed by any person in arresting one 18 who has committed any felony, and delivering such person to a public 19 officer competent to receive such person in custody;

3. When committed either by the person about to be injured, or by any other person in such person's aid or defense, in preventing or attempting to prevent an offense against such person, or any trespass or other unlawful interference with real or personal

24

Req. No. 2155

1 property in such person's lawful possession; provided the force or 2 violence used is not more than sufficient to prevent such offense;

3 4. When committed by a parent or the authorized agent of any 4 parent, or by any quardian, master or teacher, in the exercise of a 5 lawful authority to restrain or correct such person's child, ward, apprentice or scholar, provided restraint or correction has been 6 7 rendered necessary by the misconduct of such child, ward, apprentice or scholar, or by the child's refusal to obey the lawful command of 8 9 such parent or authorized agent or guardian, master or teacher, and 10 the force or violence used is reasonable in manner and moderate in 11 degree;

12 5. When committed by a carrier of passengers, or the authorized 13 agents or servants of such carrier, or by any person assisting them 14 at their request, in expelling from any carriage, railroad car, 15 vessel or other vehicle, any passenger who refuses to obey a lawful 16 and reasonable regulation prescribed for the conduct of passengers, 17 if such vehicle has first been stopped and the force and violence 18 used is not more than is sufficient to expel the offending 19 passenger, with a reasonable regard to such passenger's personal 20 safety; and

6. When committed by any person in preventing a person who is
impaired by reason of mental retardation intellectual or
developmental disability as defined by Section 1430.2 of Title 10 of
the Oklahoma Statutes, a mentally ill person, insane person or other

Req. No. 2155

person of unsound mind, including persons temporarily or partially deprived of reason, from committing an act dangerous to such person's self or to another, or enforcing such restraint as is necessary for the protection of the person or for restoration to health, during such period only as shall be necessary to obtain legal authority for the restraint or custody of the person.

7 SECTION 18. AMENDATORY 21 O.S. 2011, Section 701.10b, is
8 amended to read as follows:

9 Section 701.10b. A. For purposes of this section:

1. "Mental retardation Intellectual disability" or "mentally
 retarded intellectually disabled" means significantly subaverage
 general intellectual functioning, existing concurrently with
 significant limitations in adaptive functioning;

14 2. "Significant limitations in adaptive functioning" means
15 significant limitations in two or more of the following adaptive
16 skill areas; communication, self-care, home living, social skills,
17 community use, self-direction, health, safety, functional academics,
18 leisure skills and work skills; and

3. "Significantly subaverage general intellectual functioning"
 means an intelligence quotient of seventy (70) or below.

B. Regardless of any provision of law to the contrary, no defendant who is mentally retarded intellectually disabled shall be sentenced to death; provided, however, the onset of the mental

24

1 retardation intellectual disability must have been manifested before
2 the defendant attained the age of eighteen (18) years.

3 С. The defendant has the burden of production and persuasion to 4 demonstrate mental retardation intellectual disability by showing 5 significantly subaverage general intellectual functioning, significant limitations in adaptive functioning, and that the onset 6 7 of the mental retardation intellectual disability was manifested before the age of eighteen (18) years. An intelligence quotient of 8 9 seventy (70) or below on an individually administered, 10 scientifically recognized standardized intelligence quotient test 11 administered by a licensed psychiatrist or psychologist is evidence 12 of significantly subaverage general intellectual functioning; 13 however, it is not sufficient without evidence of significant 14 limitations in adaptive functioning and without evidence of 15 manifestation before the age of eighteen (18) years. In determining 16 the intelligence quotient, the standard measurement of error for the 17 test administrated shall be taken into account.

However, in no event shall a defendant who has received an intelligence quotient of seventy-six (76) or above on any individually administered, scientifically recognized, standardized intelligence quotient test administered by a licensed psychiatrist or psychologist, be considered mentally retarded <u>intellectually</u> <u>disabled</u> and, thus, shall not be subject to any proceedings under this section.

Req. No. 2155

1 D. A defendant charged with capital murder who intends to raise 2 mental retardation an intellectual disability as a bar to the death 3 sentence shall provide to the state notice of such intention at 4 least ninety (90) days after formal arraignment or within ninety 5 (90) days after the filing of a bill of particulars, whichever is later. The notice shall include a brief but detailed statement 6 7 specifying the witnesses, nature and type of evidence sought to be introduced. The notice must demonstrate sufficient facts that 8 9 demonstrate a good-faith belief as to the mental retardation 10 intellectual disability of the defendant.

11 Е. The district court shall conduct an evidentiary hearing to 12 determine whether the defendant is mentally retarded intellectually 13 disabled. If the court determines, by clear and convincing 14 evidence, that the defendant is mentally retarded intellectually 15 disabled, the defendant, if convicted, shall be sentenced to life 16 imprisonment or life without parole. If the district court 17 determines that the defendant is not mentally retarded 18 intellectually disabled, the capital trial of the offense may 19 proceed. A request for a hearing under this section shall not waive 20 entitlement by the defendant to submit the issue of mental 21 retardation an intellectual disability to a jury during the 22 sentencing phase in a capital trial if convicted of an offense 23 punishable by death. The court's determination on the issue of

24

1 mental retardation an intellectual disability shall not be the 2 subject of an interlocutory appeal.

The court shall submit a special issue to the jury as to 3 F. 4 whether the defendant is mentally retarded intellectually disabled. 5 This special issue shall be considered and answered by the jury during the sentencing stage and prior to the determination of 6 7 sentence. If the jury unanimously determines that the defendant is mentally retarded intellectually disabled, the defendant may only be 8 9 sentenced to life imprisonment or life without parole. The 10 defendant has the burden of production and persuasion to demonstrate 11 mental retardation an intellectual disability to the jury by a 12 preponderance of the evidence.

G. If the jury determines that the defendant is not mentally retarded intellectually disabled or is unable to reach a unanimous decision, the jury shall proceed to determine the existence of aggravating and mitigating factors in determining whether the sentence of death shall be imposed. In those deliberations, the jury may consider any evidence of mental retardation an intellectual <u>disability</u> as a mitigating factor in sentencing the defendant.

H. If the jury determines that the defendant is not mentally retarded intellectually disabled and imposes a death sentence, the trial court shall make findings of fact and conclusions of law relating to the issue of whether the determination on the issue of mental retardation an intellectual disability was made under the

## Req. No. 2155

1 influence of passion, prejudice, or any other arbitrary factor. The findings shall be attached as an exhibit to the report of the trial 2 judge required under Section 701.13 of Title 21 of the Oklahoma 3 Statutes. If the trial court finds that the determination of mental 4 5 retardation an intellectual disability was not supported by the evidence, the issue may be raised on appeal to the Oklahoma Court of 6 7 Criminal Appeals for consideration as part of its mandatory sentence 8 review.

9 I. The standard of review for a trier of fact mental 10 retardation intellectual disability determination shall be whether, 11 after reviewing the evidence in the light most favorable to the 12 state, any rational trier of fact could have found the defendant not 13 mentally retarded intellectually disabled as defined by this 14 section, giving full deference to the findings of the trier of fact.

J. The court shall give appropriate instructions in those cases in which evidence of the <u>mental retardation</u> <u>intellectual disability</u> of the defendant requires the consideration by the jury of the provisions of this section.

19 SECTION 19. AMENDATORY 21 O.S. 2011, Section 833, is
20 amended to read as follows:

Section 833. Every overseer of the poor, constable, keeper of a jail, or other person who confines a person who is impaired by reason of mental retardation intellectual or developmental disability, as defined by Section 1430.2 of Title 10 of the Oklahoma

Statutes, mentally ill person, insane person or other person of unsound mind, in any other manner or in any other place than is authorized by law, is guilty of a misdemeanor.

SECTION 20. AMENDATORY 22 O.S. 2011, Section 1161, as
last amended by Section 1, Chapter 375, O.S.L. 2017 (22 O.S. Supp.
2018, Section 1161), is amended to read as follows:

Section 1161. A. 1. An act committed by a person in a state
of mental illness or mental defect shall be adjudicated as guilty
with mental defect or as not guilty by reason of mental illness.

2. If a person is found guilty with mental defect or enters a plea of guilty with mental defect which is accepted by the court, the court at the time of sentencing shall impose any sentence that could be imposed by law upon a person who is convicted of the same offense, and the person shall serve the sentence in custody of a county jail or the Oklahoma Department of Corrections.

16 3. If a person who is found guilty with mental defect is placed 17 on probation under the jurisdiction of the sentencing court as 18 provided by law, the court shall immediately issue an order for the 19 person to be examined by the Department of Mental Health and 20 Substance Abuse Services. The time and place of such examination 21 shall be determined by the Department. Within forty-five (45) days, 22 the Department shall provide to the court a recommendation of 23 treatment for the person, which shall be made a condition of 24 probation. Reports as specified by the trial judge shall be filed

# Req. No. 2155

1 with the probation officer and the sentencing court. Failure to 2 continue treatment, except by agreement with the treating agency and the sentencing court, is grounds for revocation of probation. 3 4 Treatment shall be provided by an agency of the Department or, with 5 the approval of the sentencing court and at the expense of the person, by private agencies, private physicians or other mental 6 7 health personnel. A psychiatric report shall be filed with the probation officer and the sentencing court every six (6) months 8 9 during the period of probation.

10 4. When in any criminal action by indictment or information, the defense of mental illness is raised, but the defendant is not 11 12 acquitted on the ground that the defendant was mentally ill at the 13 time of the commission of the crime charged, an issue concerning 14 such defense may be raised on appeal. If the appellate court finds 15 relief is required, the appellate court shall not have authority to 16 modify the judgment or sentence, but will only have the authority to 17 order a new trial or order resentencing without recommendations to 18 sentencing.

19 5. When in any criminal action by indictment or information the 20 defense of mental illness is interposed either singly or in 21 conjunction with some other defense, the jury shall state in the 22 verdict, if it is one of acquittal, whether or not the defendant is 23 acquitted on the ground of mental illness. When the defendant is 24 acquitted on the ground that the defendant was mentally ill at the

## Req. No. 2155

1 time of the commission of the crime charged, the person shall not be 2 discharged from custody until the court has made a determination 3 that the person is not dangerous to the public peace and safety and 4 is a person requiring treatment.

5 B. 1. To assist the court in its determination, the court 6 shall immediately issue an order for the person to be examined by 7 the Department of Mental Health and Substance Abuse Services at a 8 facility the Department has designated to examine and treat forensic 9 individuals. Upon the issuance of the order, the sheriff shall 10 deliver the person to the designated facility.

11 2. Within forty-five (45) days of the court entering such an 12 order, a hearing shall be conducted by the court to ascertain 13 whether the person is dangerous to the public peace or safety 14 because the person is a person requiring treatment or, if not, is in 15 need of continued supervision as a result of unresolved symptoms of 16 mental illness or a history of treatment noncompliance. During the 17 required period of hospitalization the Department of Mental Health 18 and Substance Abuse Services shall have the person examined by two 19 qualified psychiatrists or one such psychiatrist and one qualified 20 clinical psychologist whose training and experience enable the 21 professional to form expert opinions regarding mental illness, 22 competency, dangerousness and criminal responsibility.

C. 1. Each examiner shall, within thirty-five (35) days of
 hospitalization, individually prepare and submit to the court, the

Req. No. 2155

district attorney and the trial counsel of the person a report of the psychiatric examination findings of the person and an evaluation concerning whether the person is dangerous to the public peace or safety.

2. If the court is dissatisfied with the reports or if a
disagreement on the issue of mental illness and dangerousness exists
between the two examiners, the court may designate one or more
additional examiners and have them submit their findings and
evaluations as specified in paragraph 1 of this subsection.

103. a. Within ten (10) days after the reports are filed, the11court must conduct a hearing to determine the present12condition of the person as to the issue of whether:13(1) the person is dangerous to the public peace or

- 14safety because the person is a person requiring15treatment, or
- 16 (2) if not believed to be dangerous to the public 17 peace or safety, the person is in need of 18 continued supervision as a result of unresolved 19 symptoms of mental illness or a history of 20 treatment noncompliance.
- b. The district attorney must establish the foregoing by
  a preponderance of the evidence. At this hearing the
  person shall have the assistance of counsel and may
  present independent evidence.

D. 1. If the court finds that the person is not dangerous to the public peace or safety because the person is a person requiring treatment and is not in need of continued supervision as a result of unresolved symptoms of mental illness or a history of treatment noncompliance, it shall immediately discharge the person from hospitalization.

7 2. If the court finds that the person is dangerous to the
8 public peace and safety, it shall commit the person to the custody
9 of the Department of Mental Health and Substance Abuse Services.
10 The person shall then be subject to discharge pursuant to the
11 procedure set forth in this section.

During the period of hospitalization, the Department 12 a. 13 of Mental Health and Substance Abuse Services may 14 administer or cause to be administered to the person 15 such psychiatric, medical or other therapeutic 16 treatment as in its judgment should be administered. 17 b. The person shall be subject to discharge or 18 conditional release pursuant to the procedures set 19 forth in this section.

E. If at any time the court finds the person is not dangerous to the public peace or safety because the person is a person requiring treatment, but is in need of continued supervision as a result of unresolved symptoms of mental illness or a history of treatment noncompliance, the court may:

Req. No. 2155

Discharge the person pursuant to the procedure set forth in
 this section;

2. Discharge the person, and upon the motion of the court or
4 the district attorney commence civil involuntary commitment
5 proceedings against the person pursuant to the provisions of Title
6 43A of the Oklahoma Statutes; or

7 3. Order conditional release, as set forth in subsection F of8 this section.

9 F. There is hereby created a Forensic Review Board to be 10 composed of seven (7) members appointed by the Governor with the 11 advice and consent of the Senate. The Board members shall serve for 12 a term of five (5) years except that for members first appointed to 13 the Board: one shall serve for a term ending December 31, 2008, two 14 shall serve for a term ending December 31, 2009, two shall serve a 15 term ending December 31, 2010, and two shall serve for a term ending 16 December 31, 2011.

17 1. The Board shall be composed of:

a. four licensed mental health professionals with
experience in treating mental illness, at least one of
whom is licensed as a Doctor of Medicine, a Doctor of
Osteopathy, or a licensed clinical psychologist and
shall be appointed from a list of seven names
submitted to the Governor by the Department of Mental
Health and Substance Abuse Services,

Req. No. 2155

- b. one member who shall be an attorney licensed to
  practice in this state and shall be appointed from a
  list of not less than three names submitted to the
  Governor by the Board of Governors of the Oklahoma Bar
  Association,
- c. one member who shall be a retired judge licensed to
  practice in this state and shall be appointed from a
  list of not less than three names submitted to the
  Governor by the Judicial Nominating Committee, and
  d. one at-large member.

11 The attorney and retired judge members of the Board shall be 12 prohibited from representing in the courts of this state persons 13 charged with felony offenses while serving on the Board.

14 2. The Board shall meet as necessary to determine which 15 individuals confined with the Department of Mental Health and 16 Substance Abuse Services are eligible for therapeutic visits, 17 conditional release or discharge and whether the Board wishes to 18 make such a recommendation to the court of the county where the 19 individual was found not guilty by reason of insanity or not guilty 20 by reason of mental illness for those persons adjudicated as such 21 upon or after the effective date of this act November 1, 2016. 22 Forensic Review Board meetings shall not be considered a. 23 subject to the Oklahoma Open Meeting Act and are not

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open to the public. Other than the Forensic Review

Board members, only the following individuals shall be permitted to attend Board meetings:

- (1) the individual the Board is considering for therapeutic visits, conditional release or discharge, his or her treatment advocate, and members of his or her treatment team,
  - (2) the Commissioner of Mental Health and SubstanceAbuse Services or designee,
- 9 (3) the Advocate General for the Department of Mental 10 Health and Substance Abuse Services or designee,
- 11 (4) the General Counsel for the Department of Mental 12 Health and Substance Abuse Services or designee, 13 and
- (5) any other persons the Board and Commissioner of
   Mental Health and Substance Abuse Services wish
   to be present.
- 17b.The Department of Mental Health and Substance Abuse18Services shall provide administrative staff to the19Board to take minutes of meetings and prepare20necessary documents and correspondence for the Board21to comply with its duties as set forth in this22section. The Department of Mental Health and23Substance Abuse Services shall also transport the
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1 individuals being reviewed to and from the Board
2 meeting site.

- c. The Board shall promulgate rules concerning the
  granting and structure of therapeutic visits,
  conditional releases and discharge.
- d. For purposes of this subsection, "therapeutic visit"
  means a scheduled time period off campus which
  provides for progressive tests of the ability of the
  consumer to maintain and demonstrate coping skills.

10 3. The Forensic Review Board shall submit any recommendation 11 for therapeutic visit, conditional release or discharge to the court 12 and district attorney of the county where the person was found not 13 guilty by reason of mental illness, the trial counsel of the person, 14 the Department of Mental Health and Substance Abuse Services and the 15 person at least fourteen (14) days prior to the scheduled visit.

- a. The district attorney may file an objection to a
  recommendation for a therapeutic visit within ten (10)
  days of receipt of the notice.
- b. If an objection is filed, the therapeutic visit is
  stayed until a hearing is held. The court shall hold
  a hearing not less than ten (10) days following an
  objection to determine whether the therapeutic visit
  is necessary for treatment, and if necessary, the
  nature and extent of the visit.

4. During the period of hospitalization the Department of
 Mental Health and Substance Abuse Services shall submit an annual
 report on the status of the person to the court, the district
 attorney and the patient advocate general of the Department of
 Mental Health and Substance Abuse Services.

G. Upon motion by the district attorney or upon a
recommendation for conditional release or discharge by the Forensic
Review Board, the court shall conduct a hearing to ascertain if the
person is dangerous and a person requiring treatment. This hearing
shall be conducted under the same procedure as the first hearing and
must occur not less than ten (10) days following the motion or
request by the Forensic Review Board.

13 1. If the court determines that the person continues to be
 14 dangerous to the public peace and safety because the person is a
 15 person requiring treatment, it shall order the return of the person
 16 to the hospital for additional treatment.

17 2. If the court determines that the person is not dangerous but 18 subject to certain conditions, the court may conditionally release 19 the person subject to the following:

a. the Forensic Review Board has made a recommendation
for conditional release, including a written plan for
outpatient treatment and a list of recommendations for
the court to place as conditions on the release,

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1 b. in its order of conditional release, the court shall 2 specify conditions of release and shall direct the 3 appropriate agencies or persons to submit annual 4 reports regarding the compliance of the person with 5 the conditions of release and progress in treatment, the person must agree, in writing, that during the 6 с. period the person is granted conditional release and 7 is subject to the provisions thereof, there shall be 8 9 free transmission of all pertinent information, 10 including clinical information regarding the person, 11 among the Department of Mental Health and Substance 12 Abuse Services, the appropriate community mental 13 health centers and the appropriate district attorneys, 14 law enforcement and court personnel, 15 d. the order of the court placing the person on

16 conditional release shall include notice that the 17 conditional release of the person may be revoked upon 18 good cause. The person placed on conditional release 19 shall remain under the supervision of the Department 20 of Mental Health and Substance Abuse Services until 21 the committing court enters a final discharge order. 22 The Department of Mental Health and Substance Abuse 23 Services shall assess the person placed on conditional

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release annually and shall have the authority to recommend discharge of the person to the Board, and e. any agency or individual involved in providing treatment with regard to the conditional release plan of the person may prepare and file an affidavit under oath if the agency or individual believes that the person has failed to comply with the conditions of release or that such person has progressed to the point that inpatient care is appropriate.

- 10 (1) Any peace officer who receives such an affidavit
  11 shall take the person into protective custody and
  12 return the person to the forensic unit of the
  13 state hospital.
- 14 A hearing shall be conducted within three (3) (2) 15 days, excluding holidays and weekends, after the 16 person is returned to the forensic unit of the 17 state hospital to determine if the person has 18 violated the conditions of release, or if full-19 time hospitalization is the least restrictive 20 alternative consistent with the needs of the 21 person and the need for public safety. Notice of 22 the hearing shall be issued, at least twenty-four 23 (24) hours before the hearing, to the hospital 24 superintendent, the person, trial counsel for the

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person, and the patient advocate general of the Department of Mental Health and Substance Abuse Services. If the person requires hospitalization because of a violation of the conditions of release or because of progression to the point that inpatient care is appropriate, the court may then modify the conditions of release.

3. If the court determines that the person is not dangerous to
the public peace or safety because the person is not a person
requiring treatment, it shall order that the person be discharged
from the custody of the Department of Mental Health and Substance
Abuse Services.

13 H. As used in this section:

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14 1. "Antisocial personality disorder" means antisocial
 15 personality disorder as defined by the Diagnostic and Statistical
 16 Manual of Mental Disorders, 5th Edition (DSM-5), or subsequent
 17 editions;

18 2. "Court" or "sentencing court" means the court sitting in the 19 county where the person has been found to be not guilty by reason of 20 mental illness or guilty with mental defect;

3. "Dangerous" means a person who because of mental illness poses a substantial risk of physical harm in the near future to another person or persons. Dangerousness shall be determined by such factors as whether the person has placed another person or

Req. No. 2155

1 persons in a reasonable fear of violent behavior, and medication and 2 treatment compliance;

4. "Guilty with mental defect" means the person committed the act and was either unable to understand the nature and consequences of his or her actions or was unable to differentiate right from wrong, and has been diagnosed with antisocial personality disorder which substantially contributed to the act for which the person has been charged;

9 5. "Mental defect" means the person has been diagnosed with 10 antisocial personality disorder which substantially contributed to 11 the act for which the person has been charged;

12 6. "Mental illness" means a substantial disorder of thought,
13 mood, perception, psychological orientation or memory that
14 significantly impairs judgment, behavior, capacity to recognize
15 reality or ability to meet the ordinary demands of life;

16 7. "Not guilty by reason of mental illness" means the person 17 committed the act while mentally ill and was either unable to 18 understand the nature and consequences of his or her actions or was 19 unable to differentiate right from wrong, and has not been diagnosed 20 with antisocial personality disorder which substantially contributed 21 to the act for which the person has been charged; and

8. a. "Person requiring treatment" means a person who because
of mental illness:

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- (1) poses a substantial risk of physical harm to self
   as manifested by evidence or serious threats of
   or attempts at suicide or other significant self inflicted bodily harm,
  - (2) poses a substantial risk of physical harm to another person or persons as manifested by evidence of violent behavior directed toward another person or persons,
- 9 (3) has placed another person or persons in 10 reasonable fear of serious physical harm or 11 violent behavior directed toward such person or 12 persons as manifested by serious and immediate 13 threats,
- 14 (4) is in a condition of severe deterioration such
  15 that, without immediate intervention, there
  16 exists a substantial risk that severe impairment
  17 or injury will result to the person, or
- 18 (5) poses a substantial risk of serious physical
  19 injury to self or death as manifested by evidence
  20 that the person is unable to provide for and is
  21 not providing for his or her basic physical
  22 needs.
- b. The mental health or substance abuse history of the
  person may be used as part of the evidence to

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determine whether the person is a person requiring treatment. The mental health or substance abuse history of the person shall not be the sole basis for this determination.

- 5 c. Unless a person also meets the criteria established in
  6 subparagraph a of this paragraph, "person requiring
  7 treatment" shall not mean:
- 8 (1) a person whose mental processes have been
   9 weakened or impaired by reason of advanced years,
   10 dementia or Alzheimer's disease,
- 11 (2) a mentally retarded or developmentally disabled 12 person with intellectual or developmental 13 <u>disability</u> as defined in Title 10 of the Oklahoma 14 Statutes,
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- (3) a person with seizure disorder, or
- (4) a person with a traumatic brain injury.

I. Proceedings hereunder may be held in conformance with the provisions of Section 3006 of Title 20 of the Oklahoma Statutes for allowable use of videoconferencing.

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 SECTION 21.
 AMENDATORY
 22 0.S. 2011, Section 1175.3, as

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 amended by Section 1, Chapter 300, O.S.L. 2015 (22 O.S. Supp. 2018,

 22
 Section 1175.3), is amended to read as follows:

Section 1175.3. A. Upon filing of an application for
determination of competency, the court shall set a hearing date,

Req. No. 2155

which shall be as soon as practicable, but at least one (1) day
 after service of notice as provided by Section 1175.2 of this title.

B. The court shall hold a hearing on the date provided. At the hearing, the court shall examine the application for determination of competency to determine if it alleges facts sufficient to raise a doubt as to the competency of the person. Any additional evidence tending to create a doubt as to the competency of the person may be presented at this hearing.

9 C. If the court finds there is no doubt as to the competency of 10 the person, it shall order the criminal proceedings to resume.

- D. 1. a. If the court finds there is a doubt as to the competency of the person, it shall order the person to be examined by the Department of Mental Health and Substance Abuse Services or by a qualified forensic examiner designated by the Department to perform competency examinations.
- 17 b. In addition, the Developmental Disabilities Services 18 Division of the Department of Human Services shall 19 receive written notice from the district attorney who 20 filed the criminal petition, and be authorized by 21 order of the court to have a psychologist or other 22 appropriate clinician participate with professionals 23 assigned by any other public or private agency in any 24 competency evaluation wherein mental retardation or

other developmental <u>or intellectual</u> disability may be involved. The psychologist or clinician employed, by contract or otherwise, by the Department of Human Services may issue a separate opinion and recommendation to the court.

6 2. The person shall be examined by a qualified forensic
7 examiner on an outpatient basis prior to referral for any necessary
8 inpatient evaluation, as ordered by the court. The outpatient
9 examination may be conducted in the community, the jail or detention
10 facility where the person is held.

11 3. If the court determines that the person whose competency is 12 in question may be dangerous as defined in Section 1175.1 of this 13 title, it shall order the person retained in a secure facility until 14 the completion of the competency hearing provided in Section 1175.4 15 of this title. If the court determines the person may be dangerous 16 as defined in Section 1175.1 of this title because the individual is 17 a person requiring treatment as defined in Section 1-103 of Title 18 43A of the Oklahoma Statutes, it may commit the person to the 19 custody of the Department of Mental Health and Substance Abuse 20 Services or any other state agency or private facility for the 21 examination required by this subsection. The person shall be 22 required to undergo examination for a period of time sufficient for 23 the qualified forensic examiner(s) to reach a conclusion as to

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competency, and the court shall impose a reasonable time limitation
 for such period of examination.

3 E. The qualified forensic examiner(s) shall receive
4 instructions that they shall examine the patient to determine:
5 1. If the person is able to appreciate the nature of the
6 charges made against such person;

7 2. If the person is able to consult with the lawyer and
8 rationally assist in the preparation of the defense of such person;

9 3. If the person is unable to appreciate the nature of the
10 charges or to consult and rationally assist in the preparation of
11 the defense, whether the person can attain competency within a
12 reasonable period of time as defined in Section 1175.1 of this title
13 if provided with a course of treatment, therapy or training;

If the person is a person requiring treatment as defined by
 Section 1-103 of Title 43A of the Oklahoma Statutes;

16 5. If the person is incompetent because the person is mentally
17 retarded intellectually disabled as defined in Section 1408 of Title
18 10 of the Oklahoma Statutes;

19 6. If the answers to questions 4 and 5 are no, why the20 defendant is incompetent; and

7. If the person were released, whether such person would
presently be dangerous as defined in Section 1175.1 of this title.
F. Upon completion of the competency evaluation, the Department
of Mental Health and Substance Abuse Services or qualified forensic

1 examiner designated by the Department to perform competency examinations shall notify the court of its findings. If the person 2 3 is in the custody of the Department of Mental Health and Substance 4 Abuse Services, the person shall be returned to the court in the 5 customary manner within five (5) business days. If the person is not returned within that time, the county in which the proceedings 6 7 are to be held shall pay the costs of maintaining the person at the institution or facility for the period of time the person remains at 8 9 the institution or facility in excess of the five-day period.

10SECTION 22.AMENDATORY22 O.S. 2011, Section 1175.5, is11amended to read as follows:

Section 1175.5. The jury or the court, as the case may be, shall answer the following questions in determining the disposition of the person whose competency is in question:

Is the person incompetent to undergo further criminal
 proceedings at this time? If the answer is no, criminal proceedings
 shall be resumed. If the answer is yes, the following questions
 shall be answered.

2. Can the incompetency of the person be corrected within a
reasonable period of time, as defined by Section 1175.1 of this
title, through treatment, therapy or training?

3. Is the person incompetent because the person is mentally
retarded intellectually disabled as defined in Section 1408 of Title
10 of the Oklahoma Statutes?

Req. No. 2155

4. Is the person incompetent because the person is a person
 requiring treatment as defined by Section 1-103 of Title 43A of the
 Oklahoma Statutes?

4 5. If the answers to questions 3 and 4 are no, why is the 5 defendant incompetent?

6 6. Is the person presently dangerous as defined in Section7 1175.1 of this title if released?

8 SECTION 23. AMENDATORY 22 O.S. 2011, Section 1175.6, is 9 amended to read as follows:

Section 1175.6. A. Upon the finding by the jury or the court as provided by Section 1175.5 of this title, the court shall issue the appropriate order regarding the person as follows:

13 1. If the person is found to be competent, the criminal
 14 proceedings shall be resumed;

15 2. If the person is found to be incompetent because the person
16 is a person requiring treatment as defined in Title 43A of the
17 Oklahoma Statutes, the court shall issue the appropriate order as
18 set forth in Section 6 <u>1175.6a</u> of this act title;

19 3. If the person is found to be incompetent because the person
20 is mentally retarded intellectually disabled as defined in Section
21 1408 of Title 10 of the Oklahoma Statutes, the court shall issue the
22 appropriate order as set forth in Section 7 <u>1175.6b</u> of this act
23 title; and

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Req. No. 2155

4. If the person is found to be incompetent for reasons other
 than the person is a person requiring treatment as defined by
 Section 1-103 of Title 43A of the Oklahoma Statutes, or for reasons
 other than the person is mentally retarded intellectually disabled
 as defined in Section 1408 of Title 10 of the Oklahoma Statutes, the
 court shall issue the appropriate order as set forth in Section 8
 1175.6c of this act title.

8 SECTION 24. AMENDATORY 22 O.S. 2011, Section 1175.6a, as 9 last amended by Section 2, Chapter 290, O.S.L. 2018 (22 O.S. Supp. 10 2018, Section 1175.6a), is amended to read as follows:

11 Section 1175.6a. A. If the person is found to be incompetent 12 prior to conviction because he or she is a person requiring 13 treatment as defined in Section 1-103 of Title 43A of the Oklahoma 14 Statutes, but capable of achieving competence with treatment within 15 a reasonable period of time as defined by Section 1175.1 of this 16 title, the court shall suspend the criminal proceedings and order 17 the Department of Mental Health and Substance Abuse Services to 18 provide treatment, therapy or training which is calculated to allow 19 the person to achieve competency. The Department may designate a 20 willing entity to provide such competency restoration services on 21 behalf of the Department, provided the entity has qualified 22 personnel. The court shall further order the Department to take 23 custody of the individual as soon as a forensic bed becomes 24 available, unless both the Department and the county jail where the

person is being held determine that it is in the best interests of the person to remain in the county jail. Such competency restoration services shall begin within a reasonable period of time after the court has determined that the person is not competent to stand trial.

6 The person shall remain in the custody of the county jail until 7 such time as the Department has a bed available at the forensic 8 facility unless competency restoration services are provided by a 9 designee of the Department, in which case custody of the person 10 shall be transferred to the Department.

B. The Department of Mental Health and Substance Abuse Services or designee shall make periodic reports to the court as to the competency of the defendant.

14 C. If the person is determined by the Department of Mental 15 Health and Substance Abuse Services or designee to have regained 16 competency, or is no longer incompetent because the person is a 17 person requiring treatment as defined by Title 43A of the Oklahoma 18 Statutes, a hearing shall be scheduled within twenty (20) days:

19 1. If found competent by the court or a jury after such
 20 rehearing, criminal proceedings shall be resumed;

21 2. If the person is found to continue to be incompetent because
22 the person is a person requiring treatment as defined in Title 43A
23 of the Oklahoma Statutes, the person shall be returned to the

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Req. No. 2155

custody of the Department of Mental Health and Substance Abuse
 Services or designee;

3 3. If the person is found to be incompetent because the person 4 is <u>mentally retarded intellectually disabled</u> as defined by Title 10 5 of the Oklahoma Statutes, the court shall issue the appropriate 6 order as set forth in Section 1175.6b of this title;

7 4. If the person is found to be incompetent for reasons other 8 than the person is a person requiring treatment as defined by Title 9 43A of the Oklahoma Statutes, and other than the person is mentally 10 retarded intellectually disabled as defined in Title 10 of the 11 Oklahoma Statutes, and is also found to be not dangerous as defined 12 by Section 1175.1 of this title, the court shall issue the 13 appropriate order as set forth in Section 1175.6b of this title; or

14 5. If the person is found to be incompetent for reasons other 15 than the person is a person requiring treatment as defined by Title 16 43A of the Oklahoma Statutes, and other than the person is mentally 17 retarded intellectually disabled as defined in Title 10 of the 18 Oklahoma Statutes, but is also found to be dangerous as defined by 19 Section 1175.1 of this title, the court shall issue the appropriate 20 order as set forth in Section 1175.6c of this title.

D. If the person is found to be incompetent because the person is a person requiring treatment as defined by Section 1-103 of Title 43A of the Oklahoma Statutes, but not capable of achieving competence with treatment within a reasonable period of time as

# Req. No. 2155

defined by Section 1175.1 of this title, the court shall commence 1 2 civil commitment proceedings pursuant to Title 43A and shall dismiss 3 without prejudice the criminal proceeding. If the person is 4 subsequently committed to the Department of Mental Health and 5 Substance Abuse Services pursuant to Title 43A, the statute of limitations for the criminal charges which were dismissed by the 6 7 court shall be tolled until the person is discharged from the Department of Mental Health and Substance Abuse Services pursuant to 8 9 Section 7-101 of Title 43A of the Oklahoma Statutes.

10SECTION 25.AMENDATORY22 O.S. 2011, Section 1175.6b, is11amended to read as follows:

12 Section 1175.6b. A. If the person is found to be incompetent 13 primarily because the person is mentally retarded intellectually 14 disabled as defined in Section 1408 of Title 10 of the Oklahoma 15 Statutes, and is also found by the court to be dangerous as defined 16 by Section 1175.1 of this Title, the court shall suspend the 17 criminal proceedings, and shall place the person into the custody of 18 the Office of Public Guardian. The Office of Public Guardian shall 19 act with all powers set forth in the Oklahoma Public Guardianship 20 Act, and:

21 1. The Office of Public Guardian shall place any person placed 22 in its custody under this title in a facility or residential 23 setting, private or public, willing to accept the individual and 24

Req. No. 2155

1 that has a level of supervision and security that is appropriate to
2 the needs of the person;

3 2. Such placements shall be within the sole discretion of the4 Office of Public Guardian;

3. All such placements made by the Office of Public Guardian
shall be made within six (6) months of the date of the order
awarding custody to the Office of Public Guardian;

4. The Office of Public Guardian shall report to the court at 8 9 least every six (6) months as to the status of the person including, 10 but not limited to, the type of placement, services provided, level 11 of supervision, the medical and psychological health of the person, 12 whether the person would be dangerous if conditionally released into 13 a nonsecure environment, the assistance and services that would be 14 required for such conditional release and whether the person has 15 achieved competency;

16 5. If the person is determined by the Office of Public Guardian 17 to have regained competency or that conditional release to a private 18 guardian or other caretaker is appropriate, a hearing shall be 19 scheduled within twenty (20) days. If found competent by the court 20 or a jury after such rehearing, criminal proceedings shall be 21 If the court finds conditional release to be appropriate, resumed. 22 the court shall make an appropriate order for conditional release; 23 and

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6. The provisions of subsections C, H and I of Section 6-101 of
 Title 30 of the Oklahoma Statutes shall not apply to custody orders
 arising under this title.

If the person is found to be incompetent for reasons other 4 в. 5 than the person is a person requiring treatment as defined by Section 1-103 of Title 43A of the Oklahoma Statutes and is found to 6 7 be not dangerous as defined by Section 1175.1 of this title, the court shall suspend the criminal proceedings and either refer the 8 9 person to the Department of Human Services for consideration of 10 voluntary assistance or conditionally release the person as set 11 forth in this section.

12 1. For any person recommended for conditional release, a 13 written plan for services shall be prepared by the Department of 14 Human Services and filed with the court. In its order of 15 conditional release, the court shall specify the conditions of 16 release and shall direct the appropriate agencies or persons to 17 submit annual reports regarding the person's compliance with the 18 conditions of release and progress:

19a.to be eligible for conditional release, the person20shall agree, in writing, that during the period the21person is granted conditional release and is subject22to the provisions thereof, there shall be free23transmission of all pertinent information, including24clinical information regarding the person, among the

person's treatment providers, the appropriate district attorneys, law enforcement and court personnel. To affect this agreement, the person shall execute any releases required by law to allow for the dissemination of this information,

the court's order placing the person on conditional b. release shall include notice that the person's conditional release may be revoked upon good cause, с. the district attorney, as well as any agency or individual involved in providing services with regard to the person's conditional release, may prepare and file an affidavit under oath if the district attorney, agency, or individual believes that the person has failed to comply with the conditions of release. The court shall then conduct a hearing to determine if the person has violated the conditions of release. Notice of the hearing shall be issued, at least twenty-four (24) hours before the hearing, to the Department of Human Services, the person, trial counsel for the person, and the client advocate general of the Department of Human Services. After reviewing the evidence concerning any alleged violation of the conditions of the release, the person's progress, treatment alternatives, and the need for public

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1 safety, the court may order no change to the 2 conditions for the person's release or modify the 3 conditions of release, and

d. the person placed on conditional release shall remain
in a conditional release status until the reviewing
court issues a full release from all conditions.

7 2. If the person is determined by the Department of Human
8 Services to have regained competency, a hearing shall be scheduled
9 within twenty (20) days:

10a.if found competent by the court or a jury after such11rehearing, criminal proceedings shall be resumed,12b.if the person is found to continue to be incompetent,13the person shall be returned to either conditional14release or referred to the Department of Human

16 SECTION 26. AMENDATORY 22 O.S. 2011, Section 1175.6c, is 17 amended to read as follows:

Services for consideration of voluntary assistance.

Section 1175.6c. A. If the person is found to be incompetent for reasons other than the person is a person requiring treatment as defined by Title 43A of the Oklahoma Statutes, or the person is <del>mentally retarded</del> <u>intellectually disabled</u> as defined by Title 10 of the Oklahoma Statutes, but is also found to be dangerous as defined by Section 1175.1 of this title, the court shall suspend the criminal proceedings and refer the matter to the Department of Human

Req. No. 2155

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Services and Department of Mental Health and Substance Abuse
 Services for determination of appropriate placement.

3 The Department of Human Services and the Department of Β. 4 Mental Health and Substance Abuse Services shall jointly establish 5 procedures by the effective date of this act April 1, 2005, to determine the appropriate placement of individuals who are found to 6 7 be incompetent to stand trial for reasons other than the person is a person requiring treatment as defined by Title 43A of the Oklahoma 8 9 Statutes, or the person is mentally retarded intellectually disabled 10 as defined by Title 10 of the Oklahoma Statutes. Both agencies 11 shall then submit their joint recommendation to the court for 12 determination of appropriate placement.

13SECTION 27.AMENDATORY25 O.S. 2011, Section 40, is14amended to read as follows:

Section 40. A. Beginning November 1, 2006, all <u>All</u> new and revised statutes, administrative rules, local laws, ordinances, charters, or regulations promulgated or any publication published by the state or any political subdivision that refers to persons with disabilities shall:

20 1. Avoid language that:

a. implies that a person as a whole is disabled, such as
the "mentally ill" or the "learning disabled", or
b. equates persons with their condition, such as
"epileptics", "autistics", or "quadriplegics"; and

Req. No. 2155

1 2. Replace nonrespectful language by:

2	<u>a.</u> re	ferring to persons with disabilities as persons
3	fi	rst; for example, persons with disabilities, persons
4	wi	th developmental disabilities, persons with mental
5	il	lness, persons with autism, or persons with <del>mental</del>
6	re	tardation intellectual disabilities, and
7	<u>b.</u> re	ferring to terms such as "mental retardation" or
8	<u>"m</u>	entally retarded" with terms such as "intellectual
9	di	sabilities" or " intellectually disabled".
10	B. Violatio	n of this section shall not be grounds to invalidate
11	any new or revis	ed statutes, administrative rules, local laws,
12	ordinances, char	ters, or regulations promulgated or any publication

published by the state or any political subdivision; provided, however, such documents shall be changed to reflect the provisions of this section in subsequent revisions.

16 C. Nothing in this section shall constitute a requirement to 17 change the name of any agency or program. Existing printed material 18 may be utilized until such time as supplies are required to be 19 replenished.

20 SECTION 28. AMENDATORY 30 O.S. 2011, Section 1-111, is 21 amended to read as follows:

22 Section 1-111. A. As used in the Oklahoma Guardianship and 23 Conservatorship Act:

24

Req. No. 2155

1. "Abuse" means the intentional infliction of physical pain,
 2 injury, or mental anguish or the deprivation of food, clothing,
 3 shelter, or medical care to an incapacitated person, partially
 4 incapacitated person, or a minor by a guardian or other person
 5 responsible for providing these services;

Confidential information" means medical records, physical,
psychological or other evaluations of a ward or subject of the
proceeding, initial and subsequent guardianship plans, reports of
guardians, limited guardians and conservators submitted to the court
in connection with a proceeding pursuant to the provisions of the
Oklahoma Guardianship and Conservatorship Act;

12 3. "Court" means a judge of the district court assigned to hear 13 probate matters or assigned to the division of the district court 14 designated to exercise probate jurisdiction;

4. "Estate" means the property of the person whose affairs aresubject to a guardianship proceeding;

17 5. "Evaluation" means a professional assessment of: 18 the ability of an adult to receive and evaluate a. 19 information effectively or communicate decisions, 20 b. the impact of any impairment of these skills on the 21 capacity of the individual to meet the essential 22 requirements for his physical health or safety, or to 23 manage his financial resources, and

c. the services necessary to provide for the ward;

Req. No. 2155

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6. "Exploitation" means an unjust or improper use of the
 resources of an incapacitated person, a partially incapacitated
 person, or a minor for the profit or advantage, pecuniary or
 otherwise, of a person other than an incapacitated person, a
 partially incapacitated person, or a minor through the use of undue
 influence, coercion, harassment, duress, deception, false
 representation, or false pretense;

8 7. A "guardian of an incapacitated person" means a person who 9 has been appointed by a court to serve as the guardian of an 10 incapacitated person to assure that the essential requirements for 11 the health and safety of said the person are met, to manage the 12 estate or financial resources of said the person, or both;

13 8. "Guardian ad litem" means, with respect to a guardianship 14 proceeding, a person appointed by the court to assist the subject of 15 the proceeding in making decisions with regard to the guardianship 16 proceeding, or to make said the decisions when the subject of the 17 proceeding is wholly incapable of making said the decisions even 18 with assistance;

9. "Guardianship plan" means the plan for the care and treatment of a ward, the plan for the management of the financial resources of a ward, or both;

22 10. "Guardianship proceeding" means a proceeding for the 23 appointment of a guardian, or for other orders regarding the

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1 condition, care or treatment or for the management of the financial 2 resources of a ward; "Guardianship report" means any report required by the 3 11. 4 provisions of Sections 4-305 and 4-306 of this title; 5 12. "Incapacitated person" means a person eighteen (18) years of age or older: 6 7 who is impaired by reason of: a. mental illness as defined by Section 1-103 of 8 (1)9 Title 43A of the Oklahoma Statutes, 10 (2) mental retardation intellectual or developmental disability as defined by Section 1-818.2 of Title 11 12 63 1430.2 of Title 10 of the Oklahoma Statutes, 13 (3) physical illness or disability, 14 drug or alcohol dependency as defined by Section (4) 15 3-403 of Title 43A of the Oklahoma Statutes, or 16 such other similar cause, and (5) 17 b. whose ability to receive and evaluate information 18 effectively or to make and to communicate responsible 19 decisions is impaired to such an extent that said the 20 person: 21 (1)lacks the capacity to meet essential requirements 22 for his physical health or safety, or 23 (2) is unable to manage his financial resources. 24

Whenever in the Oklahoma Statutes the term "incompetent person" appears and refers to a person who has been found by a district court to be an incompetent person because of an impairment or condition described in this paragraph it shall have the same meaning as "incapacitated person" but shall not include a person who is a partially incapacitated person;

7 13. "Least restrictive dispositional alternative" means the 8 form of assistance that least interferes with the legal ability of 9 an incapacitated or partially incapacitated person to act in his own 10 behalf;

11 14. "Intangible personal property" means cash, stocks and 12 bonds, mutual funds, money market accounts, certificates of deposit, 13 insurance contracts, commodity accounts, and other assets of a 14 similar nature;

15 15. "Letters" means a document issued by the court subsequent 16 to the appointment of a guardian which designates the name of the 17 guardian and specifies the authority and powers of said the 18 guardian. Such document shall be endorsed thereon with the oath of 19 the guardian that he will perform the duties of his office as 20 guardian according to law;

21 16. A "limited guardian" means a person appointed by the court 22 to serve as the guardian of a partially incapacitated person and who 23 is authorized by the court to exercise only:

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Req. No. 2155

- 1a. some of the powers of a guardian of the person or2whose power as guardian of the person extends only to3certain matters pertaining to the care or control of4the ward as specified by the court, or
- b. certain powers as guardian of the property over the
  estate or financial resources of the ward, or whose
  powers as guardian of the property extend only to some
  portion of the estate or financial resources of the
  ward;

10 17. "Manage financial resources" or "manage the estate" means 11 those actions necessary to obtain, administer, and dispose of real 12 property, business property, benefits and income, and to otherwise 13 manage personal financial or business affairs;

14 18. "Meet the essential requirements for physical health or 15 safety" means those actions necessary to provide the health care, 16 food, shelter, clothing, personal hygiene and other care without 17 which serious physical injury is more likely than not to occur; 18 19. "Minor" means a person under eighteen (18) years of age; 19 20. "Neglect" means the failure to provide protection for an 20 incapacitated person, a partially incapacitated person, or a minor 21 who is unable to protect the person's own interest; or the failure 22 to provide adequate shelter or clothing; or the harming or 23 threatening with harm through action or inaction by either another 24 individual or through the person's own action or inaction because of

Req. No. 2155

a lack of awareness, incompetence, or incapacity, which has resulted
 or may result in physical or mental injury;

3 21. "Organization" means a corporation, trust, business trust, 4 partnership, association, or other legal entity;

5 22. "Partially incapacitated person" means an incapacitated 6 person whose impairment is only to the extent that without the 7 assistance of a limited guardian said the person is unable to:

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 meet the essential requirements for his physical health or safety, or

b. manage all of his financial resources or to engage in
all of the activities necessary for the effective
management of his financial resources.

A finding that an individual is a partially incapacitated person shall not constitute a finding of legal incompetence. A partially incapacitated person shall be legally competent in all areas other than the area or areas specified by the court in its dispositional or subsequent orders. Such person shall retain all legal rights and abilities other than those expressly limited or curtailed in said the orders;

20 23. "Party" means the person or entity filing a petition, 21 application, motion, acceptance of a testamentary nomination, or 22 objection; the subject of a guardianship proceeding; and the 23 guardian, the guardian ad litem and the conservator, if any such 24 persons have been appointed;

Req. No. 2155

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- 24. "Person" means an individual;

2 25. "Property" means real property, personal property, income,
3 any interest in such real or personal property and includes anything
4 that may be the subject of ownership;

26. "Restrictions on the legal capacity of a person to act in
his own behalf" means powers of an incapacitated or partially
incapacitated person which are assigned to a guardian;

- 8 27. "Subject of the proceeding" means a minor or an adult: 9 a. who is the subject of a petition requesting the 10 appointment of a guardian, limited guardian or special 11 guardian,
- b. for whom a guardian or limited guardian has beenappointed by the court, or
- 14 c. an adult for whom a conservator is requested or 15 appointed; and

16 28. "Surcharge" means the imposition of personal liability by a 17 court on a guardian or limited guardian for willful or negligent 18 misconduct in the administration of the estate or other financial 19 resources of a ward.

B. 1. Nothing in this section shall be construed to mean an incapacitated person, a partially incapacitated person, or a minor is abused or neglected for the sole reason that a guardian or other person responsible, in good faith, selects and depends upon spiritual means alone through prayer, in accordance with the tenets

Req. No. 2155

and practices of a recognized church or religious denomination, for the treatment or cure of disease or remedial care of the person or minor in their trust, and, in the case of an adult, in accordance with the practices of or the express consent of the incapacitated or partially incapacitated person.

Nothing contained in this subsection shall prevent a court
from immediately assuming custody of a minor, pursuant to the
Oklahoma Children's Code, and ordering whatever action may be
necessary, including medical treatment, to protect the minor's
health or welfare.

SECTION 29. AMENDATORY 43A O.S. 2011, Section 1-103, as last amended by Section 1, Chapter 246, O.S.L. 2017 (43A O.S. Supp. 2018, Section 1-103), is amended to read as follows:

Section 1-103. When used in this title, unless otherwise
expressly stated, or unless the context or subject matter otherwise
requires:

17 1. "Department" means the Department of Mental Health and
 18 Substance Abuse Services;

19 2. "Chair" means the chair of the Board of Mental Health and
 20 Substance Abuse Services;

3. "Mental illness" means a substantial disorder of thought, mood, perception, psychological orientation or memory that significantly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life;

Req. No. 2155

4. "Board" means the Board of Mental Health and Substance Abuse
 Services as established by the Mental Health Law;

3 5. "Commissioner" means the individual selected and appointed
4 by the Board to serve as Commissioner of Mental Health and Substance
5 Abuse Services;

6 6. "Indigent person" means a person who has not sufficient
7 assets or resources to support the person and to support members of
8 the family of the person lawfully dependent on the person for
9 support;

10 7. "Facility" means any hospital, school, building, house or retreat, authorized by law to have the care, treatment or custody of 11 12 an individual with mental illness, or drug or alcohol dependency, 13 gambling addiction, eating disorders, an opioid substitution 14 treatment program, including, but not limited to, public or private 15 hospitals, community mental health centers, clinics, satellites or 16 facilities; provided, that facility shall not mean a child guidance 17 center operated by the State Department of Health;

18 8. "Consumer" means a person under care or treatment in a 19 facility pursuant to the Mental Health Law, or in an outpatient 20 status;

9. "Care and treatment" means medical care and behavioral health services, as well as food, clothing and maintenance, furnished to a person;

24

Req. No. 2155

1 10. Whenever in this law or in any other law, or in any rule or 2 order made or promulgated pursuant to this law or to any other law, 3 or in the printed forms prepared for the admission of consumers or 4 for statistical reports, the words "insane", "insanity", "lunacy", 5 "mentally sick", "mental disease" or "mental disorder" are used, 6 such terms shall have equal significance to the words "mental 7 illness"; "Licensed mental health professional" means: 8 11. 9 a. a psychiatrist who is a diplomate of the American 10 Board of Psychiatry and Neurology, 11 b. a psychiatrist who is a diplomate of the American 12 Osteopathic Board of Neurology and Psychiatry, 13 a physician licensed pursuant to the Oklahoma с. 14 Allopathic Medical and Surgical Licensure and 15 Supervision Act or the Oklahoma Osteopathic Medicine 16 Act, 17 d. a clinical psychologist who is duly licensed to 18 practice by the State Board of Examiners of 19 Psychologists, 20 a professional counselor licensed pursuant to the e. 21 Licensed Professional Counselors Act, 22 f. a person licensed as a clinical social worker pursuant 23 to the provisions of the Social Worker's Licensing 24 Act,

Req. No. 2155

1		g.	a li	censed marital and family therapist as defined in
2			the	Marital and Family Therapist Licensure Act,
3		h.	a li	censed behavioral practitioner as defined in the
4			Lice	nsed Behavioral Practitioner Act,
5		i.	an a	dvanced practice nurse as defined in the Oklahoma
6			Nurs	ing Practice Act,
7		j.	a ph	ysician's assistant who is licensed in good
8			stan	ding in this state, or
9		k.	a li	censed drug and alcohol counselor/mental health
10			(LAD	C/MH) as defined in the Licensed Alcohol and Drug
11			Coun	selors Act;
12	12.	"Men	tally	incompetent person" means any person who has been
13	adjudica	ted m	nental	ly or legally incompetent by an appropriate
14	district	cour	:t;	
15	13.	a.	"Per	son requiring treatment" means a person who
16			beca	use of his or her mental illness or drug or
17			alco	hol dependency:
18			(1)	poses a substantial risk of immediate physical
19				harm to self as manifested by evidence or serious
20				
20				threats of or attempts at suicide or other
21				threats of or attempts at suicide or other significant self-inflicted bodily harm,
			(2)	
21			(2)	significant self-inflicted bodily harm,

by evidence of violent behavior directed toward another person or persons,

- (3) has placed another person or persons in a reasonable fear of violent behavior directed towards such person or persons or serious physical harm to them as manifested by serious and immediate threats,
  - (4) is in a condition of severe deterioration such that, without immediate intervention, there exists a substantial risk that severe impairment or injury will result to the person, or
- 12 (5) poses a substantial risk of immediate serious
  13 physical injury to self or death as manifested by
  14 evidence that the person is unable to provide for
  15 and is not providing for his or her basic
  16 physical needs.
- 17 b. The mental health or substance abuse history of the 18 person may be used as part of the evidence to 19 determine whether the person is a person requiring 20 treatment or an assisted outpatient. The mental 21 health or substance abuse history of the person shall 22 not be the sole basis for this determination. 23 Unless a person also meets the criteria established in с. 24 subparagraph a or b of this paragraph, person

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1	requiring treatment or an assisted outpatient shall
2	not mean:
3	(1) a person whose mental processes have been
4	weakened or impaired by reason of advanced years,
5	dementia, or Alzheimer's disease,
6	(2) a mentally retarded or developmentally disabled
7	person with intellectual or developmental
8	disability as defined in Title 10 of the Oklahoma
9	Statutes,
10	(3) a person with seizure disorder,
11	(4) a person with a traumatic brain injury, or
12	(5) a person who is homeless.
13	d. A person who meets the criteria established in this
14	section, but who is medically unstable, or the
15	facility holding the person is unable to treat the
16	additional medical conditions of that person should be
17	discharged and transported in accordance with Section
18	1-110 of this title;
19	14. "Petitioner" means a person who files a petition alleging
20	that an individual is a person requiring treatment or an assisted
21	outpatient;
22	15. "Executive director" means the person in charge of a
23	facility as defined in this section;
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Req. No. 2155

1 16. "Private hospital or facility" means any general hospital 2 maintaining a neuro-psychiatric unit or ward, or any private 3 hospital or facility for care and treatment of a person having a 4 mental illness, which is not supported by the state or federal 5 government. The term "private hospital" or "facility" shall not 6 include nursing homes or other facilities maintained primarily for 7 the care of elderly and disabled persons;

8 17. "Individualized treatment plan" means a proposal developed
9 during the stay of an individual in a facility, under the provisions
10 of this title, which is specifically tailored to the treatment needs
11 of the individual. Each plan shall clearly include the following:
12 a. a statement of treatment goals or objectives, based
13 upon and related to a clinical evaluation, which can

be reasonably achieved within a designated time interval,

b. treatment methods and procedures to be used to obtain
these goals, which methods and procedures are related
to each of these goals and which include specific
prognosis for achieving each of these goals,
identification of the types of professional personnel

c. identification of the types of professional personnel
 who will carry out the treatment procedures, including
 appropriate medical or other professional involvement
 by a physician or other health professional properly

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1 qualified to fulfill legal requirements mandated under state and federal law,

3 d. documentation of involvement by the individual 4 receiving treatment and, if applicable, the accordance 5 of the individual with the treatment plan, and a statement attesting that the executive director of 6 e. 7 the facility or clinical director has made a reasonable effort to meet the plan's individualized 8 9 treatment goals in the least restrictive environment 10 possible closest to the home community of the 11 individual;

12 "Telemedicine" means the practice of health care delivery, 18. 13 diagnosis, consultation, evaluation, treatment, transfer of medical 14 data, or exchange of medical education information by means of 15 audio, video, or data communications. Telemedicine uses audio and 16 video multimedia telecommunication equipment which permits two-way 17 real-time communication between a health care practitioner and a 18 patient who are not in the same physical location. Telemedicine 19 shall not include consultation provided by telephone or facsimile 20 machine;

21 "Recovery and recovery support" means nonclinical services 19. 22 that assist individuals and families to recover from alcohol or drug 23 problems. They include social support, linkage to and coordination 24 among allied service providers, including but not limited to

Req. No. 2155

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1 transportation to and from treatment or employment, employment services and job training, case management and individual services 2 coordination, life skills education, relapse prevention, housing 3 4 assistance, child care, and substance abuse education; 5 20. "Assisted outpatient" means a person who: is either currently under the care of a facility 6 a. 7 certified by the Department of Mental Health and Substance Abuse Services as a Community Mental Health 8 9 Center, or is being discharged from the custody of the 10 Oklahoma Department of Corrections, or is being 11 discharged from a residential placement by the Office 12 of Juvenile Affairs, 13 b. is suffering from a mental illness, 14 is unlikely to survive safely in the community without с. 15 supervision, based on a clinical determination, 16 d. has a history of lack of compliance with treatment for 17 mental illness that has: 18 prior to the filing of a petition, at least twice (1)19 within the last thirty-six (36) months been a 20 significant factor in necessitating 21 hospitalization or treatment in a hospital or 22 residential facility, or receipt of services in a 23 forensic or other mental health unit of a 24 correctional facility, or a specialized treatment

plan for treatment of mental illness in a secure juvenile facility or placement in a specialized residential program for juveniles, or

- 4 (2) prior to the filing of the petition, resulted in
  5 one or more acts of serious violent behavior
  6 toward self or others or threats of, or attempts
  7 at, serious physical harm to self or others
  8 within the last twenty-four (24) months,
- 9 e. is, as a result of his or her mental illness, unlikely
  10 to voluntarily participate in outpatient treatment
  11 that would enable him or her to live safely in the
  12 community,
- 13 f. in view of his or her treatment history and current 14 behavior, is in need of assisted outpatient treatment 15 in order to prevent a relapse or deterioration which 16 would be likely to result in serious harm to the 17 person or persons as defined in this section, and 18 g. is likely to benefit from assisted outpatient 19 treatment; and

20 21. "Assisted outpatient treatment" means outpatient services 21 which have been ordered by the court pursuant to a treatment plan 22 approved by the court to treat an assisted outpatient's mental 23 illness and to assist the person in living and functioning in the 24 community, or to attempt to prevent a relapse or deterioration that

Req. No. 2155

1 may reasonably be predicted to result in suicide or the need for 2 hospitalization.

3 SECTION 30. AMENDATORY 43A O.S. 2011, Section 10-103, as
4 amended by Section 1, Chapter 39, O.S.L. 2016 (43A O.S. Supp. 2018,
5 Section 10-103), is amended to read as follows:

6 Section 10-103. A. When used in the Protective Services for
7 Vulnerable Adults Act:

8 1. "Protective services" means services which are necessary to 9 aid a vulnerable adult in meeting the essential requirements for 10 mental or physical health and safety that the vulnerable adult is 11 unable to provide or obtain without assistance. The term 12 "protective services" includes but is not limited to services 13 provided to or obtained for such person in order to prevent or 14 remedy the abuse, neglect, or exploitation of such person;

15 2. "Services which are necessary to aid an individual to meet 16 essential requirements for mental or physical health and safety" 17 include, but shall not be limited to:

## 18 a. the identification of vulnerable adults in need of the19 services,

## 20 b. the provision of medical care for physical and mental 21 health needs,

c. the provision of social services assistance in
 personal hygiene, food, clothing, and adequately
 heated and ventilated shelter,

## Req. No. 2155

<ul> <li>e. protection from physical mistreatment,</li> <li>f. guardianship referral,</li> <li>g. outreach programs, and</li> <li>h. the transportation necessary to secure any of such</li> <li>services.</li> <li>The term shall not include taking the person into physical custody</li> <li>without the consent of the person except as provided for in Sections</li> <li>10-107 and 10-108 of this title, and the evaluation, monitoring, and</li> <li>provision of protective placements;</li> <li>3. "Meet essential requirements for mental or physical health</li> <li>and safety" means those actions necessary to provide the health</li> <li>care, food, shelter, clothing, personal hygiene and other care</li> <li>without which physical injury or illness to the vulnerable adult is</li> <li>likely to occur;</li> <li>4. "Incapacitated person" means:</li> <li>a. any person eighteen (18) years of age or older:</li> <li>illness or disability, dementia or related</li> <li>disease, mental retardation, developmental or</li> <li>intellectual disability or other cause, and</li> <li>(2) whose ability to receive and evaluate information</li> <li>effectively or to make and to communicate</li> <li>responsible decisions is impaired to such an</li> </ul>	1	d. protection from health and safety hazards,		
4       g. outreach programs, and         5       h. the transportation necessary to secure any of such         6       services.         7       The term shall not include taking the person into physical custody         8       without the consent of the person except as provided for in Sections         9       10-107 and 10-108 of this title, and the evaluation, monitoring, and         10       provision of protective placements;         11       3. "Meet essential requirements for mental or physical health         12       and safety" means those actions necessary to provide the health         13       care, food, shelter, clothing, personal hygiene and other care         14       without which physical injury or illness to the vulnerable adult is         15       likely to occur;         16       4. "Incapacitated person" means:         17       a. any person eighteen (18) years of age or older:         18       illness or disability, dementia or related         20       disease, mental retardation, developmental or         21       intellectual disability or other cause, and         22       (2) whose ability to receive and evaluate information         23       effectively or to make and to communicate	2	e. protection from physical mistreatment,		
5       h. the transportation necessary to secure any of such         6       services.         7       The term shall not include taking the person into physical custody         8       without the consent of the person except as provided for in Sections         9       10-107 and 10-108 of this title, and the evaluation, monitoring, and         10       provision of protective placements;         11       3. "Meet essential requirements for mental or physical health         12       and safety" means those actions necessary to provide the health         13       care, food, shelter, clothing, personal hygiene and other care         14       without which physical injury or illness to the vulnerable adult is         15       likely to occur;         16       . "Incapacitated person" means:         17       a. any person eighteen (18) years of age or older:         18       . (1) who is impaired by reason of mental or physical         19       . illness or disability, dementia or related         20       . disease, mental retardation, developmental <u>or</u> 21       . intellectual disability or other cause, and         22       . whose ability to receive and evaluate information         23       . effectively or to make and to communicate	3	f. guardianship referral,		
6       services.         7       The term shall not include taking the person into physical custody         8       without the consent of the person except as provided for in Sections         9       10-107 and 10-108 of this title, and the evaluation, monitoring, and         10       provision of protective placements;         11       3. "Meet essential requirements for mental or physical health         12       and safety" means those actions necessary to provide the health         13       care, food, shelter, clothing, personal hygiene and other care         14       without which physical injury or illness to the vulnerable adult is         15       likely to occur;         16       4. "Incapacitated person" means:         17       a. any person eighteen (18) years of age or older:         18       (1) who is impaired by reason of mental or physical         19       illness or disability, dementia or related         20       disease, mental retardation, developmental or         21       intellectual disability or other cause, and         22       (2) whose ability to receive and evaluate information         23       effectively or to make and to communicate	4	g. outreach programs, and		
7The term shall not include taking the person into physical custody without the consent of the person except as provided for in Sections910-107 and 10-108 of this title, and the evaluation, monitoring, and provision of protective placements;113. "Meet essential requirements for mental or physical health and safety" means those actions necessary to provide the health care, food, shelter, clothing, personal hygiene and other care without which physical injury or illness to the vulnerable adult is likely to occur;164. "Incapacitated person" means: a. any person eighteen (18) years of age or older: all means or disability, dementia or related disease, mental retardation, developmental or intellectual disability or other cause, and aintellectual disability or other cause, and effectively or to make and to communicate	5	h. the transportation necessary to secure any of such		
without the consent of the person except as provided for in Sections 10-107 and 10-108 of this title, and the evaluation, monitoring, and provision of protective placements; 3. "Meet essential requirements for mental or physical health and safety" means those actions necessary to provide the health care, food, shelter, clothing, personal hygiene and other care without which physical injury or illness to the vulnerable adult is likely to occur; 4. "Incapacitated person" means: (1) who is impaired by reason of mental or physical illness or disability, dementia or related disease, mental retardation, developmental or intellectual disability or other cause, and (2) whose ability to receive and evaluate information effectively or to make and to communicate	6	services.		
9       10-107 and 10-108 of this title, and the evaluation, monitoring, and         10       provision of protective placements;         11       3. "Meet essential requirements for mental or physical health         12       and safety" means those actions necessary to provide the health         13       care, food, shelter, clothing, personal hygiene and other care         14       without which physical injury or illness to the vulnerable adult is         15       likely to occur;         16       4. "Incapacitated person" means:         17       a. any person eighteen (18) years of age or older:         18       (1) who is impaired by reason of mental or physical         19       illness or disability, dementia or related         20       disease, mental retardation, developmental or         21       intellectual disability or other cause, and         22       (2) whose ability to receive and evaluate information         23       effectively or to make and to communicate	7	The term shall not include taking the person into physical custody		
10       provision of protective placements;         11       3. "Meet essential requirements for mental or physical health         12       and safety" means those actions necessary to provide the health         13       care, food, shelter, clothing, personal hygiene and other care         14       without which physical injury or illness to the vulnerable adult is         15       likely to occur;         16       4. "Incapacitated person" means:         17       a. any person eighteen (18) years of age or older:         18       (1) who is impaired by reason of mental or physical         19       illness or disability, dementia or related         20       disease, mental retardation, developmental or         21       intellectual disability or other cause, and         22       (2) whose ability to receive and evaluate information         23       effectively or to make and to communicate	8	without the consent of the person except as provided for in Sections		
11       3. "Meet essential requirements for mental or physical health         12       and safety" means those actions necessary to provide the health         13       care, food, shelter, clothing, personal hygiene and other care         14       without which physical injury or illness to the vulnerable adult is         15       likely to occur;         16       4. "Incapacitated person" means:         17       a. any person eighteen (18) years of age or older:         18       (1) who is impaired by reason of mental or physical         19       illness or disability, dementia or related         20       disease, mental retardation, developmental or         21       intellectual disability or other cause, and         22       (2) whose ability to receive and evaluate information         23       effectively or to make and to communicate	9	10-107 and 10-108 of this title, and the evaluation, monitoring, and		
12       and safety" means those actions necessary to provide the health         13       care, food, shelter, clothing, personal hygiene and other care         14       without which physical injury or illness to the vulnerable adult is         15       likely to occur;         16       4. "Incapacitated person" means:         17       a. any person eighteen (18) years of age or older:         18       (1) who is impaired by reason of mental or physical         19       illness or disability, dementia or related         20       disease, mental retardation, developmental or         21       intellectual disability or other cause, and         22       (2) whose ability to receive and evaluate information         23       effectively or to make and to communicate	10	provision of protective placements;		
care, food, shelter, clothing, personal hygiene and other care without which physical injury or illness to the vulnerable adult is likely to occur; 4. "Incapacitated person" means: a. any person eighteen (18) years of age or older: (1) who is impaired by reason of mental or physical illness or disability, dementia or related disease, mental retardation, developmental <u>or</u> <u>intellectual</u> disability or other cause, and (2) whose ability to receive and evaluate information effectively or to make and to communicate	11	3. "Meet essential requirements for mental or physical health		
<pre>14 without which physical injury or illness to the vulnerable adult is 15 likely to occur; 16 4. "Incapacitated person" means: 17 a. any person eighteen (18) years of age or older: 18 (1) who is impaired by reason of mental or physical 19 illness or disability, dementia or related 20 disease, mental retardation, developmental or 21 intellectual disability or other cause, and 22 (2) whose ability to receive and evaluate information 23 effectively or to make and to communicate</pre>	12	and safety" means those actions necessary to provide the health		
15 likely to occur; 16 4. "Incapacitated person" means: 17 a. any person eighteen (18) years of age or older: 18 (1) who is impaired by reason of mental or physical 19 illness or disability, dementia or related 20 disease, mental retardation, developmental or 21 <u>intellectual</u> disability or other cause, and 22 (2) whose ability to receive and evaluate information 23 effectively or to make and to communicate	13	care, food, shelter, clothing, personal hygiene and other care		
16       4. "Incapacitated person" means:         17       a. any person eighteen (18) years of age or older:         18       (1) who is impaired by reason of mental or physical         19       illness or disability, dementia or related         20       disease, mental retardation, developmental or         21       intellectual disability or other cause, and         22       (2) whose ability to receive and evaluate information         23       effectively or to make and to communicate	14	without which physical injury or illness to the vulnerable adult is		
17a. any person eighteen (18) years of age or older:18(1) who is impaired by reason of mental or physical19illness or disability, dementia or related20disease, mental retardation, developmental or21intellectual disability or other cause, and22(2) whose ability to receive and evaluate information23effectively or to make and to communicate	15	likely to occur;		
18(1) who is impaired by reason of mental or physical19illness or disability, dementia or related20disease, mental retardation, developmental or21intellectual disability or other cause, and22(2) whose ability to receive and evaluate information23effectively or to make and to communicate	16	4. "Incapacitated person" means:		
<ul> <li>illness or disability, dementia or related</li> <li>disease, mental retardation, developmental or</li> <li><u>intellectual</u> disability or other cause, and</li> <li>whose ability to receive and evaluate information</li> <li>effectively or to make and to communicate</li> </ul>	17	a. any person eighteen (18) years of age or older:		
20disease, mental retardation, developmental or21intellectual disability or other cause, and22(2)(2)whose ability to receive and evaluate information23effectively or to make and to communicate	18	(1) who is impaired by reason of mental or physical		
21 <u>intellectual</u> disability or other cause, and 22 (2) whose ability to receive and evaluate information 23 effectively or to make and to communicate	19	illness or disability, dementia or related		
<ul> <li>(2) whose ability to receive and evaluate information</li> <li>effectively or to make and to communicate</li> </ul>	20	disease, <del>mental retardation,</del> developmental <u>or</u>		
effectively or to make and to communicate	21	intellectual disability or other cause, and		
	22	(2) whose ability to receive and evaluate information		
24 responsible decisions is impaired to such an	23	effectively or to make and to communicate		
	24	responsible decisions is impaired to such an		

1 extent that such person lacks the capacity to 2 manage his or her financial resources or to meet 3 essential requirements for his or her mental or 4 physical health or safety without assistance from 5 others, or a person for whom a guardian, limited guardian, or 6 b. 7 conservator has been appointed pursuant to the Oklahoma Guardianship and Conservatorship Act; 8 9 5. "Vulnerable adult" means an individual who is an 10 incapacitated person or who, because of physical or mental 11 disability, including persons with Alzheimer's disease or other 12 dementias, incapacity, or other disability, is substantially 13 impaired in the ability to provide adequately for the care or 14 custody of himself or herself, or is unable to manage his or her 15 property and financial affairs effectively, or to meet essential 16 requirements for mental or physical health or safety, or to protect 17 himself or herself from abuse, verbal abuse, neglect, or 18 exploitation without assistance from others; 19 6. "Caretaker" means a person who has: 20 the responsibility for the care of a vulnerable adult a. 21 or the financial management of the resources of a 22 vulnerable adult as a result of a family relationship, 23 24

1	b. assumed the responsibility for the care of a
2	vulnerable adult voluntarily, by contract, or as a
3	result of the ties of friendship, or
4	c. been appointed a guardian, limited guardian, or
5	conservator pursuant to the Oklahoma Guardianship and
6	Conservatorship Act;
7	7. "Department" means the Department of Human Services;
8	8. "Abuse" means causing or permitting:
9	a. the infliction of physical pain, injury, sexual abuse
10	sexual exploitation, unreasonable restraint or
11	confinement, or mental anguish, or
12	b. the deprivation of nutrition, clothing, shelter,
13	health care, or other care or services without which
14	serious physical or mental injury is likely to occur
15	to a vulnerable adult by a caretaker or other person
16	providing services to a vulnerable adult;
17	9. "Exploitation" or "exploit" means an unjust or improper use
18	of the resources of a vulnerable adult for the profit or advantage,
19	pecuniary or otherwise, of a person other than the vulnerable adult
20	through the use of undue influence, coercion, harassment, duress,
21	deception, false representation or false pretense;
22	10. "Financial neglect" means repeated instances by a
23	caretaker, or other person, who has assumed the role of financial

24 management, of failure to use the resources available to restore or

Req. No. 2155

maintain the health and physical well-being of a vulnerable adult,
 including, but not limited to:

3		a.	squandering or negligently mismanaging the money,
4			property, or accounts of a vulnerable adult,
5		b.	refusing to pay for necessities or utilities in a
6			timely manner, or
7		с.	providing substandard care to a vulnerable adult
8			despite the availability of adequate financial
9			resources;
10	11.	"Neg	lect" means:
11		a.	the failure to provide protection for a vulnerable
12			adult who is unable to protect his or her own
13			interest,
14		b.	the failure to provide a vulnerable adult with
15			adequate shelter, nutrition, health care, or clothing,
16			or
17		с.	negligent acts or omissions that result in harm or the
18			unreasonable risk of harm to a vulnerable adult
19			through the action, inaction, or lack of supervision
20			by a caretaker providing direct services;
21	12.	"Sex	ual abuse" means:
22		a.	oral, anal, or vaginal penetration of a vulnerable
23			adult by or through the union with the sexual organ of
24			a caretaker or other person providing services to the

vulnerable adult, or the anal or vaginal penetration
of a vulnerable adult by a caretaker or other person
providing services to the vulnerable adult with any
other object, or

- b. for the purpose of sexual gratification, the touching,
  feeling or observation of the body or private parts of
  a vulnerable adult by a caretaker or other person
  providing services to the vulnerable adult, or
- 9 c. indecent exposure by a caretaker or other person
  10 providing services to the vulnerable adult;

11 13. "Indecent exposure" means forcing or requiring a vulnerable 12 adult to:

a. look upon the body or private parts of another person
or upon sexual acts performed in the presence of the
vulnerable adult, or

b. touch or feel the body or private parts of another;
14. "Self-neglect" means the action or inaction of a vulnerable
adult which causes that person to fail to meet the essential
requirements for physical or mental health and safety due to the
vulnerable adult's lack of awareness, incompetence or incapacity;

21 15. "Sexual exploitation" includes, but is not limited to, a 22 caretaker's causing, allowing, permitting or encouraging a 23 vulnerable adult to engage in prostitution or in the lewd, obscene,

24

or pornographic photographing, filming or depiction of the
 vulnerable adult as those acts are defined by state law; and

3 16. "Verbal abuse" means the use of words, sounds, or other 4 communication including, but not limited to, gestures, actions or 5 behaviors, by a caretaker or other person providing services to a 6 vulnerable adult that are likely to cause a reasonable person to 7 experience humiliation, intimidation, fear, shame or degradation.

Nothing in this section shall be construed to mean a 8 в. 9 vulnerable adult is abused or neglected for the sole reason the 10 vulnerable adult, in good faith, selects and depends upon spiritual 11 means alone through prayer, in accordance with the practices of a 12 recognized religious method of healing, for the treatment or cure of 13 disease or remedial care, or a caretaker or other person 14 responsible, in good faith, is furnishing such vulnerable adult 15 spiritual means alone through prayer, in accordance with the tenets 16 and practices of a recognized church or religious denomination, for 17 the treatment or cure of disease or remedial care in accordance with 18 the practices of or express consent of the vulnerable adult.

SECTION 31. AMENDATORY 43A O.S. 2011, Section 10-104, as amended by Section 1, Chapter 318, O.S.L. 2016 (43A O.S. Supp. 2018, Section 10-104), is amended to read as follows:

Section 10-104. A. Any person having reasonable cause to believe that a vulnerable adult is suffering from abuse, neglect, or

Req. No. 2155

1 exploitation shall make a report as soon as the person is aware of 2 the situation to: 3 1. The Department of Human Services; or 4 2. The municipal police department or sheriff's office in the 5 county in which the suspected abuse, neglect, or exploitation occurred. 6 7 Persons required to make reports pursuant to this section в. shall include, but not be limited to: 8 9 1. Physicians; 10 2. Operators of emergency response vehicles and other medical 11 professionals; 12 Social workers and mental health professionals; 3. 13 4. Law enforcement officials; 14 5. Staff of domestic violence programs; 15 Long-term care facility personnel, including staff of 6. 16 nursing facilities, intermediate care facilities for persons 17 individuals with mental retardation intellectual disabilities 18 (ICFs/IID), assisted living facilities, and residential care 19 facilities: 20 7. Other health care professionals; 21 8. Persons entering into transactions with a caretaker or other 22 person who has assumed the role of financial management for a 23 vulnerable adult; 24

Req. No. 2155

9. Staff of residential care facilities, group homes, or
 employment settings for individuals with developmental intellectual
 disabilities;

4 10. Job coaches, community service workers, and personal care 5 assistants; and

6 11. Municipal employees.

7 C. 1. If the report is not made in writing in the first instance, as soon as possible after it is initially made by 8 9 telephone or otherwise, the report shall be reduced to writing by 10 the Department of Human Services, in accordance with rules 11 promulgated by the Commission for Director of Human Services, or the 12 local municipal police or sheriff's department whichever entity 13 received the initial report. The report shall contain the following 14 information:

15	a.	the name and address of the vulnerable adult,
16	b.	the name and address of the caretaker, guardian, or
17		person having power of attorney over the vulnerable
18		adult's resources if any,

- c. a description of the current location of thevulnerable adult,
- 21 d. a description of the current condition of the
  22 vulnerable adult, and
- 23
- 24

e. a description of the situation which may constitute
 abuse, neglect or exploitation of the vulnerable
 adult.

2. If federal law specifically prohibits the disclosure of any
of the information required by this subsection, that information may
be excluded from the report.

D. If the initial report is made to the local municipal police
department or sheriff's office, such police department or sheriff's
office shall notify, as soon as possible, the Department of Human
Services of its investigation.

E. Any person who knowingly and willfully fails to promptly report any abuse, neglect, or exploitation as required by the provisions of subsection A of this section, upon conviction, shall be guilty of a misdemeanor punishable by imprisonment in the county jail for a term not exceeding one (1) year or by a fine of not more than One Thousand Dollars (\$1,000.00), or by both such fine and imprisonment.

F. 1. Any person participating in good faith and exercising due care in the making of a report pursuant to the provisions of this section shall have immunity from any civil or criminal liability that might otherwise be incurred or imposed. Any such participant shall have the same immunity with respect to participation in any judicial proceeding resulting from the report.

24

Req. No. 2155

2. The same immunity from any civil or criminal liability shall also be extended to previous employers of a person employed to be responsible for the care of a vulnerable adult, who in good faith report to new employers or prospective employers of such caretaker any misconduct of the caretaker including, but not limited to, abuse, neglect or exploitation of a vulnerable adult, whether confirmed or not.

G. Any person who willfully or recklessly makes a false report 8 9 shall be civilly liable for any actual damages suffered by the 10 person being reported and for any punitive damages set by the court or jury which may be allowed in the discretion of the court or jury. 11 12 н. 1. Every physician or other health care professional making 13 a report concerning the abuse, neglect or exploitation of a 14 vulnerable adult, as required by this section, or examining a 15 vulnerable adult to determine the likelihood of abuse, neglect or 16 exploitation, and every hospital in which a vulnerable adult is 17 examined or treated for abuse, neglect or exploitation shall 18 disclose necessary health information related to the case and 19 provide, upon request by either the Department of Human Services or 20 the local municipal police or sheriff's department receiving the 21 initial report, copies of the results or the records of the 22 examination on which the report was based, and any other clinical 23 notes, x-rays or photographs and other health information which is 24 related to the case if:

- a. the vulnerable adult agrees to the disclosure of the health information, or
  - b. the individual is unable to agree to the disclosure of health information because of incapacity; and
- 5 (1) the requesting party represents that the health 6 information for which disclosure is sought is not 7 intended to be used against the vulnerable adult 8 in a criminal prosecution but to provide 9 protective services pursuant to the Protective 10 Services for Vulnerable Adults Act,
- 11 (2) the disclosure of the information is necessary to 12 conduct an investigation into the alleged abuse, 13 neglect or exploitation of the vulnerable adult 14 subject to the investigation, and
  - (3) immediate enforcement activity that depends upon the disclosure:
- 17 (a) is necessary to protect the health, safety
  18 and welfare of the vulnerable adult because
  19 of incapacity, or
- 20 (b) would be materially and adversely affected
  21 by waiting until the vulnerable adult is
  22 able to agree to the disclosure.
- 24

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2. If federal law specifically prohibits the disclosure of any
 of the information required by this subsection, that information may
 be excluded from the disclosed health information.

4 After investigating the report, either the county office of I. 5 the Department of Human Services or the municipal police department or sheriff's office, as appropriate, shall forward its findings to 6 7 the office of the district attorney in the county in which the suspected abuse, neglect, or exploitation occurred. Unsubstantiated 8 9 findings shall be labeled as such before transmission to the office 10 of the district attorney. Findings of self-neglect shall not be 11 forwarded to the office of the district attorney unless similar 12 findings were reported within six (6) months prior.

13 J. Any state or county medical examiner or physician who has 14 reasonable cause to suspect that the death of any vulnerable adult 15 may be the result of abuse or neglect as defined by Section 10-103 16 of this title shall make a report to the district attorney or other 17 law enforcement official of the county in which the death occurred. 18 The report shall include the name of the person making the report, 19 the name of the deceased person, the facts or other evidence 20 supporting such suspicion, and any other health information that may 21 be of assistance to the district attorney in conducting an 22 investigation into the matter.

K. No employer shall terminate the employment, prevent or
 impair the practice or occupation of or impose any other sanction on

any employee solely for the reason that the employee made or caused to be made a report or cooperated with an investigation pursuant to the Protective Services for Vulnerable Adults Act. A court, in addition to other damages and remedies, may assess reasonable attorney fees against an employer who has been found to have violated the provisions of this subsection.

7 SECTION 32. AMENDATORY 47 O.S. 2011, Section 1104.1, is
8 amended to read as follows:

9 Section 1104.1. A. Twenty-three Dollars (\$23.00) of the fee
10 authorized by Section 1135.5 of this title for university or college
11 supporter license plates which are received each year by the
12 Oklahoma Tax Commission or its motor license agents shall be
13 apportioned as follows:

14 Twenty Dollars (\$20.00) of the fee for each license plate 1. 15 designating a particular state university or college shall be 16 apportioned to the particular state university or college so 17 designated on the license plate. Twenty Dollars (\$20.00) of the fee 18 for each license plate designating a particular private university 19 or college shall be apportioned to the particular private university 20 or college so designated on the license plate and may be used by the 21 private university or college as compensation for use of the 22 symbols, words, or letters authorized by the private university or 23 college for use on the license plate; and

24

Req. No. 2155

2. Three Dollars (\$3.00) shall be deposited to the Adaptive
 2 Grant Program for Oklahomans with <u>Mental Retardation Intellectual</u>
 3 <u>Disabilities</u> Revolving Fund created by this section to be used for
 4 educational purposes.

5 Β. There is hereby created in the State Treasury a revolving fund for the Department of Human Services to be designated the 6 7 "Adaptive Grant Program for Oklahomans with Mental Retardation Intellectual Disabilities Revolving Fund". The fund shall be a 8 9 continuing fund, not subject to fiscal year limitations, and shall 10 consist of all funds deposited therein pursuant to the provisions of 11 paragraph 2 of subsection A of this section. All monies accruing to 12 the credit of the fund are hereby appropriated and may be budgeted 13 and expended by the Department of Human Services for the 14 administration of the Adaptive Grant Program for Oklahomans with 15 Mental Retardation Intellectual Disabilities.

16 The Director of the Department of Human Services is hereby С. 17 directed to promulgate rules to create the Adaptive Grant Program 18 for Oklahomans with Mental Retardation Intellectual Disabilities 19 Program to provide financial assistance in adaptation of 20 furnishings, fixtures, vehicles, equipment or structures in order to 21 meet any special needs of Oklahomans with mental retardation 22 intellectual disabilities; provided, recipients of grants awarded 23 pursuant to the program shall be limited to those programs, projects 24 or persons not otherwise qualifying for state or federal funding.

Req. No. 2155

1 The Department of Human Services is authorized to contract with a 2 statewide private, nonprofit foundation certified to be a 501(c)(3) 3 organization by the Internal Revenue Service for administration of 4 the program.

5 D. The <u>Department Director</u> of Human Services shall prepare an 6 annual report on the Program. Such report shall be submitted to the 7 Governor, the President Pro Tempore of the Senate and the Speaker of 8 the House of Representatives.

9 SECTION 33. AMENDATORY 56 O.S. 2011, Section 198.11c, is 10 amended to read as follows:

Section 198.11c. A. This act shall be known and may be cited as the "Opportunities for Independent Living Act".

13 B. The Legislature finds that:

14 1. In the landmark Olmstead v. L.C. decision, the Supreme Court 15 interpreted Title II of the Americans with Disabilities Act to 16 require states to administer programs in the most integrated setting 17 appropriate to meet the needs of qualified persons with

18 disabilities;

Medicaid is presently structured to provide care to persons
 with disabilities in institutional settings such as skilled nursing
 facilities and private intermediate care facilities for persons
 <u>individuals</u> with mental retardation (ICFs-MR) intellectual
 disabilities (ICFs/IID), and in community-based settings such as

24 group homes and waiver programs; and

Req. No. 2155

3. Persons with disabilities living in institutional settings
 must meet certain low-income standards to become eligible for
 institutional care. Therefore, when a person with disabilities
 wishes to move into the community, he or she has little or no
 resources to pay for rent and utility deposits or purchase basic
 household items.

7 C. It is the intent of the Legislature to establish a three-8 year pilot program that:

9
1. Is consistent with and implements the Olmstead Decision;
10
2. Develops eligibility criteria for the pilot program;
11
3. In coordination with the Oklahoma Health Care Authority and
12 the Department of Human Services Aging Division, utilizes the
13 Centers for Medicare and Medicaid <u>Services</u> Minimum Data Set (MDS)
14 information to identify thirty people who have requested to receive

15 their services in a community setting;

16

4. Identifies barriers to moving into the community;

17 5. Works with nurses and case managers to coordinate services 18 for eligible participants within the pilot program to ensure the 19 health and safety of each consumer;

20 6. Establishes an infrastructure to allow for an effective
21 system that allows money to follow the person from Medicaid programs
22 into the community settings;

23 7. Increases the availability of safe, affordable and
24 accessible housing;

Req. No. 2155

8. Establishes a presence within local hospitals to reduce the
 number of inappropriate placements within institutional settings;

3

9. Develops benefits counseling options; and

4 10. Allows qualified persons with disabilities the opportunity5 to transition from institutions into the community.

D. Subject to the availability of funding, the Oklahoma Health
Care Authority shall establish and maintain a three-year pilot
program to assist qualified individuals with disabilities living in
institutions to transition into the community. The Authority shall
act as the lead agency and is authorized to consult and cooperate
with the Department of Human Services as necessary to carry out the
provisions of this act the Opportunities for Independent Living Act.

E. The Authority shall enter into contracts to carry out the provisions of this act the Opportunities for Independent Living Act. Such contracted entities shall be consumer-controlled, nonresidence-based, community-based, nonprofit organizations with experience in transitioning persons with disabilities into community settings.

F. The Authority through its duly contracted entities shall:
Utilize MDS data to identify participants who prefer to
receive services within the community;

22 2. Develop eligibility criteria for pilot program participants;
23 3. Provide ongoing assistance to further develop assessment
24 criteria for pilot program participants;

## Req. No. 2155

4. Work in conjunction with health care providers and case
 managers to coordinate services for pilot program participants;

5. Establish an effective system that allows money to follow pilot program participants from the institutional setting to the community;

6 6. Increase pilot program participant access to safe and7 affordable housing;

8 7. Offer follow-up services such as training, technical
9 assistance and support for pilot program participants; and

B. Develop curriculum and marketing materials to train future
 service providers.

12 G. The Authority through its duly contracted entities is 13 authorized to use available funding to assist eligible persons under 14 this act the Opportunities for Independent Living Act to:

15 1. Pay rent deposits;

16 2. Pay utility deposits;

17 3. Purchase initial household supplies;

18 4. Purchase basic initial household appliances; and

19 5. Purchase initial furniture and pay moving expenses.

H. The Authority shall promulgate rules as necessary to carry
out the provisions of this act the Opportunities for Independent
Living Act. Such rules shall include but are not limited to:

23 1. Eligibility criteria for services;

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Req. No. 2155

Assessment protocols to identify persons in need of
 services; and

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3. Funding to assist eligible persons.

I. The Authority and the Department of Human Services shall
evaluate the implementation of the pilot program and annually make
recommendations to the Legislature regarding its effectiveness.

7 SECTION 34. AMENDATORY 56 O.S. 2011, Section 602, is
8 amended to read as follows:

9 Section 602. As used in the Oklahoma Family Support Act:
10 1. "Department" means the Department of Human Services;

11 2. "Family" means a family member and his or her parent or 12 legal guardian; and

13 3. "Family member" means a person less than eighteen (18) years 14 of age with mental retardation or other developmental <u>or</u> 15 <u>intellectual</u> disability as defined in Section 1408 of Title 10 of 16 the Oklahoma Statutes.

17SECTION 35.AMENDATORY56 O.S. 2011, Section 1017.2, is18amended to read as follows:

19 Section 1017.2. The Legislature finds that:

20 1. Oklahoma has a successful home- and community-based services 21 program known as the ADvantage Waiver Program for the frail, elderly 22 and adults with physical disabilities age twenty-one (21) and over 23 who do not have mental retardation an intellectual disability nor a 24 cognitive impairment. The ADvantage Waiver Program provides the

Req. No. 2155

1 following services: case management, transitional case management, personal care, advanced supportive/restorative, skilled nursing -2 3 home health setting, RN assessment evaluation, occupational therapy, 4 physical therapy, respiratory therapy, speech/language therapy, 5 adult day health, personal care in adult day health, therapy in adult day health, home-delivered meals, NF extended respite, in-home 6 7 respite, in-home extended respite, environmental modifications, hospice, consumer-directed personal care assistant services and 8 9 supports, assisted living, and specialized medical equipment and 10 supplies;

11 2. Many Oklahomans who could safely stay at home with cost-12 effective home- and community-based services go into nursing 13 facilities the day assistance is needed because their eligibility 14 for nursing facility supports is "presumed" by the nursing facility, 15 while eligibility for home and community supports can take weeks or 16 months. If their circumstances are such that they need immediate or 17 urgent care, they lose their choice to live and receive their 18 services at home. Once they are in a nursing facility, they may 19 lose their home or the supports they need to stay at home; and 20 3. The cost of serving Oklahomans who are in nursing facilities

21 when they could be living and receiving services at home is 22 significantly higher than the cost of serving them with home- and 23 community-based services.

24

1 SECTION 36. AMENDATORY 56 O.S. 2011, Section 1017.3, is 2 amended to read as follows: 3 Section 1017.3. To be eligible for the ADvantage Waiver 4 Program, a person shall: 5 1. Qualify financially for Medicaid; 2. Be sixty-five (65) years of age or older or be a physically 6 7 disabled adult as determined by the Social Security Administration, age twenty-one (21) years or older without mental retardation an 8 9 intellectual disability or cognitive impairment; 10 3. Be determined to meet the nursing facility institutional level of care by the Aging Services Division of the Department of 11 12 Human Services: 13 4. Reside in his or her own home or a family member's home; and 14 5. Have needs that can be safely met with waiver services and 15 family or community supports. 16 SECTION 37. AMENDATORY 56 O.S. 2011, Section 1025.1, is 17 amended to read as follows: 18 Section 1025.1. For the purposes of this chapter: 19 "Bureau" means the Oklahoma State Bureau of Investigation; 1. 20 "Commission" means the Commission for Human Services; 2. 21 3. "Community services provider" means a community-based 22 program, corporation, or individual who contracts with, or is 23 licensed or funded by, the Department of Human Services to provide 24 residential or vocational services to persons who are elderly or

Req. No. 2155

1 persons with mental retardation intellectual or developmental disabilities, or contracts with the Oklahoma Health Care Authority 2 3 to provide services to individuals with mental retardation 4 intellectual disabilities through a Home and Community-Based Waiver, 5 except a private ICF/MR ICF/IID;

4. 3. "Community services worker" means any person employed by 6 7 or under contract with a community services provider who provides, for compensation or as a volunteer, health-related services, 8 9 training, or supportive assistance to persons who are elderly or 10 persons with developmental disabilities, and who is not a licensed 11 health professional or any person who contracts with the Oklahoma 12 Health Care Authority to provide specialized foster care, 13 habilitation training specialist services, or homemaker services to 14 persons with developmental disabilities;

15 5. 4. "Department" means the Department of Human Services; 16 6. 5. "Developmental disability" means a severe, chronic 17 disability of a person which:

18 is attributable to a mental or physical impairment or a. 19 combination of mental and physical impairments, such 20 as mental retardation an intellectual development 21 disorder, cerebral palsy, or autism, 22 b. is manifested before the person attains twenty-two 23 (22) years of age,

24 is likely to continue indefinitely,

Req. No. 2155

с.

1	d.	results in substantial functional limitations in three
2		or more of the following areas of major life activity:
3		(1) self-care,
4		(2) receptive and expressive language,
5		(3) learning,
6		(4) mobility,
7		(5) self-direction,
8		(6) capacity for independent living, and
9		(7) economic self-sufficiency, and
10	e.	reflects the person's need for a combination and
11		sequence of special, interdisciplinary, or generic
12		care, treatment, or other services which are of
13		lifelong or extended duration and are individually
14		planned and coordinated;
15	<del>7.</del> <u>6.</u> "H	lealth-related services" means those services provided

16 by community services providers or community services workers to 17 persons who are elderly or persons with developmental disabilities 18 that include, but are not limited to, personal hygiene, 19 transferring, range of motion, supervision or assistance in 20 activities of daily living, basic nursing care such as taking 21 temperature, pulse or respiration, positioning, incontinent care, 22 and identification of signs and symptoms of disease. Certain tasks 23 that may be performed as basic nursing care by community services 24 workers require appropriate training provided or approved by the

Req. No. 2155

1 Department, written agreement by the service recipient's personal 2 support team, and the primary care physician's acknowledgement and specific order related to the task. Under such circumstances, basic 3 4 nursing care may include, but need not be limited to: 5 a. nutrition, including meals by gastrostomy tube or jejeunostomy tube, 6 7 b. blood glucose monitoring, ostomy bag care, 8 с. 9 d. oral suctioning, and 10 administration of oral metered dose inhalers and e. 11 nebulizers; 12 8. 7. "Supportive assistance" means the service rendered to 13 persons with developmental disabilities which is sufficient to 14 enable such person to meet an adequate level of daily living. 15 Supportive assistance includes, but is not limited to, training, 16 supervision, assistance in housekeeping, assistance in the 17 preparation of meals, and assistance in activities of daily living 18 as necessary for the health and comfort of persons with 19 developmental disabilities; 9. 8. "Maltreatment" means abuse, verbal abuse, sexual abuse, 20

21 neglect, financial neglect, exploitation or sexual exploitation of 22 vulnerable adults as defined in Section 10-103 of Title 43A of the 23 Oklahoma Statutes or abuse, neglect, sexual abuse or sexual

24

1 exploitation of children as defined in Section 1-1-105 of Title 10A
2 of the Oklahoma Statutes;

10. 9. "Personal care" means a level of assistance provided in 3 the home of an individual to meet the individual's activities of 4 5 daily living needs such as bathing, grooming, meal preparation, light housekeeping, laundry, and care plan-directed errands; 6 7 11. 10. "Medicaid personal care services provider" means a program, corporation or individual who provides services under the 8 9 state Medicaid program personal care program or Advantage Waiver to 10 individuals who are elderly or who have a physical disability; 11 12. 11. "Medicaid personal care assistant" means a person who provides Medicaid services funded under the state Medicaid program 12 13 personal care program, who is not a certified nurse aide or a 14 licensed professional; 15 13. 12. "Specialized foster care" means the home- and 16 community-based service as defined in the 1915(c) waiver approved by 17 the Centers for Medicare and Medicaid Services; 18 14. 13. "Habilitation training specialist services" means the 19 home- and community-based service as defined in the 1915 (c) waiver 20 approved by the Centers for Medicare and Medicaid Services; 21 15. 14. "Homemaker services" means the home- and community-22 based service as defined in the 1915(c) waiver approved by the

23 Centers for Medicare and Medicaid Services.

24

Req. No. 2155

1SECTION 38.AMENDATORY56 O.S. 2011, Section 1030.1, is2amended to read as follows:

3 Section 1030.1. A. The Department of Human Services may, upon 4 its own initiative or at the request of an owner, operator or 5 resident of any agency providing residential services to people individuals with mental retardation intellectual disabilities, or at 6 7 the request of a resident's guardian or relative, petition the court to appoint a receiver to take possession of and operate an agency 8 9 providing residential services, except a facility subject to the 10 provisions of the Nursing Home Care Act. When requested to file a 11 petition, the Department of Human Services shall determine if proper 12 cause exists, and shall take whatever steps are necessary to protect 13 the health, welfare and safety of residents including, if necessary, 14 petitioning the court to place the agency under the control of a 15 receiver to ensure that the residents receive adequate care.

16 B. Upon the filing of a petition by the Department of Human 17 Services, subject to other provisions of this article, a court may 18 appoint a receiver to take possession of and operate an agency 19 licensed by or contracting with the Department of Human Services or 20 the Oklahoma Health Care Authority to provide community residential 21 supports to individuals with mental retardation or other 22 developmental or intellectual disabilities when there is actual, 23 imminent or substantial risk of serious physical or mental harm or

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1 death to residents, and no other remedies at law are adequate to 2 protect the health, safety and welfare of the residents.

3 C. Conditions and factors which may result in mental or
4 physical harm or death, or risk of harm or death, as described in
5 subsection B of this section include, but are not limited to,
6 instances when any of the following occur:

7 1. The residential agency has violated, or has demonstrated a
8 pattern and practice of repeated violations of, state or federal
9 law, rule or regulation which affect health and safety;

The residential agency is in the process of terminating
 services or intends to cease operations, and arrangements for
 relocating residents are dangerously inadequate; or

3. The residential agency is insolvent as defined in subsection
C of Section 16 of this act 1030.2 of this title, and a receivership
is necessary to protect the health and safety of the residents.

16 D. Petitions filed pursuant to this section shall include the 17 following:

A description of the specific conditions, conduct, or
 occurrences existing at the agency which have resulted in serious
 physical or mental harm or death or which present a substantial risk
 of serious physical or mental harm or death to residents;

22 2. A statement explaining why other remedies of law are
23 inadequate;

24

Req. No. 2155

3. The number of individuals receiving residential services
 from the agency who have been seriously harmed or died, or are at
 substantial risk of such harm or death;

4 4. A statement that the facts have been brought to the
5 attention of the owner or administrator and that conditions have not
6 been remedied within a reasonable period of time or that the
7 conditions, though remedied periodically, habitually exist at the
8 agency as a pattern or practice;

9 5. The name and address of the persons holding a contract for 10 the agency or serving as the duly authorized agent of the contract 11 and the address of a designated representative for the Director of 12 the Department of Human Services and the Administrator of the 13 Oklahoma Health Care Authority; and

14 6. A listing of any other reasons that may apply as set forth15 in this subsection.

E. No party, attorney, or person interested in an action shall be appointed a receiver pursuant to this section. To assist the court in identifying persons qualified to be named as receivers, the Director of the Department of Human Services or the Director's designee shall maintain a list of the names of such persons that the court may consider.

F. The court may award to a residential agency appropriate costs and expenses, including reasonable attorney fees, if the court determines that a petitioner has initiated a proceeding in bad faith

## Req. No. 2155

or merely for the purpose of harassing or embarrassing the
 residential agency.

3 SECTION 39. AMENDATORY 56 O.S. 2011, Section 2002, as 4 last amended by Section 1, Chapter 183, O.S.L. 2013 (56 O.S. Supp. 5 2018, Section 2002), is amended to read as follows:

6 Section 2002. A. For the purpose of providing quality care 7 enhancements, the Oklahoma Health Care Authority is authorized to and shall assess a Nursing Facilities Quality of Care Fee pursuant 8 9 to this section upon each nursing facility licensed in this state. 10 Facilities operated by the Oklahoma Department of Veterans Affairs shall be exempt from this fee. Quality of care enhancements 11 12 include, but are not limited to, the purposes specified in this section. 13

14 B. As a basis for determining the Nursing Facilities Quality of 15 Care Fee assessed upon each licensed nursing facility, the Authority 16 shall calculate a uniform per-patient day rate. The rate shall be 17 calculated by dividing six percent (6%) of the total annual patient 18 gross receipts of all licensed nursing facilities in this state by 19 the total number of patient days for all licensed nursing facilities 20 in this state. The result shall be the per-patient day rate. 21 Beginning July 15, 2004, the Nursing Facilities Quality of Care Fee 22 shall not be increased unless specifically authorized by the 23 Legislature.

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C. Pursuant to any approved Medicaid waiver and pursuant to
 subsection N of this section, the Nursing Facilities Quality of Care
 Fee shall not exceed the amount or rate allowed by federal law for
 nursing home licensed bed days.

5 D. The Nursing Facilities Quality of Care Fee owed by a 6 licensed nursing facility shall be calculated by the Authority by 7 adding the daily patient census of a licensed nursing facility, as 8 reported by the facility for each day of the month, and by 9 multiplying the ensuing figure by the per-patient day rate 10 determined pursuant to the provisions of subsection B of this 11 section.

E. Each licensed nursing facility which is assessed the Nursing Facilities Quality of Care Fee shall be required to file a report on a monthly basis with the Authority detailing the daily patient census and patient gross receipts at such time and in such manner as required by the Authority.

F. 1. The Nursing Facilities Quality of Care Fee for a
licensed nursing facility for the period beginning October 1, 2000,
shall be determined using the daily patient census and annual
patient gross receipts figures reported to the Authority for the
calendar year 1999 upon forms supplied by the Authority.

22 2. Annually the Nursing Facilities Quality of Care Fee shall be23 determined by:

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1 using the daily patient census and patient gross a. 2 receipts reports received by the Authority for the 3 most recent available twelve (12) months, and 4 annualizing those figures. b. 5 Each year thereafter, the annualization of the Nursing Facilities Quality of Care Fee specified in this paragraph shall be 6 7 subject to the limitation in subsection B of this section unless the provision of subsection C of this section is met. 8 9 G. The payment of the Nursing Facilities Quality of Care Fee by licensed nursing facilities shall be an allowable cost for Medicaid 10 11 reimbursement purposes. 12 There is hereby created in the State Treasury a Н. 1. 13 revolving fund to be designated the "Nursing Facility Quality of 14 Care Fund". 15 The fund shall be a continuing fund, not subject to fiscal 2. 16 year limitations, and shall consist of: 17 all monies received by the Authority pursuant to this a. 18 section and otherwise specified or authorized by law, 19 monies received by the Authority due to federal b. 20 financial participation pursuant to Title XIX of the 21 Social Security Act, and 22 с. interest attributable to investment of money in the

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23

Req. No. 2155

fund.

3.	All	monies accruing to the credit of the fund are hereby
appropr	iated	and shall be budgeted and expended by the Authority
for:		
	a.	reimbursement of the additional costs paid to
		Medicaid-certified nursing facilities for purposes
		specified by Sections 1-1925.2, 5022.1 and 5022.2 of
		Title 63 of the Oklahoma Statutes,
	b.	reimbursement of the Medicaid rate increases for
		intermediate care facilities for the mentally retarded
		(ICFs/MR) individuals with intellectual disabilities
		(ICFs/IID),
	с.	nonemergency transportation services for Medicaid-
		eligible nursing home clients,
	d.	eyeglass and denture services for Medicaid-eligible
		nursing home clients,
	e.	ten additional ombudsmen employed by the Department of
		Human Services,
	f.	ten additional nursing facility inspectors employed by
		the State Department of Health,
	g.	pharmacy and other Medicaid services to qualified
		Medicare beneficiaries whose incomes are at or below
		one hundred percent (100%) of the federal poverty
		level; provided however, pharmacy benefits authorized
		for such qualified Medicare beneficiaries shall be
	appropr	appropriated for: a. b. c. d. e. f.

1 suspended if the federal government subsequently 2 extends pharmacy benefits to this population, costs incurred by the Authority in the administration 3 h. 4 of the provisions of this section and any programs 5 created pursuant to this section, i. durable medical equipment and supplies services for 6 7 Medicaid-eligible elderly adults, and j. personal needs allowance increases for residents of 8 9 nursing homes and Intermediate Care Facilities for the 10 Mentally Retarded (ICFs/MR) Intellectually Disabled 11 (ICFs/IID) from Thirty Dollars (\$30.00) to Fifty 12 Dollars (\$50.00) per month per resident. 13 4. Expenditures from the fund shall be made upon warrants 14 issued by the State Treasurer against claims filed as prescribed by 15 law with the Director of the Office of Management and Enterprise 16 Services for approval and payment.

5. The fund and the programs specified in this section funded
by revenues collected from the Nursing Facilities Quality of Care
Fee pursuant to this section are exempt from budgetary cuts,
reductions, or eliminations.

6. The Medicaid rate increases for intermediate care facilities
for the mentally retarded (ICFs/MR) individuals with intellectual
disabilities (ICFs/IID) shall not exceed the net Medicaid rate
increase for nursing facilities including, but not limited to, the

Medicaid rate increase for which Medicaid-certified nursing
 facilities are eligible due to the Nursing Facilities Quality of
 Care Fee less the portion of that increase attributable to treating
 the Nursing Facilities Quality of Care Fee as an allowable cost.

7. The reimbursement rate for nursing facilities shall be made
in accordance with Oklahoma's Medicaid reimbursement rate
methodology and the provisions of this section.

8 8. No nursing facility shall be guaranteed, expressly or
9 otherwise, that any additional costs reimbursed to the facility will
10 equal or exceed the amount of the Nursing Facilities Quality of Care
11 Fee paid by the nursing facility.

12 I. 1. In the event that federal financial participation 13 pursuant to Title XIX of the Social Security Act is not available to 14 the Oklahoma Medicaid program, for purposes of matching expenditures 15 from the Nursing Facility Quality of Care Fund at the approved 16 federal medical assistance percentage for the applicable fiscal 17 year, the Nursing Facilities Quality of Care Fee shall be null and 18 void as of the date of the nonavailability of such federal funding, 19 through and during any period of nonavailability.

20 2. In the event of an invalidation of this section by any court 21 of last resort under circumstances not covered in subsection J of 22 this section, the Nursing Facilities Quality of Care Fee shall be 23 null and void as of the effective date of that invalidation.

24

Req. No. 2155

3. In the event that the Nursing Facilities Quality of Care Fee
 is determined to be null and void for any of the reasons enumerated
 in this subsection, any Nursing Facilities Quality of Care Fee
 assessed and collected for any periods after such invalidation shall
 be returned in full within sixty (60) days by the Authority to the
 nursing facility from which it was collected.

7 If any provision of this section or the application J. 1. thereof shall be adjudged to be invalid by any court of last resort, 8 9 such judgment shall not affect, impair or invalidate the provisions 10 of the section, but shall be confined in its operation to the provision thereof directly involved in the controversy in which such 11 12 judgment was rendered. The applicability of such provision to other 13 persons or circumstances shall not be affected thereby.

14 2. This subsection shall not apply to any judgment that affects 15 the rate of the Nursing Facilities Quality of Care Fee, its 16 applicability to all licensed nursing homes in the state, the usage 17 of the fee for the purposes prescribed in this section, and/or the 18 ability of the Authority to obtain full federal participation to 19 match its expenditures of the proceeds of the fee.

K. The Authority shall promulgate rules for the implementation and enforcement of the Nursing Facilities Quality of Care Fee established by this section.

L. The Authority shall provide for administrative penalties inthe event nursing facilities fail to:

Req. No. 2155

1	1.	Submit the Quality of Care Fee;	
2	2.	Submit the fee in a timely manner;	
3	3.	Submit reports as required by this section; or	
4	4.	Submit reports timely.	
5	Μ.	As used in this section:	
6	1.	"Nursing facility" means any home, establishment or	
7	institution, or any portion thereof, licensed by the State		
8	Department of Health as defined in Section 1-1902 of Title 63 of the		
9	Oklahoma	a Statutes;	
10	2.	"Medicaid" means the medical assistance program established	
11	in Title	e XIX of the federal Social Security Act and administered in	
12	this sta	ate by the Authority;	
13	3.	"Patient gross revenues" means gross revenues received in	
14	compensa	ation for services provided to residents of nursing	
15	facilit	ies including, but not limited to, client participation. The	
16	term "pa	atient gross revenues" shall not include amounts received by	
17	nursing	facilities as charitable contributions; and	
18	4.	"Additional costs paid to Medicaid-certified nursing	
19	facilit	ies under Oklahoma's Medicaid reimbursement methodology"	
20	means bo	oth state and federal Medicaid expenditures including, but	
21	not lim	ited to, funds in excess of the aggregate amounts that would	
22	otherwi	se have been paid to Medicaid-certified nursing facilities	
23	under tl	he Medicaid reimbursement methodology which have been updated	
24	for inf	lationary, economic, and regulatory trends and which are in	

Req. No. 2155

effect immediately prior to the inception of the Nursing Facilities
 Quality of Care Fee.

N. 1. As per any approved federal Medicaid waiver, the assessment rate subject to the provision of subsection C of this section is to remain the same as those rates that were in effect prior to January 1, 2012, for all state-licensed continuum of care facilities.

2. Any facilities that made application to the State Department 8 9 of Health to become a licensed continuum of care facility no later 10 than January 1, 2012, shall be assessed at the same rate as those 11 facilities assessed pursuant to paragraph 1 of this subsection; 12 provided, that any facility making said the application shall 13 receive the license on or before September 1, 2012. Any facility 14 that fails to receive such license from the State Department of 15 Health by September 1, 2012, shall be assessed at the rate 16 established by subsection C of this section subsequent to September 17 1, 2012.

0. If any provision of this section, or the application
thereof, is determined by any controlling federal agency, or any
court of last resort to prevent the state from obtaining federal
financial participation in the state's Medicaid program, such
provision shall be deemed null and void as of the date of the
nonavailability of such federal funding and through and during any

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period of nonavailability. All other provisions of the bill shall
 remain valid and enforceable.

3 SECTION 40. AMENDATORY 56 O.S. 2011, Section 343, is 4 amended to read as follows:

5 Section 343. The Commission for Department of Human Services 6 and the University Hospitals Authority shall enter into cooperative 7 agreements between the University Hospitals Authority and the state 8 schools for the mentally retarded individuals with intellectual 9 <u>disabilities</u> in the development of basic medical services programs 10 at the schools for the mentally retarded <u>individuals with</u>

11 <u>intellectual disabilities</u>; provided, that the University Hospitals 12 Authority shall not have the responsibility for implementing such 13 programs or for providing medical services at the schools for <del>the</del> 14 <u>mentally retarded individuals with intellectual disabilities</u>.

15 SECTION 41. AMENDATORY 56 O.S. 2011, Section 347, is
16 amended to read as follows:

17 Section 347. The Department of Human Services is hereby 18 authorized to contract for the services of guardians and 19 conservators who will act on behalf of individuals that are 20 recipients of services through the agency's programs including, but 21 not limited to, the program for the mentally retarded individuals 22 with intellectual disabilities and the adult protective services 23 program. The Department is authorized to reimburse such guardians 24 and conservators for any expenses determined to be reimburseable by

Req. No. 2155

1 the Department and incurred as a result of their services as 2 guardian or conservator.

3 SECTION 42. AMENDATORY 56 O.S. 2011, Section 530.2, is 4 amended to read as follows:

Section 530.2. A. It is the purpose and policy of the Oklahoma
Adult Companion Home Certification Act to ensure maintenance of
minimum standards for the care and protection of mentally retarded
or developmentally disabled adults with intellectual or
developmental disability, and to encourage and assist adult

10 companion homes in achieving maximum standards.

B. In order to provide care for mentally retarded or developmentally disabled adults with intellectual or developmental disability in adult companion homes, a certificate shall be obtained from the Department of Human Services. Such certificate shall be issued on the basis of meeting minimum standards which are essential for the health and welfare of any mentally retarded or developmentally disabled adult with intellectual or developmental

17 developmentally disabled adult with intellectual or developmental

18 disability placed for care in such home.

19SECTION 43.AMENDATORY56 O.S. 2011, Section 530.3, is20amended to read as follows:

Section 530.3. For purposes of the provisions of the Oklahoma
Adult Companion Home Certification Act:

23 1. "Department" means the Department of Human Services; and 24

Req. No. 2155

2. "Adult companion home" means any home or establishment,
 funded and certified by the Department of Human Services, which
 provides homelike residential accommodations and supportive
 assistance to three or fewer mentally retarded or developmentally
 disabled adults with intellectual or developmental disability.
 SECTION 44. AMENDATORY 56 O.S. 2011, Section 530.6, is
 amended to read as follows:

8 Section 530.6. A. The Department of Human Services shall have 9 authority at any reasonable time to investigate and examine the 10 conditions of any home which receives and cares for mentally 11 retarded or developmentally disabled adults with intellectual or 12 developmental disability. The Department shall have authority at 13 any time to require the home to provide information pertaining to 14 mentally retarded or developmentally disabled adults with

15 <u>intellectual or developmental disability</u> in its care.

B. The State Department of Health may visit any home at the
request of the Department to advise on matters affecting the health
of mentally retarded or developmentally disabled adults with
<u>intellectual or developmental disability</u> and to inspect the
sanitation of the buildings used for their care.

C. The State Bureau of Investigation and the State Fire Marshal shall visit any home at the request of the Department to advise on matters affecting the safety of mentally retarded or developmentally disabled adults with intellectual or developmental disability and to 1 inspect the condition of the buildings in which their care is
2 provided.

D. Information obtained by the Department from any home
regarding mentally retarded or developmentally disabled adults with
<u>intellectual or developmental disability</u> shall be deemed
confidential, and shall be properly safeguarded, and shall not be
accessible to anyone except as herein provided unless upon order of
a court of competent jurisdiction.

9 SECTION 45. AMENDATORY 59 O.S. 2011, Section 367.3, is 10 amended to read as follows:

11 Section 367.3. A. The Board of Pharmacy shall implement 12 statewide a program consistent with public health and safety through 13 which unused prescription drugs, other than prescription drugs 14 defined as controlled dangerous substances in Section 2-101 of Title 15 63 of the Oklahoma Statutes, may be transferred from residential 16 care homes, nursing facilities, assisted living centers, public 17 intermediate care facilities for people individuals with mental 18 retardation (ICF/MR) intellectual disabilities (ICFs/IID) or 19 pharmaceutical manufacturers to pharmacies operated by a county. If 20 no county pharmacy exists, or if a county pharmacy chooses not to 21 participate, such unused prescription medications may be transferred 22 to a pharmacy operated by a city-county health department or a 23 pharmacy under contract with a city-county health department, a 24 pharmacy operated by the Department of Mental Health and Substance

Req. No. 2155

Abuse Services or a charitable clinic for the purpose of
 distributing the unused prescription medications to Oklahoma
 residents who are medically indigent.

B. The Board of Pharmacy shall promulgate rules and establish
procedures necessary to implement the program established by the
Utilization of Unused Prescription Medications Act.

7 C. The Board of Pharmacy shall provide technical assistance to
8 entities who may wish to participate in the program.

9 SECTION 46. AMENDATORY 59 O.S. 2011, Section 887.17, as
10 last amended by Section 3, Chapter 324, O.S.L. 2014 (59 O.S. Supp.
11 2018, Section 887.17), is amended to read as follows:

12 Section 887.17. A. 1. Except for workers' compensation 13 claims, any person licensed under the Physical Therapy Practice Act 14 as a physical therapist shall be able to evaluate and treat human 15 ailments by physical therapy on a patient without a referral from a 16 licensed health care practitioner for a period not to exceed thirty 17 (30) days. Treatment may be provided by a physical therapist 18 assistant under the supervision of a physical therapist. Any 19 treatment provided beyond the thirty-day period shall be only under 20 the referral of a person licensed as a physician or surgeon with 21 unlimited license, or the physician assistant of the person so 22 licensed, and Doctors of Dentistry, Chiropractic and Podiatry and an 23 Advanced Practice Registered Nurse, with those referrals being 24 limited to their respective areas of training and practice.

Req. No. 2155

1 2. A physical therapist may provide services within the scope 2 of physical therapy practice without a physician referral to 3 children who receive physical therapy services pursuant to the 4 Individuals with Disabilities Education Improvement Act of 2004, as 5 may be amended, and Section 504 of the Rehabilitation Act of 1973, Section 504, as may be amended. Provided further, a plan of care 6 7 developed by a person authorized to provide services within the scope of the Physical Therapy Practice Act shall be deemed to be a 8 9 prescription for purposes of providing services pursuant to the provisions of the Individuals with Disabilities Education 10 11 Improvement Act of 2004, as may be amended, and Section 504 of the 12 Rehabilitation Act of 1973, as may be amended.

Nothing in the Physical Therapy Practice Act shall prevent a
 physical therapist from performing screening and educational
 procedures within the scope of physical therapy practice without a
 physician referral.

17 4. Nothing in the Physical Therapy Practice Act shall prevent a
18 physical therapist from performing services that are provided for
19 the purpose of fitness, wellness, or prevention that is not related
20 to the treatment of an injury or ailment.

5. Nothing in the Physical Therapy Practice Act shall be
construed as authorization for a physical therapist or physical
therapist assistant to practice any branch of the healing art.

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6. Any person violating the provisions of the Physical Therapy
 Practice Act shall be guilty of a misdemeanor as per Section 887.16
 of this title.

B. 1. The provisions of the Physical Therapy Practice Act are
not intended to limit the activities of persons legitimately engaged
in the nontherapeutic administration of baths, massage, and normal
exercise.

2. The Physical Therapy Practice Act shall not prohibit 8 9 students who are enrolled in schools of physical therapy approved by 10 the State Board of Medical Licensure and Supervision from performing 11 such work as is incidental to their course of study; nor shall it 12 prevent any student in any recognized school of the healing art in 13 carrying out prescribed courses of study; provided such school is a 14 recognized institution by the statutes of Oklahoma, and its 15 practitioners are duly licensed as prescribed by law.

3. Nothing in the Physical Therapy Practice Act shall apply to any person employed by an agency, bureau, or division of the federal government while in the discharge of official duties; however, if such individual engages in the practice of physical therapy outside the line of official duty, the individual must be licensed as herein provided.

22 SECTION 47. AMENDATORY 62 O.S. 2011, Section 57.32, is 23 amended to read as follows:

24

Req. No. 2155

1 Section 57.32. The State of Oklahoma Building Bonds Commission, 2 created by Section 57.302 of Title 62, Oklahoma Statutes 1951, 3 Section 57.1 of the Oklahoma Statutes, acting for and on behalf of 4 the State of Oklahoma, shall be the agency by and through which the 5 State of Oklahoma shall incur indebtedness to the extent of the sum of Thirty-five Million Five Hundred Thousand Dollars 6 7 (\$35,500,000.00) as principal, for the purpose of constructing new buildings and other capital improvements, and for equipping, 8 9 remodeling, modernizing and repairing any and all existing buildings 10 and capital improvements, at the constituent institutions of the 11 Oklahoma State System of Higher Education provided that Five Million 12 Dollars (\$5,000,000.00) thereof shall be used to construct and equip 13 a school and hospital for mentally retarded children with 14 intellectual disabilities in Northeastern Oklahoma pursuant to, and 15 under authority of, Section 34 of Article X of the Constitution of 16 the State of Oklahoma, and this act Section 57.15 et seq. of this 17 title. 18 63 O.S. 2011, Section 1-1925.2, SECTION 48. AMENDATORY

18 SECTION 48. AMENDATORY 63 0.S. 2011, Section 1-1925.2, 19 is amended to read as follows:

20 Section 1-1925.2. A. The Oklahoma Health Care Authority shall 21 fully recalculate and reimburse nursing facilities and intermediate 22 care facilities for the mentally retarded (ICFs/MR) individuals with 23 intellectual disabilities (ICFs/IID) from the Nursing Facility 24 Quality of Care Fund beginning October 1, 2000, the average actual,

Req. No. 2155

audited costs reflected in previously submitted cost reports for the cost-reporting period that began July 1, 1998, and ended June 30, 1999, inflated by the federally published inflationary factors for the two (2) years appropriate to reflect present-day costs at the midpoint of the July 1, 2000, through June 30, 2001, rate year.

1. The recalculations provided for in this subsection shall be
consistent for both nursing facilities and intermediate care
facilities for the mentally retarded (ICFs/MR) individuals with
<u>intellectual disabilities (ICFs/IID)</u>, and shall be calculated in the
same manner as has been mutually understood by the long-term care
industry and the Oklahoma Health Care Authority.

The recalculated reimbursement rate shall be implemented
 September 1, 2000.

B. 1. From September 1, 2000, through August 31, 2001, all nursing facilities subject to the Nursing Home Care Act, in addition to other state and federal requirements related to the staffing of nursing facilities, shall maintain the following minimum directcare-staff-to-resident ratios:

a. from 7:00 a.m. to 3:00 p.m., one direct-care staff to
every eight residents, or major fraction thereof,
b. from 3:00 p.m. to 11:00 p.m., one direct-care staff to
every twelve residents, or major fraction thereof, and
c. from 11:00 p.m. to 7:00 a.m., one direct-care staff to
every seventeen residents, or major fraction thereof.

Req. No. 2155

2. From September 1, 2001, through August 31, 2003, nursing
 facilities subject to the Nursing Home Care Act and intermediate
 care facilities for the mentally retarded <u>ICFs/IID</u> with seventeen or
 more beds shall maintain, in addition to other state and federal
 requirements related to the staffing of nursing facilities, the
 following minimum direct-care-staff-to-resident ratios:

7 from 7:00 a.m. to 3:00 p.m., one direct-care staff to a. every seven residents, or major fraction thereof, 8 9 b. from 3:00 p.m. to 11:00 p.m., one direct-care staff to 10 every ten residents, or major fraction thereof, and from 11:00 p.m. to 7:00 a.m., one direct-care staff to 11 с. 12 every seventeen residents, or major fraction thereof. 13 3. On and after September 1, 2003, subject to the availability 14 of funds, nursing facilities subject to the Nursing Home Care Act 15 and intermediate care facilities for the mentally retarded ICFs/IID 16 with seventeen or more beds shall maintain, in addition to other 17 state and federal requirements related to the staffing of nursing 18 facilities, the following minimum direct-care-staff-to-resident 19 ratios: 20 from 7:00 a.m. to 3:00 p.m., one direct-care staff to a. 21 every six residents, or major fraction thereof, 22 from 3:00 p.m. to 11:00 p.m., one direct-care staff to b.

every eight residents, or major fraction thereof, and

23

24

Req. No. 2155

1 from 11:00 p.m. to 7:00 a.m., one direct-care staff to с. 2 every fifteen residents, or major fraction thereof. Effective immediately, facilities shall have the option of 3 4. 4 varying the starting times for the eight-hour shifts by one (1) hour 5 before or one (1) hour after the times designated in this section without overlapping shifts. 6 7 5. On and after January 1, 2004, a facility that has been a. determined by the State Department of Health to have 8 9 been in compliance with the provisions of paragraph 3

10of this subsection since the implementation date of11this subsection, may implement flexible staff12scheduling; provided, however, such facility shall13continue to maintain a direct-care service rate of at14least two and eighty-six one-hundredths (2.86) hours15of direct-care service per resident per day.16b. At no time shall direct-care staffing ratios in a

17 facility with flexible staff-scheduling privileges 18 fall below one direct-care staff to every sixteen 19 residents, and at least two direct-care staff shall be 20 on duty and awake at all times.

## c. As used in this paragraph, "flexible staff-scheduling" means maintaining:

## (1) a direct-care-staff-to-resident ratio based on overall hours of direct-care service per resident

Req. No. 2155

1		per day rate of not less than two and eighty-six
2		one-hundredths (2.86) hours per day,
3		(2) a direct-care-staff-to-resident ratio of at least
4		one direct-care staff person on duty to every
5		sixteen residents at all times, and
6		(3) at least two direct-care staff persons on duty
7		and awake at all times.
8	6. a.	On and after January 1, 2004, the Department shall
9		require a facility to maintain the shift-based, staff-
10		to-resident ratios provided in paragraph 3 of this
11		subsection if the facility has been determined by the
12		Department to be deficient with regard to:
13		(1) the provisions of paragraph 3 of this subsection,
14		(2) fraudulent reporting of staffing on the Quality
15		of Care Report,
16		(3) a complaint and/or survey investigation that has
17		determined substandard quality of care, or
18		(4) a complaint and/or survey investigation that has
19		determined quality-of-care problems related to
20		insufficient staffing.
21	b.	The Department shall require a facility described in
22		subparagraph a of this paragraph to achieve and
23		maintain the shift-based, staff-to-resident ratios
24		provided in paragraph 3 of this subsection for a

minimum of three (3) months before being considered eligible to implement flexible staff scheduling as defined in subparagraph c of paragraph 5 of this subsection.

- 5 с. Upon a subsequent determination by the Department that the facility has achieved and maintained for at least 6 7 three (3) months the shift-based, staff-to-resident ratios described in paragraph 3 of this subsection, 8 9 and has corrected any deficiency described in 10 subparagraph a of this paragraph, the Department shall 11 notify the facility of its eligibility to implement flexible staff-scheduling privileges. 12
- 13 7. For facilities that have been granted flexible staffa. 14 scheduling privileges, the Department shall monitor 15 and evaluate facility compliance with the flexible 16 staff-scheduling staffing provisions of paragraph 5 of 17 this subsection through reviews of monthly staffing 18 reports, results of complaint investigations and 19 inspections.
- b. If the Department identifies any quality-of-care
  problems related to insufficient staffing in such
  facility, the Department shall issue a directed plan
  of correction to the facility found to be out of
  compliance with the provisions of this subsection.

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- 1 c. In a directed plan of correction, the Department shall 2 require a facility described in subparagraph b of this 3 paragraph to maintain shift-based, staff-to-resident 4 ratios for the following periods of time:
- 5 (1) the first determination shall require that shift6 based, staff-to-resident ratios be maintained
  7 until full compliance is achieved,
- 8 (2) the second determination within a two-year period 9 shall require that shift-based, staff-to-resident 10 ratios be maintained for a minimum period of six 11 (6) months, and
- 12 (3) the third determination within a two-year period 13 shall require that shift-based, staff-to-resident 14 ratios be maintained for a minimum period of 15 twelve (12) months.

16 C. Effective September 1, 2002, facilities shall post the names 17 and titles of direct-care staff on duty each day in a conspicuous 18 place, including the name and title of the supervising nurse.

D. The State Board Commissioner of Health shall promulgate
 rules prescribing staffing requirements for intermediate care
 facilities for the mentally retarded individuals with intellectual
 <u>disabilities</u> serving six or fewer clients (ICFs/IID-6) and for
 intermediate care facilities for the mentally retarded individuals

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Req. No. 2155

1 with intellectual disabilities serving sixteen or fewer clients
2 (ICFs/IID-16).

E. Facilities shall have the right to appeal and to the informal dispute resolution process with regard to penalties and sanctions imposed due to staffing noncompliance.

6 When the state Medicaid program reimbursement rate F. 1. 7 reflects the sum of Ninety-four Dollars and eleven cents (\$94.11), plus the increases in actual audited costs over and above the actual 8 9 audited costs reflected in the cost reports submitted for the most 10 current cost-reporting period and the costs estimated by the 11 Oklahoma Health Care Authority to increase the direct-care, flexible 12 staff-scheduling staffing level from two and eighty-six one-13 hundredths (2.86) hours per day per occupied bed to three and two-14 tenths (3.2) hours per day per occupied bed, all nursing facilities 15 subject to the provisions of the Nursing Home Care Act and 16 intermediate care facilities for the mentally retarded individuals 17 with intellectual disabilities (ICFs/IID) with seventeen or more 18 beds, in addition to other state and federal requirements related to 19 the staffing of nursing facilities, shall maintain direct-care, 20 flexible staff-scheduling staffing levels based on an overall three 21 and two-tenths (3.2) hours per day per occupied bed.

22 2. When the state Medicaid program reimbursement rate reflects 23 the sum of Ninety-four Dollars and eleven cents (\$94.11), plus the 24 increases in actual audited costs over and above the actual audited

## Req. No. 2155

1 costs reflected in the cost reports submitted for the most current 2 cost-reporting period and the costs estimated by the Oklahoma Health Care Authority to increase the direct-care flexible staff-scheduling 3 4 staffing level from three and two-tenths (3.2) hours per day per 5 occupied bed to three and eight-tenths (3.8) hours per day per occupied bed, all nursing facilities subject to the provisions of 6 7 the Nursing Home Care Act and intermediate care facilities for the mentally retarded ICFs/IID with seventeen or more beds, in addition 8 9 to other state and federal requirements related to the staffing of 10 nursing facilities, shall maintain direct-care, flexible staff-11 scheduling staffing levels based on an overall three and eight-12 tenths (3.8) hours per day per occupied bed.

13 3. When the state Medicaid program reimbursement rate reflects 14 the sum of Ninety-four Dollars and eleven cents (\$94.11), plus the 15 increases in actual audited costs over and above the actual audited 16 costs reflected in the cost reports submitted for the most current 17 cost-reporting period and the costs estimated by the Oklahoma Health 18 Care Authority to increase the direct-care, flexible staff-19 scheduling staffing level from three and eight-tenths (3.8) hours 20 per day per occupied bed to four and one-tenth (4.1) hours per day 21 per occupied bed, all nursing facilities subject to the provisions 22 of the Nursing Home Care Act and intermediate care facilities for 23 the mentally retarded ICFs/IID with seventeen or more beds, in 24 addition to other state and federal requirements related to the

Req. No. 2155

1 staffing of nursing facilities, shall maintain direct-care, flexible
2 staff-scheduling staffing levels based on an overall four and one3 tenth (4.1) hours per day per occupied bed.

4 4. The Board Commissioner shall promulgate rules for shift5 based, staff-to-resident ratios for noncompliant facilities denoting
6 the incremental increases reflected in direct-care, flexible staff7 scheduling staffing levels.

5. In the event that the state Medicaid program reimbursement rate for facilities subject to the Nursing Home Care Act, and <del>intermediate care facilities for the mentally retarded</del> <u>ICFs/IID</u> having seventeen or more beds is reduced below actual audited costs, the requirements for staffing ratio levels shall be adjusted to the appropriate levels provided in paragraphs 1 through 4 of this subsection.

G. For purposes of this subsection:

16 1. "Direct-care staff" means any nursing or therapy staff who 17 provides direct, hands-on care to residents in a nursing facility; 18 and

Prior to September 1, 2003, activity and social services
 staff who are not providing direct, hands-on care to residents may
 be included in the direct-care-staff-to-resident ratio in any shift.
 On and after September 1, 2003, such persons shall not be included
 in the direct-care-staff-to-resident ratio.

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H. 1. The Oklahoma Health Care Authority shall require all
 nursing facilities subject to the provisions of the Nursing Home
 Care Act and intermediate care facilities for the mentally retarded
 <u>ICFs/IID</u> with seventeen or more beds to submit a monthly report on
 staffing ratios on a form that the Authority shall develop.

2. The report shall document the extent to which such
facilities are meeting or are failing to meet the minimum directcare-staff-to-resident ratios specified by this section. Such
report shall be available to the public upon request.

10 3. The Authority may assess administrative penalties for the 11 failure of any facility to submit the report as required by the 12 Authority. Provided, however:

a. administrative penalties shall not accrue until the
Authority notifies the facility in writing that the
report was not timely submitted as required, and
b. a minimum of a one-day penalty shall be assessed in
all instances.

18 4. Administrative penalties shall not be assessed for19 computational errors made in preparing the report.

5. Monies collected from administrative penalties shall be deposited in the Nursing Facility Quality of Care Fund and utilized for the purposes specified in the Oklahoma Healthcare Initiative Act.

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Req. No. 2155

1	I. 1. All entities regulated by this state that provide long-
2	term care services shall utilize a single assessment tool to
3	determine client services needs. The tool shall be developed by the
4	Oklahoma Health Care Authority in consultation with the State
5	Department of Health.
6	2. a. The Oklahoma Nursing Facility Funding Advisory
7	Committee is hereby created and shall consist of the
8	following:
9	(1) four members selected by the Oklahoma Association
10	of Health Care Providers,
11	(2) three members selected by the Oklahoma
12	Association of Homes and Services for the Aging,
13	and
14	(3) two members selected by the State Council on
15	Aging.
16	The Chair shall be elected by the committee. No state
17	employees may be appointed to serve.
18	b. The purpose of the advisory committee will be to
19	develop a new methodology for calculating state
20	Medicaid program reimbursements to nursing facilities
21	by implementing facility-specific rates based on
22	expenditures relating to direct care staffing. No
23	nursing home will receive less than the current rate
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at t	he time	of imp	plementa	tion of	facility-specific
rate	s pursu	ant to	this sul	bparagra	noh.

- c. The advisory committee shall be staffed and advised by the Oklahoma Health Care Authority.
- 5 d. The new methodology will be submitted for approval to the Board of the Oklahoma Health Care Authority by 6 7 January 15, 2005, and shall be finalized by July 1, 2005. The new methodology will apply only to new 8 9 funds that become available for Medicaid nursing 10 facility reimbursement after the methodology of this 11 paragraph has been finalized. Existing funds paid to 12 nursing homes will not be subject to the methodology 13 of this paragraph. The methodology as outlined in 14 this paragraph will only be applied to any new funding 15 for nursing facilities appropriated above and beyond 16 the funding amounts effective on January 15, 2005. 17 The new methodology shall divide the payment into two e. 18 components:
  - (1) direct care which includes allowable costs for registered nurses, licensed practical nurses, certified medication aides and certified nurse aides. The direct care component of the rate shall be a facility-specific rate, directly
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1			related to each facility's actual expenditures on
2			direct care, and
3		(2)	other costs.
4	f.	The	Oklahoma Health Care Authority, in calculating the
5		base	year prospective direct care rate component,
6		shal	l use the following criteria:
7		(1)	to construct an array of facility per diem
8			allowable expenditures on direct care, the
9			Authority shall use the most recent data
10			available. The limit on this array shall be no
11			less than the ninetieth percentile,
12		(2)	each facility's direct care base-year component
13			of the rate shall be the lesser of the facility's
14			allowable expenditures on direct care or the
15			limit,
16		(3)	other rate components shall be determined by the
17			Oklahoma Nursing Facility Funding Advisory
18			Committee in accordance with federal regulations
19			and requirements, and
20		(4)	rate components in divisions (2) and (3) of this
21			subparagraph shall be re-based and adjusted for
22			inflation when additional funds are made
23			available.
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3. The Department of Human Services shall expand its statewide
 toll-free, Senior-Info Line for senior citizen services to include
 assistance with or information on long-term care services in this
 state.

4. The Oklahoma Health Care Authority shall develop a nursing
facility cost-reporting system that reflects the most current costs
experienced by nursing and specialized facilities. The Oklahoma
Health Care Authority shall utilize the most current cost report
data to estimate costs in determining daily per diem rates.

10 J. 1. When the state Medicaid program reimbursement rate 11 reflects the sum of Ninety-four Dollars and eleven cents (\$94.11), 12 plus the increases in actual audited costs, over and above the 13 actual audited costs reflected in the cost reports submitted for the 14 most current cost-reporting period, and the direct-care, flexible 15 staff-scheduling staffing level has been prospectively funding at 16 four and one-tenth (4.1) hours per day per occupied bed, the 17 Authority may apportion funds for the implementation of the 18 provisions of this section.

The Authority shall make application to the United States
 Centers for Medicare and Medicaid Service for a waiver of the
 uniform requirement on health-care-related taxes as permitted by
 Section 433.72 of 42 C.F.R.

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Req. No. 2155

3. Upon approval of the waiver, the Authority shall develop a
 program to implement the provisions of the waiver as it relates to
 all nursing facilities.

4 SECTION 49. AMENDATORY 63 O.S. 2011, Section 1-219, is 5 amended to read as follows:

6 Section 1-219. The board of county commissioners of any county, 7 or the board of county commissioners of two or more counties jointly, is hereby authorized, at the option and approval of said 8 9 the board or boards, to conduct a child guidance program, and/or 10 community health center and/or community facility for the mentally 11 retarded individuals with intellectual disabilities, separate and 12 apart from or in conjunction with the county department of health, 13 and to request as a part of the county budget an appropriation of 14 not to exceed an amount equal to the net proceeds of a levy of 15 three-fourths (3/4) mill on the dollar valuation of taxable property 16 in the county for such purpose or purposes; and to employ personnel, 17 within the limits of such funds, to conduct such program or 18 Provided, that any center or facility for mental health programs. 19 services established or maintained hereunder shall first be approved 20 by the State Director of Mental Health on advice of the Board of 21 Mental Health and shall operate under the guidelines of the Oklahoma 22 Mental Health Services Act; and any center or facility for mental 23 retardation intellectual disability services established or 24 maintained hereunder shall first be approved by the Director of the

Req. No. 2155

Department of Institutions, Social and Rehabilitative Services on the advice of the Oklahoma Welfare Commission and shall operate under regulations prescribed by the Oklahoma Public Welfare Commission Human Services.

5 SECTION 50. AMENDATORY 63 O.S. 2011, Section 1-222.1, is 6 amended to read as follows:

7 Section 1-222.1. A. Every county or combination of counties desirous of establishing a mental health center and/or facilities 8 9 for the mentally retarded individuals with intellectual disabilities 10 shall establish a community mental health board and/or mental 11 retardation intellectual disability governing board each of which shall be composed of not less than seven (7) members. The members 12 13 of such governing boards shall be appointed by the board of county 14 commissioners of said the county. The term of office of members of 15 the governing board shall be three (3) years, except that of the 16 members first appointed the term of three members shall be for one 17 (1) year, and the term of two members shall be for two (2) years. 18 All members shall serve without pay.

B. When any combination of counties desires to establish a mental health center and/or facilities for the mentally retarded individuals with intellectual disabilities, the chairman chair of the board of county commissioners of each participating county shall appoint two (2) members of a selection committee, which committee shall select the governing board.

Req. No. 2155

1SECTION 51.AMENDATORY63 O.S. 2011, Section 1-222.2, is2amended to read as follows:

3 Section 1-222.2. The duties of each of the governing boards 4 shall be:

5 1. For the community mental health board, the duties prescribed
6 by the Community Mental Health Services Act, Sections 601 through
7 609, Title 43A, Oklahoma Statutes; and

8 2. For the mental retardation <u>intellectual disability</u> board,
9 the duties prescribed for the <del>Oklahoma Welfare Commission</del> <u>Department</u>
10 <u>of Human Services</u> by Sections 301 through 335, Title 43A, Oklahoma
11 Statutes.

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 SECTION 52.
 AMENDATORY
 63 O.S. 2011, Section 1-502.1, as

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 amended by Section 1, Chapter 246, O.S.L. 2013 (63 O.S. Supp. 2018,

 14
 Section 1-502.1), is amended to read as follows:

15 Section 1-502.1. A. All agencies and organizations that 16 regularly employ emergency medical technicians, paramedics, 17 firefighters, peace officers, as defined in Section 648 of Title 21 18 of the Oklahoma Statutes, correctional officers and employees, or 19 health care workers, all mental health or mentally retarded 20 intellectual disability treatment or evaluation programs that employ 21 persons involved with providing care for patients, the J.D. McCarty 22 Center for Children with Developmental Disabilities, and all 23 juvenile institutions of the Department of Human Services shall 24 implement the universal precautions for the prevention of the

Req. No. 2155

1 transmission of communicable diseases published by the Centers for 2 Disease Control, U.S. Public Health Service, in the Morbidity and 3 Mortality Weekly Report, Volume 36, Number 2S or as subsequently 4 amended.

5 в. The State Board Commissioner of Health shall promulgate rules and guidelines that will implement a system of notification of 6 7 emergency medical technicians, paramedics, firefighters, health care workers, funeral directors, peace officers, and any person who in 8 9 good faith renders aid in accordance with the Good Samaritan Act 10 relating to risk exposures during health care activities, emergency 11 response activities or funeral preparations. Risk exposure shall be 12 defined by the State Board Commissioner of Health to be exposure 13 that is epidemiologically demonstrated to have the potential for 14 transmitting a communicable disease.

C. The Board of Mental Health and Substance Abuse Services,
Department of Human Services, Oklahoma Cerebral Palsy Commission,
and State Board of Corrections shall each promulgate rules,
guidelines or policies to provide for such notification of risk
exposures to persons employed by such agencies.

20SECTION 53.AMENDATORY63 O.S. 2011, Section 1-533, is21amended to read as follows:

22 Section 1-533. A. The State <u>Board Commissioner</u> of Health shall 23 provide, pursuant to the provisions of Section 1-534 of this title<u>,</u> 24 as technologies and funds become available, an intensive educational

Req. No. 2155

and newborn screening program among physicians, hospitals, public health nurses, and the public concerning phenylketonuria, related inborn metabolic disorders, and other genetic or biochemical disorders for which:

5 1. Newborn screening will provide early treatment and 6 management opportunities that might not be available without 7 screening; and

8 2. Treatment and management will prevent mental retardation
 9 <u>intellectual disabilities</u> and/or reduce infant morbidity and
 10 mortality.

B. This educational and newborn screening program shall include information about:

13 1. The nature of the diseases;

14 2. Examinations for the detection of the diseases in infancy; 15 and

16 3. Follow-up measures to prevent the morbidity and mortality 17 resulting from these diseases.

C. For purposes of this section, "phenylketonuria" means an inborn error of metabolism attributable to a deficiency of or a defect in phenylalanine hydroxylase, the enzyme that catalyzes the conversion of phenylalanine to tyrosine. The deficiency permits the accumulation of phenylalanine and its metabolic products in the body fluids. The deficiency can result in mental retardation

24 intellectual disabilities (phenylpyruvic oligophrenia), neurologic

Req. No. 2155

1	manifestations (including hyperkinesia, epilepsy, and microcephaly),		
2	light pigmentation, and eczema. The disorder is transmitted as an		
3	autosomal recessive trait and can be treated by administration of a		
4	diet low in phenylalanine.		
5	D. The <del>State Board of Health</del> <u>Commissioner</u> shall promulgate any		
6	rules necessary to effectuate the provision of this section.		
7	SECTION 54. AMENDATORY 63 O.S. 2011, Section 1-851.1, is		
8	amended to read as follows:		
9	Section 1-851.1. For purposes of the Long-term Care Certificate		
10	of Need Act:		
11	1. "Board" means the State Board of Health;		
12	2. "Commissioner" means the State Commissioner of Health;		
13	3. "Department" means the State Department of Health;		
14	4. "Long-term care facility" means:		
15	a. a nursing facility or a specialized facility, as such		
16	terms are defined by Section 1-1902 of this title,		
17	b. skilled nursing care provided in a distinct part of a		
18	hospital as such term is defined by Section 1-701 of		
19	this title,		
20	c. the nursing care component of a continuum of care		
21	facility, as such term is defined under the Continuum		
22	of Care and Assisted Living Act, or		
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1		d.	the nursing care component of a life care community as
2			such term is defined by the Long-term Care Insurance
3			Act;
4	5.	"Disc	losure statement" means a written statement by the
5	applica	nt whi	ch contains:
6		a.	the full name, business address, and social security
7			number of the applicant, and all persons with
8			controlling interest as defined by the Long-term Care
9			Certificate of Need Act,
10		b.	the full name and address of any legal entity in which
11			the applicant holds a debt or equity interest of at
12			least five percent (5%), or which is a parent company
13			or subsidiary of the applicant,
14		с.	a description of the experience and credentials of the
15			applicant, including any past or present permits,
16			licenses, certifications, or operational
17			authorizations relating to long-term care facility
18			regulation,
19		d.	a listing and explanation of any administrative, civil
20			or criminal legal actions against the applicant or any
21			person with a controlling interest which resulted in a
22			final agency order or final judgment by a court of
23			record including, but not limited to, final orders or
24			judgments on appeal related to long-term care in the

1 five (5) years immediately preceding the filing of the 2 application. Such actions shall include, without 3 limitation, any permit denial or any sanction imposed 4 by a state regulatory authority or the Centers for 5 Medicare and Medicaid Services, and a listing of any federal long-term care agency and any 6 e. 7 state long-term care agency outside this state that has or has had regulatory responsibility over the 8 9 applicant;

10 6. "History of noncompliance" means three standard or complaint 11 surveys found to be at the substandard quality of care level when 12 the facility does not achieve compliance by date certain in a 13 nursing facility or specialized facility for persons with 14 Alzheimer's disease or related disorders. Additionally, "history of 15 noncompliance" for an intermediate care or specialized facility for 16 persons with mental retardation intellectual disabilities means 17 three consecutive routine or complaint surveys that resulted in 18 determinations that the facility was out of compliance with two or 19 more Conditions of Participation in the Medicaid program within the 20 preceding thirty-six (36) months when the facility does not achieve 21 compliance within sixty (60) days;

7. "Person" means any individual, corporation, industry, firm,
 partnership, association, venture, trust, institution, federal,

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1 state or local governmental instrumentality, agency or body or any 2 other legal entity however organized; and

3 8. "Person with a controlling interest" means a person who
4 meets any one or more of the following requirements:

a. controls fifty percent (50%) or more of the common
stock of the corporate entity involved or controls
fifty percent (50%) or more of the interest in the
partnership involved,

b. controls a percentage of stock greater than any other
stockholder or equal to the other single largest
stockholder or controls a percentage of partnership
interest greater than any other partner or equal to
the other single largest partnership interest, or
a managing member of a Limited Liability Company

(LLC).

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SECTION 55. AMENDATORY 63 O.S. 2011, Section 1-1902, as amended by Section 1, Chapter 288, O.S.L. 2016 (63 O.S. Supp. 2018, Section 1-1902), is amended to read as follows:

19 Section 1-1902. As used in the Nursing Home Care Act:

20 1. "Abuse" means the willful infliction of injury, unreasonable 21 confinement, intimidation or punishment, with resulting physical 22 harm, impairment or mental anguish;

23 2. "Access" means the right of a person to enter a facility to
 24 communicate privately and without unreasonable restriction when

Req. No. 2155

1 invited to do so by a resident. The state or local "ombudsman", as that term is defined by the Aging Services Division of the 2 Department of Human Services pursuant to the Older Americans' Act, 3 4 42 U.S.C.A., Section 3001 et seq., as amended, and a case manager 5 employed by the Department of Mental Health and Substance Abuse Services or one of its contract agencies shall have right of access 6 7 to enter a facility, communicate privately and without unreasonable restriction with any resident who consents to the communication, to 8 9 seek consent to communicate privately and without restriction with 10 any resident, and to observe all areas of the facility that directly pertain to the patient care of the resident without infringing upon 11 12 the privacy of the other residents without first obtaining their 13 consent;

14 "Administrator" means the person licensed by the State of 3. 15 Oklahoma who is in charge of a facility. An administrator must 16 devote at least one-third (1/3) of such person's working time to on-17 the-job supervision of the facility; provided that this requirement 18 shall not apply to an administrator of an intermediate care facility 19 for the mentally retarded individuals with intellectual disabilities 20 with sixteen or fewer beds (ICF-MR/16) (ICF/IID-16), in which case 21 the person licensed by the state may be in charge of more than one 22 ICF-MR/16 such ICF/IID-16 facility, if such facilities are located 23 within a circle that has a radius of not more than fifteen (15) 24 miles, the total number of facilities and beds does not exceed six

## Req. No. 2155

facilities and sixty-four beds, and each ICF-MR/16 such ICF/IID-16 facility is supervised by a qualified mental retardation professional. The facilities may be free-standing in a community or may be on campus with a parent institution. The ICF-MR/16 ICF/IID-<u>16 facility</u> may be independently owned and operated or may be part of a larger institutional operation;

7 4. "Advisory Board" means the Long-Term Care Facility Advisory
8 Board;

9 5. "Adult companion home" means any home or establishment, 10 funded and certified by the Department of Human Services, which 11 provides homelike residential accommodations and supportive 12 assistance to three or fewer mentally retarded or developmentally 13 disabled adults with intellectual or developmental disabilities; 14 6. "Board" means State Board of Health; "Commissioner" means State Commissioner of Health; 15 7. 16 "Department" means the State Department of Health; 8. 17 9. "Facility" means a nursing facility and a specialized home; 18 provided this term shall not include a residential care home or an 19 adult companion home; "Nursing facility" means a home, an establishment or an 20 10. 21 institution, a distinct part of which is primarily engaged in 22 providing:

a. skilled nursing care and related services for
 residents who require medical or nursing care,

Req. No. 2155

1 b. rehabilitation services for the rehabilitation of 2 injured, disabled, or sick persons, or 3 on a regular basis, health-related care and services с. 4 to individuals who because of their mental or physical 5 condition require care and services beyond the level of care provided by a residential care home and which 6 7 can be made available to them only through a nursing facility. 8

9 "Nursing facility" does not mean, for purposes of Section 1-851.1 of 10 this title, a facility constructed or operated by an entity 11 described in paragraph 7 of subsection B of Section 6201 of Title 74 12 of the Oklahoma Statutes or the nursing care component of a 13 continuum of care facility, as such term is defined under the 14 Continuum of Care and Assisted Living Act, to the extent that the 15 facility constructed or operated by an entity described in paragraph 16 7 of subsection B of Section 6201 of Title 74 of the Oklahoma 17 Statutes contains such a nursing care component;

18 11. "Specialized facility" means any home, establishment, or 19 institution which offers or provides inpatient long-term care 20 services on a twenty-four-hour basis to a limited category of 21 persons requiring such services, including but not limited to a 22 facility providing health or habilitation services for mentally 23 retarded or developmentally disabled persons individuals with 24 intellectual or developmental disabilities, but does not mean, for

Req. No. 2155

1 purposes of Section 1-851.1 of this title, a facility constructed or operated by an entity described in paragraph 7 of subsection B of 2 Section 6201 of Title 74 of the Oklahoma Statutes or the nursing 3 4 care component of a continuum of care facility, as such term is 5 defined under the Continuum of Care and Assisted Living Act, to the extent that the facility constructed or operated by an entity 6 7 described in paragraph 7 of subsection B of Section 6201 of Title 74 of the Oklahoma Statutes contains such a nursing care component; 8

9 12. "Residential care home" means any home, establishment, or 10 institution licensed pursuant to the provisions of the Residential 11 Care Act other than a hotel, motel, fraternity or sorority house, or 12 college or university dormitory, which offers or provides 13 residential accommodations, food service, and supportive assistance 14 to any of its residents or houses any resident requiring supportive 15 assistance. The residents shall be persons who are ambulatory and 16 essentially capable of managing their own affairs, but who do not 17 routinely require nursing care; provided, the term "residential care 18 home" shall not mean a hotel, motel, fraternity or sorority house, 19 or college or university dormitory, if the facility operates in a 20 manner customary to its description and does not house any person 21 who requires supportive assistance from the facility in order to 22 meet an adequate level of daily living;

23 13. "Licensee" means the person, a corporation, partnership, or 24 association who is the owner of the facility which is licensed by

# Req. No. 2155

1 the Department pursuant to the provisions of the Nursing Home Care 2 Act;

14. "Maintenance" means meals, shelter, and laundry services;
15. "Neglect" means failure to provide goods and/or services
necessary to avoid physical harm, mental anguish, or mental illness;
16. "Owner" means a person, corporation, partnership,

7 association, or other entity which owns a facility or leases a facility. The person or entity that stands to profit or lose as a 8 9 result of the financial success or failure of the operation shall be 10 presumed to be the owner of the facility. Notwithstanding the 11 foregoing, any nonstate governmental entity that has acquired and 12 owns or leases a facility and that has entered into an agreement 13 with the Oklahoma Health Care Authority to participate in the 14 nursing facility supplemental payment program ("UPL Owner") shall be 15 deemed the owner of such facility and shall be authorized to obtain 16 management services from a management services provider ("UPL 17 Manager"), and to delegate, allocate and assign as between the UPL 18 Owner and UPL Manager, compensation, profits, losses, liabilities, 19 decision-making authority and responsibilities, including 20 responsibility for the employment, direction, supervision and 21 control of the facility's administrator and staff;

22 17. "Personal care" means assistance with meals, dressing, 23 movement, bathing or other personal needs or maintenance, or general 24 supervision of the physical and mental well-being of a person, who

## Req. No. 2155

1 is incapable of maintaining a private, independent residence, or who 2 is incapable of managing his person, whether or not a guardian has 3 been appointed for such person;

4 18. "Resident" means a person residing in a facility due to
5 illness, physical or mental infirmity, or advanced age;

6 "Representative of a resident" means a court-appointed 19. 7 guardian or, if there is no court-appointed guardian, the parent of a minor, a relative, or other person, designated in writing by the 8 9 resident; provided, that any owner, operator, administrator or 10 employee of a facility subject to the provisions of the Nursing Home 11 Care Act, the Residential Care Act, or the Group Homes for the 12 Developmentally Disabled or Physically Handicapped Persons Act shall 13 not be appointed guardian or limited guardian of a resident of the 14 facility unless the owner, operator, administrator or employee is 15 the spouse of the resident, or a relative of the resident within the 16 second degree of consanguinity and is otherwise eligible for 17 appointment; and

20. "Supportive assistance" means the service rendered to any person which is less than the service provided by a nursing facility but which is sufficient to enable the person to meet an adequate level of daily living. Supportive assistance includes but is not limited to housekeeping, assistance in the preparation of meals, assistance in the safe storage, distribution, and administration of medications, and assistance in personal care as is necessary for the

Req. No. 2155

health and comfort of such person. Supportive assistance shall not
 include medical service.

SECTION 56. 63 O.S. 2011, Section 1-1912, as 3 AMENDATORY last amended by Section 1, Chapter 251, O.S.L. 2014 (63 O.S. Supp. 4 5 2018, Section 1-1912), is amended to read as follows: 6 Section 1-1912. A. The State Department of Health shall 7 promptly serve a notice of violation upon a licensee whenever, upon inspection or investigation, the Department determines that: 8 9 1. The facility is in violation of the Nursing Home Care Act, 10 any rule promulgated thereunder, or applicable federal certification 11 criteria; or 12 2. The financial condition of the facility poses an immediate 13 risk to the proper operation of the facility or to the health, 14 safety or welfare of the residents of the facility. 15 B. Each notice of violation shall be prepared in writing and 16 shall specify the nature of the violation, and the statutory 17 provision, rule or standard alleged to have been violated. The 18 notice of violation shall inform the licensee of its obligation to 19 file a plan of correction within ten (10) working days of receipt of 20 the notice of violation. In the case of a specialized facility for 21 persons individuals with mental retardation intellectual 22 disabilities, the Department shall offer the licensee an informal 23 opportunity comparable to the process offered to Medicaid-certified 24

Req. No. 2155

nursing facilities pursuant to 42 CFR 488.331, in order to dispute
 the alleged violations.

C. The Department shall notify the licensee of its intent to take any remedial action, impose administrative penalties, place a monitor or temporary manager in the facility, issue a conditional license, or suspend or revoke a license. The Department shall also inform the licensee of the right to an informal dispute resolution, hearing, or both.

9 D. Whenever the Department finds that an emergency exists 10 requiring immediate action to protect the health, safety or welfare 11 of any resident of a facility licensed pursuant to the provisions of 12 the Nursing Home Care Act, the Department may, without notice of 13 hearing, issue an order stating the existence of such an emergency 14 and requiring that action be taken as deemed necessary by the 15 Department to meet the emergency. The order shall be effective 16 immediately. Any person to whom such an order is directed shall 17 comply with such order immediately but, upon application to the 18 Department, shall be afforded a hearing within ten (10) business 19 days of receipt of the application. On the basis of such hearing, 20 the Department may continue the order in effect, revoke it, or 21 modify it. Any person aggrieved by such order continued after the 22 hearing provided in this subsection may appeal to the district court 23 in Oklahoma County within thirty (30) days. Such appeal when 24 docketed shall have priority over all cases pending on the docket,

except criminal cases. For purposes of this subsection, the State
 Board of Health shall define by rule the term "emergency" to
 include, but not be limited to, a life-endangering situation.

4 Within thirty (30) days of receipt of a plan of correction Ε. 5 by the State Department of Health from any facility operated by the Oklahoma Department of Veterans Affairs, the State Department of 6 7 Health shall submit the results of the inspection, including a list 8 of deficiencies in the condition or operation of the facility and 9 recommendations for corrective measures in the form of a written 10 report to the person immediately responsible for the administration 11 of the facility inspected, to the Oklahoma Department of Veterans 12 Affairs, to the Governor, to the Speaker of the House of 13 Representatives, and to the President Pro Tempore of the Senate.

F. At the conclusion of an inspection, survey, or investigation, the survey team's observations and preliminary findings shall be discussed in an exit conference with the facility personnel. During the exit conference, the facility shall be provided with the opportunity to discuss and supply additional information that they believe is pertinent to the preliminary findings. The following shall be provided to the facility:

A written list containing preliminary areas of potential
 noncompliance with state requirements based on findings during the
 survey, inspection or investigation. The information provided
 should be adequate to notify staff of surveyor concerns regarding

1 preliminary findings that indicate actual harm or substandard 2 quality of care; and

2. Any additional noncompliance with state requirements
determined during the review of field notes or in preparation of the
final survey report will be communicated to the facility personnel
by email or phone before issuing the final survey report.

7 SECTION 57. AMENDATORY 63 O.S. 2011, Section 330.51, is
8 amended to read as follows:

9 Section 330.51. For the purposes of this act Section 330.51 et
10 seq. of this title, and as used herein:

1. "Board" means the Oklahoma State Board of Examiners for
 Long-Term Care Administrators;

"Long-term care administrator" means a person licensed or 13 2. 14 certified as a nursing facility administrator, an assisted living 15 facility administrator, a residential care facility administrator, 16 or an adult day care center administrator pursuant to this act 17 Section 330.51 et seq. of this title. A long-term care 18 administrator must devote at least one-half (1/2) of such person's 19 working time to on-the-job supervision of a long-term care facility; 20 provided that this requirement shall not apply to an administrator 21 of an intermediate care facility for the mentally retarded 22 individuals with intellectual disabilities with sixteen or fewer 23 beds (ICF-MR/16) (ICF/IID-16), in which case the person licensed by 24 the state may be in charge of more than one ICF-MR/16 ICF/IID-16, if

Req. No. 2155

such facilities are located within a circle that has a radius of not more than fifteen (15) miles, and the total number of facilities and beds does not exceed six facilities and sixty-four beds. The facilities may be free-standing in a community or may be on campus with a parent institution. The ICF-MR/16 ICF/IID-16 may be independently owned and operated or may be part of a larger institutional ownership and operation;

8 3. "Nursing facility administrator" means a person licensed by
9 the State of Oklahoma to perform the duties of an administrator
10 serving in a skilled nursing or nursing or ICF/MR facility;

4. "Assisted living facility administrator" means a person
licensed or certified by the State of Oklahoma to perform the duties
of an administrator serving in an assisted living facility;

14 5. "Residential care facility administrator" means a person
15 licensed or certified by the State of Oklahoma to perform the duties
16 of an administrator serving in a residential care facility;

17 6. "Adult day care center administrator" means a person
18 licensed or certified by the State of Oklahoma to perform the duties
19 of an administrator serving in an adult day care center; and

20 7. "Nursing home", "rest home" and "specialized home" shall 21 have the same meaning as the term "nursing facility" as such term is 22 defined in the Nursing Home Care Act; "assisted living center" and 23 "continuum of care facility" shall have the same meaning as such 24 terms are defined in the Continuum of Care and Assisted Living Act;

Req. No. 2155

1 "home" and "residential care home" shall have the same meaning as
2 the terms are used in the Residential Care Act; and "adult day care
3 center" and "center" shall have the same meaning as such terms are
4 used in the Adult Day Care Act.

5 SECTION 58. AMENDATORY 63 O.S. 2011, Section 5026, is 6 amended to read as follows:

7 Section 5026. A. The Oklahoma Health Care Authority Board shall, in administering the Medicaid prescription drug program, 8 9 utilize the following definition for "phenylketonuria" to mean: An inborn error of metabolism attributable to a deficiency of or a 10 11 defect in phenylalanine hydroxylase, the enzyme that catalyzes the 12 conversion of phenylalanine to tyrosine. The deficiency permits the 13 accumulation of phenylalanine and its metabolic products in the body 14 fluids. The deficiency can result in mental retardation 15 intellectual disabilities (phenylpyruvic oligophrenia), neurologic 16 manifestations (including hyperkinesia, epilepsy, and microcephaly), 17 light pigmentation, and eczema. The disorder is transmitted as an 18 autosomal recessive trait and can be treated by administration of a 19 diet low in phenylalanine.

B. The Oklahoma Health Care Authority Board shall promulgate
any rules necessary to effectuate the provisions of this section.
SECTION 59. AMENDATORY 70 O.S. 2011, Section 6-105, as
amended by Section 1, Chapter 78, O.S.L. 2012 (70 O.S. Supp. 2018,
Section 6-105), is amended to read as follows:

Req. No. 2155

1 Section 6-105. A. If, because of sickness or other reason, a 2 teacher is temporarily unable to perform regular duties, a substitute teacher may be employed for the position for the time of 3 4 the absence. A substitute teacher shall be paid in an amount and 5 under such terms as may be agreed upon in advance by the substitute teacher and the board of education or according to regulations of 6 7 the board. If a teacher is absent for reason of personal business the school district shall deduct from the salary of the teacher only 8 9 the amount necessary to pay the substitute.

10 в. No substitute teacher shall be employed for a total period 11 of time in excess of ninety (90) school days during a school year; 12 or one hundred (100) school days during the school year if the 13 substitute teacher holds a lapsed or expired certificate or has a 14 bachelors level college degree; or no limit of school days during 15 the school year if the substitute teacher holds a valid certificate. 16 Each school district shall adopt a policy which sets forth the 17 maximum number of days a substitute teacher may be employed for the 18 same assignment if the substitute teacher does not hold a valid 19 certificate.

C. Substitute teachers who do not hold a valid certificate and who are employed to teach special education for students with physical disabilities or students with mental retardation <u>intellectual disabilities</u> shall not be subject to the restrictions on total time a substitute teacher may be employed if no certified

### Req. No. 2155

1 teachers are available to teach such students and the students would 2 be denied instruction in special education if the substitute teacher 3 were not employed. Beginning with the 2007-08 school year, any 4 substitute teacher employed to teach special education for the same 5 assignment for more than fifteen (15) consecutive or thirty (30) total school days during a school year who does not hold a valid 6 7 certificate to teach special education shall be required to complete in-service training as prescribed by the State Board of Education. 8 9 The training shall be provided at no cost to the substitute teacher. 10 Availability of certified teachers shall be determined after the 11 school has consulted the State Board of Education and any other 12 resources for filling the vacant position with a certified teacher. 13 D. A school district may request a waiver of the restrictions 14 on total time a substitute teacher may be employed from the State 15 Board of Education for a substitute teacher who does not hold a 16 valid certificate. The school district shall submit evidence on the 17 availability of certified substitute teachers and the qualifications 18 of the substitute teacher. The Board shall develop procedures for

19 the filing and processing of substitute teacher waivers pursuant to 20 this subsection.

E. Payment of salary to a substitute shall have no effect on the amount of salary to which the absent regular teacher is entitled under the applicable leave plan.

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F. Any substitute or cadet teacher employed in any school
 system on a monthly or annual basis shall hold a certificate and
 have a written contract in the manner and under the same conditions
 as for regular teachers.

5 G. Teachers who are members of the Reserve Forces of the Army, the Navy, the Marine Corps, the Coast Guard, the Air Force, or any 6 7 other component of the Armed Forces of the United States, including members of the Air or Army National Guard, shall, when ordered by 8 9 the proper authority to active duty or service, be entitled to a 10 leave of absence from such civil employment for the period of such 11 active service without loss of status or efficiency rating and 12 without loss of pay during the first thirty (30) days of such leave of absence. 13

H. School districts in this state may contract with outside
providers for the training and employment of substitute teachers.
The State Board of Education shall promulgate guidelines to assist
school districts in the sanctioning and approval of an outside
provider in accordance with this section.

19SECTION 60.AMENDATORY74 O.S. 2011, Section 255, is20amended to read as follows:

Section 255. The heads of the departments except as otherwise herein provided are hereby authorized and empowered to appoint persons to hold positions created in their respective departments. The persons so appointed shall hold office at the will of such state

Req. No. 2155

1 officer and in the case of all boards and commissioners, such board 2 or commission shall, by vote thereof, except as otherwise provided, 3 appoint persons to hold positions created under such boards or 4 commissions by this act, and the said persons so appointed shall 5 hold office at the will of such officer, boards or commissions making said the appointment, provided that any board or commission 6 7 may authorize the secretary of such board or commission to make said the appointment. 8

9 Provided further, that it shall be unlawful for the heads of any 10 department, or any departments, except institutions of higher 11 learning and state hospitals, the State Health Department, the 12 Highway Department in the employment of engineers and technicians, 13 schools for mentally retarded individuals with intellectual 14 disabilities and State Veterans Facilities as pertains to doctors, 15 dentists, nurses and other trained technicians, to employ in any way 16 any person who is not a citizen of the United States, and repealing 17 all laws in conflict herewith. The provisions of this act shall in 18 no way be interpreted to repeal any provision of the laws heretofore 19 enacted creating the Merit System of the State of Oklahoma. 20 SECTION 61. This act shall become effective November 1, 2019. 21 22 57-1-2155 9/30/2019 9:28:37 AM DC

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