

An Act

ENROLLED HOUSE
BILL NO. 2341

By: Roberts (Sean) and Phillips
of the House

and

Smalley of the Senate

An Act relating to statutory terms; amending 10 O.S. 2011, Sections 1408, 1410, 1411, 1414, 1414.1, 1415, 1415.1, 1416, 1417, 1417.1, 1425 and 1430.20, which relate to children; updating terms; deleting definition; clarifying language; making language gender neutral; amending 10A O.S. 2011, Section 2-7-502, which relates to Children and Juvenile Code; updating terms; amending 10A O.S. 2011, Section 2-7-503, as amended by Section 7, Chapter 362, O.S.L. 2014 (10A O.S. Supp. 2018, Section 2-7-503), which relates to Children and Juvenile Code; updating term; amending 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), which relates to the Office of Juvenile Affairs' powers and duties; updating term; amending 21 O.S. 2011, Sections 152, 643, 701.10b and 833, which relate to crimes and punishments; updating terms; amending 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), which relates to criminal procedure; updating term; amending 22 O.S. 2011, Section 1175.3, as amended by Section 1, Chapter 300, O.S.L. 2015 (22 O.S. Supp. 2018, Section 1175.3), which relates to criminal procedure; updating term; amending 22 O.S. 2011, Sections 1175.5 and 1175.6, which relate to criminal procedure; updating term; updating statutory references; amending 22 O.S. 2011, Section 1175.6a, as last amended by Section 2, Chapter 290, O.S.L. 2018 (22 O.S. Supp. 2018, Section 1175.6a), which relates to criminal procedure; updating term; amending 22 O.S. 2011, Sections 1175.6b and 1175.6c, which relate to criminal procedure; updating term;

amending 25 O.S. 2011, Section 40; updating term; deleting obsolete date; directing certain use of language; amending 30 O.S. 2011, Section 1-111, which relates to guardian and ward; updating term; amending 43A O.S. 2011, Section 1-103, as last amended by Section 1 of Enrolled House Bill No. 1280 of the 1st Session of the 57th Oklahoma Legislature, which relates to mental health; deleting term; amending 43A O.S. 2011, Section 10-103, as last amended by Section 1 of Enrolled Senate Bill No. 201 of the 1st Session of the 57th Oklahoma Legislature, which relates to mental health; deleting term; amending 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), which relates to mental health; updating term; amending 47 O.S. 2011, Section 1104.1, which relates to motor vehicles; updating terms; amending 56 O.S. 2011, Sections 198.11c, 602, 1017.2, 1017.3, 1025.1 and 1030.1, which relate to poor persons; updating terms; modifying definitions; amending 56 O.S. 2011, Section 2002, as last amended by Section 1, Chapter 183, O.S.L. 2013 (56 O.S. Supp. 2018, Section 2002), which relates to poor persons; updating terms; amending 56 O.S. 2011, Sections 343, 347, 530.2, 530.3 and 530.6, which relate to poor persons; updating terms; amending 59 O.S. 2011, Section 367.3, which relates to professions and occupations; updating term; amending 59 O.S. 2011, Section 887.17, as last amended by Section 3, Chapter 324, O.S.L. 2014 (59 O.S. Supp. 2018, Section 887.17), which relates to professions and occupations; broadening practitioners who may make certain referrals; updating statutory language; amending 62 O.S. 2011, Section 57.32, which relates to the Building Bonds Commission; updating term; amending 63 O.S. 2011, Sections 1-1925.2, 1-219, 1-222.1 and 1-222.2, which relate to public health and safety; updating terms; amending 63 O.S. 2011, Section 1-502.1, as amended by Section 1, Chapter 246, O.S.L. 2013 (63 O.S. Supp. 2018, Section 1-502.1), which relates to public health and safety; updating term; amending 63 O.S. 2011, Sections 1-533 and 1-851.1, which relate to public health and safety; updating term; amending 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), which relates to public health and safety; updating terms; amending 63 O.S. 2011, Section 1-1912, as last amended by Section 1, Chapter 251, O.S.L. 2014 (63 O.S. Supp. 2018, Section 1-1912), which relates to public health and safety; updating term; amending 63 O.S. 2011, Sections 330.51 and 5026, which relate to public health and safety; updating term; prohibiting the State Medicaid program from contracting with out-of-state medical providers under certain conditions; requiring the Oklahoma Health Care Authority to seek certain federal approval; amending 70 O.S. 2011, Section 6-105, as last amended by Enrolled House Bill No. 1050 of the 1st Session of the 57th Oklahoma Legislature, which relates to schools; updating term; amending 74 O.S. 2011, Section 255, which relates to state government; updating term; updating statutory name; providing for codification; and providing an effective date.

SUBJECT: Statutory terms

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. AMENDATORY 10 O.S. 2011, Section 1408, is amended to read as follows:

Section 1408. A. ~~"Mentally-retarded person~~ Individual with intellectual disability" as used in Sections 1406 through 1424 of this title means a person who has significantly subaverage functioning, ~~to~~ an intelligence quotient of less than 70 ~~seventy (70),~~ manifested before the age 18 of eighteen (18) and existing concurrently with related limitations in two or more of the following applicable adaptive skill areas:

1. Communication;
2. Self-care;
3. Home living;
4. Social skills;

5. Use of community resources;
6. Self-direction;
7. Health and safety;
8. Functional academics;
9. Leisure; and
10. Work.

B. "Resident" as used in Sections 1406 through 1424 of this title shall mean a person admitted to and in residence in any of the institutions named in Section 1406 of this title, or on a vacation or extended vacation status from such institution.

C. ~~"Accreditation Council for Services for Mentally Retarded and Other Developmentally Disabled Individuals" means the national private nonprofit organization established for the purpose of promoting quality services for mentally retarded persons which is incorporated under that name.~~

~~D.~~ "Developmental disability" as used in Sections 1406 through 1424 of this title means a severe, chronic disability of a person which:

1. Is attributable to a mental or physical impairment or combination of mental and physical impairments, such as ~~mental retardation~~ intellectual developmental disorder, cerebral palsy, or autism;

2. Is manifested before the person attains twenty-two (22) years of age;

3. Is likely to continue indefinitely;

4. Results in substantial functional limitations in three or more of the following areas of major life activity:

- a. self-care,

- b. receptive and expressive language,

- c. learning,
- d. mobility,
- e. self-direction,
- f. capacity for independent living, and
- g. economic self-sufficiency; and

5. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated. The term developmental disability shall not include mentally ill persons, as those persons are defined by Section 1-103 of Title 43A of the Oklahoma Statutes, whose sole disability is mental illness.

~~E. D.~~ Nothing in subsection ~~D C~~ of this section shall be construed to render persons who are receiving services upon ~~the effective date of this act~~ September 1, 1991, through programs and services for ~~mentally retarded persons~~ individuals with intellectual disabilities offered by the Department of Human Services as ineligible for such services. The Department of Human Services may provide, within the limitations of funds and other resources available for such purpose, programs and services for persons with developmental disabilities who are not presently served by the Department of Human Services.

SECTION 2. AMENDATORY 10 O.S. 2011, Section 1410, is 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.

(c) All unexpended funds to the credit of the above-named institutions and all unexpended appropriations for such institutions shall be transferred by the State Treasurer to the Department of Human Services and placed in a separate fund. The fund shall be known as the "Fund for ~~Mentally Retarded~~ Intellectual Disabilities."

SECTION 3. AMENDATORY 10 O.S. 2011, Section 1411, is amended to read as follows:

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.

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

(c) The ~~Commission~~ Director may provide for the repair, alterations, or remodeling of any existing building at the above-named institutions, or at any other institution under its jurisdiction, necessary for the proper and efficient administration and to conserve the properties and the state's investment in such properties. Funds available for operating expenses and revolving funds of institutions under the control of the ~~Commission~~ Department may be used for such purposes, and may also be expended for land and other capital outlay, whenever the ~~Commission~~ Department finds the same is needed for the proper discharge of its responsibilities. Any county may convey to the State of Oklahoma, for the use of any such institution, land owned but not needed by the county; and such conveyance may be made without consideration, appraisal, advertisement for bids, or offer to the highest bidder, if the board of county commissioners determines that the same will not be to the detriment of the county.

(d) The ~~Commission~~ Department is authorized to receive grants of federal funds for the purpose of combating or preventing ~~mental retardation~~ intellectual disabilities, including but not limited to funds for the treatment, care, rehabilitation, or training of ~~the~~

~~mentally retarded~~ individuals with intellectual disabilities, or for the establishment or expansion of any programs or facilities or research projects relating to ~~the mentally retarded~~ individuals with intellectual disabilities, or for construction of research centers and facilities for ~~the mentally retarded~~ individuals with intellectual disabilities, and is authorized to cooperate in any reasonable manner with the federal agency or agencies granting such federal funds for such purposes, including compliance with any conditions prescribed by federal authorities for the granting of such funds. The ~~Commission~~ Department may serve as the sole designated state agency for receiving, disbursing, or administering federal funds for any of the aforesaid purposes, provided federal law requires such an agency and the ~~Commission~~ Department is eligible to be such an agency under federal law. Provided, however, 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~~.

(f) The ~~Commission~~ Director shall have authority to provide for the expenditure of all funds for the administration and operations of the institutions specified in Section ~~1 of this act~~ 1406 of this title and for a compliance with the provisions of ~~this act~~ Section 1406 et seq. of this title.

SECTION 4. AMENDATORY 10 O.S. 2011, Section 1414, is amended to read as follows:

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

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

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

SECTION 5. AMENDATORY 10 O.S. 2011, Section 1414.1, is amended to read as follows:

Section 1414.1 A. In addition to the admissions requirements of Section 1414 of this title, the Greer Center Facility located on the grounds of the Northern Oklahoma Resource Center of Enid in Enid, Oklahoma, shall be established as a separate entity from the Northern Oklahoma Resource Center of Enid and further shall provide for the admission of persons who have been dually diagnosed as follows:

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

2. Secondly, clinical evidence of behavioral or emotional problems pursuant to a formal, written evaluation by a psychologist, psychiatrist or physician describing the nature of the problem, the frequency of occurrence of the problem, any prior treatment efforts and reasons why the applicant cannot receive appropriate treatment in the applicant's current environment and a secondary diagnosis of

mental illness in accordance with the Diagnostic and Statistical Manual of Mental Disorders, as revised and published by the American 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 for admission shall not be considered by a psychologist, psychiatrist, or physician as homicidal or suicidal and shall not have exhibited homicidal or suicidal tendencies for six (6) months prior to application for admission.

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

D. Any person seeking admission to the Greer Center Facility for treatment who qualifies under subsection A of this section, subject to the availability of space, shall be admitted. All persons admitted to the Greer Center Facility shall submit to the director of the Greer Center Facility a referral packet that contains at a minimum, the following information or records:

1. Results of a current physical exam;
2. Recent physician orders and progress notes for up to one (1) year, if available;
3. Recent nursing notes for up to one (1) year, if available;
4. Fact sheet (medical records);
5. Legal papers, including, but not limited to, birth certificate, marriage certificate and guardianship;
6. Social history, with a recent social evaluation or update within one (1) year;

7. Psychological exam administered or updated within ninety (90) days of referral;

8. Dental records;

9. Immunization record;

10. Multidisciplinary progress notes for up to one (1) year, if available;

11. Medical and medication history; and

12. Individual Habilitation Plan or Care Plan, if available.

E. The Greer Center Admissions Committee shall consist of a representative from the Greer Center Facility, and other representatives selected by the Director of the Department of Human Services. The Committee shall make decisions regarding admissions to the programs of the Greer Center Facility. The Committee may request additional information concerning an applicant from the referring agency or participation by referring agency personnel as necessary.

F. Persons entering the Greer Center Facility shall receive a comprehensive evaluation of their intellectual functioning, adaptive behavior skills, and mental health status, and shall receive a continuous active treatment program, which includes aggressive, 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:

a. make decisions regarding continued admission, and

b. notify the Department of Human Services, and the referring agency in writing, stating specifically the

decisions of the Committee regarding admission,
including specific reasons for denial of admission.

2. 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.

I. In addition to other discharge procedures and requirements provided by law, the interdisciplinary team of the Greer Center Facility shall have recommended discharge based upon a determination that the mental or physical condition of the individual prevents the individual from receiving appropriate services at the Greer Center Facility or that the individual has made progress in behavioral and emotional habilitation goals such that the individual no longer requires the specialized resources at the Greer Center Facility, and 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.

K. The Greer Center Discharge Committee shall:

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

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

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

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

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

B. 1. Except as otherwise provided in this paragraph, no later than January 1, 1988, all residents of the institutions specified in Section 1406 of this title and all residents of other residential facilities for ~~mentally retarded persons~~ individuals with intellectual disabilities operated by the Department of Human Services who are eighteen (18) years of age or older shall have a guardian appointed by a court. A guardian shall not be required for a resident of ~~said~~ the institution eighteen (18) years of age or older for whom a guardian is not recommended as provided in subsection C of this section or who has not been found to be incompetent or incapacitated by the court.

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

3. The guardian shall not be the superintendent or other employee of the institution or residential facility in which ~~said~~ the 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.

C. 1. An assessment of the competency of a resident of an institution or residential facility for ~~the mentally retarded~~ individuals with intellectual disabilities operated by the 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 the resident is an adult who was institutionalized prior to ~~the effective date of this act~~ June 30, 1987, and for whom no competency assessment has been performed or no guardian appointed.

2. The assessment shall be made by a panel composed of the resident's social worker, the attending physician of the resident, and a licensed psychiatrist or licensed psychologist with training and experience in the area of ~~mental retardation~~ intellectual and developmental disabilities. The panel shall make a recommendation 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.

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

1. The court may appoint as guardian ad litem:
 - a. a qualified relative or other adult person~~+~~L or
 - b. a public guardian if available~~+~~L 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.

2. The appointment of a guardian ad litem shall be as guardian ad litem of the person only of ~~said~~ the resident, and the court shall set forth in its appointment order the specific powers and duties of the guardian ad litem. The guardian ad litem shall not change the place of residence of the resident unless authorized by the court.

3. The guardian ad litem may serve without bond.

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

SECTION 7. AMENDATORY 10 O.S. 2011, Section 1415.1, is amended 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 results, as well as interval reports of the resident's condition, the treatment and training prescribed, and the progress shown.

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

B. The educational and physical capabilities of each resident shall be assessed at least one time each year by appropriate professional personnel for the purpose of determining such further treatment or training as may be required. A report of the findings and recommendations of such assessments shall be filed in the clinical record of the resident. Failure on the part of the superintendent of the institution to institute a policy of annual

evaluations, if sufficient personnel are available, shall constitute dereliction of duty.

C. When annual evaluations of a resident reflect improvement in social or physical capabilities sufficient enough to permit the resident to be released from the institution, either completely or conditionally, the superintendent shall return such resident to the resident's immediate family, or shall provide assistance for the placement of the resident in some other appropriate residential setting.

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

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

3. A copy of these procedures shall be made available to any 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.

2. 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-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.

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

Section 1416. A resident at an institution named in Section 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 a valid indebtedness against ~~said the~~ resident and his or her estate and shall not be barred by any statute of limitations. At the death of ~~said the~~ resident this claim shall be allowed and paid as other lawful claims against the estate. Persons making application for admission of ~~a mentally retarded person~~ an individual with intellectual disability to ~~said the~~ institution are also liable for the care and treatment of ~~said the~~ resident, provided that such persons are legally obligated to support ~~said the~~ resident. No person shall be liable for ~~said~~ care and treatment solely on the grounds that ~~said the~~ person has been appointed guardian of ~~said the~~ resident. Provided, further, that no admission or detention of ~~a mentally retarded person~~ an individual with intellectual disability in ~~said the~~ institution shall be limited or conditioned in any manner by the financial status or ability to pay of ~~a mentally retarded person~~ an individual with intellectual disability, his or her estate, or any relative.

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

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

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

SECTION 10. AMENDATORY 10 O.S. 2011, Section 1417.1, is amended 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 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.

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

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

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

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

(b) A similar agreement with any other nonprofit public or private agency or organization may be entered into by the Department ~~of Public Welfare~~. Such agency or organization shall be subject to the same requirements as those hereinabove specified for a county.

SECTION 12. AMENDATORY 10 O.S. 2011, Section 1430.20, is amended to read as follows:

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

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

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

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

to refuse medication and treatment after being fully informed of and 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;

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

8. Every resident shall have the right to be treated courteously and respectfully and shall be furnished by the provider 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;

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

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

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

13. 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

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

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

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

E. The rights enumerated in subsection B of this section may be limited for residents of an alternative group home, as described in OAC 340:100-5-22.6, if the resident has been placed in the alternative group home pursuant to Section 1175.6b or Section 1175.6c of Title 22 of the Oklahoma Statutes, or if the resident has ~~mental retardation~~ an intellectual disability and a current community protection issue, which include, but are not limited to:

1. Allegation(s), charge, or conviction of a sexual offense;
2. A history of stalking or opportunistic behavior which demonstrates a likelihood of committing a sexually violent or predatory act;
3. A pattern of violence towards others;
4. A diagnosis of ~~mental retardation~~ an intellectual disability and mental illness with ongoing episodes that are dangerous as defined in Section 1175.1 of Title 22 of the Oklahoma Statutes; or
5. Evidence of commission of a violent crime.

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

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.

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

Section 2-7-502. A. Whenever a child who has been adjudicated by the court as a child in need of supervision has been committed to the Office of Juvenile Affairs, the Office may place the child in the home of the child, the home of a relative of the child, foster home, group home, transitional living program, independent living program, community-based setting, rehabilitative facility or child care facility under the operation of or licensure of the state, or in a state school for ~~the mentally retarded~~ individuals with intellectual disabilities if eligible for admission thereto. No child in need of supervision shall be placed in an Office-operated institution, other than a rehabilitative facility.

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

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

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

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:

1. The prevention of delinquency;
2. The care and rehabilitation of delinquent children; and
3. The protection of the public.

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

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

1. 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,
- b. committed a serious felony constituting violent, aggressive and assaultive behavior,

- c. habitually committed delinquent acts if such acts would constitute felonies if committed by an adult,
- d. committed multiple serious delinquent acts, or
- e. violated any condition of probation or parole,

to the extent that it is necessary for the protection of the public. For purposes of placement, all deferred prosecutions for serious, habitual, violent, aggressive or assaultive crimes shall count toward placement decisions;

2. Place the child in a facility maintained, operated or contracted by the state for children, or in a foster home, group home, transitional living program or community residential center;

3. Allow the child his or her liberty, under supervision, in an independent living program;

4. Allow the child his or her liberty, under supervision, either immediately or after a period in one of the facilities referred to in paragraphs 1 and 2 of this subsection;

5. Place the child in a state school for ~~mentally-retarded~~ individuals with intellectual disabilities, if the child is eligible for admission thereto;

6. Place the child in any licensed private facility deemed by the Office of Juvenile Affairs to be in the best interest of the child; or

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.

C. The Office shall place priority on the placement of 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.

The court shall not have authority to require specific placement of a juvenile in a time frame which would require the removal of any 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 assessment of the reading ability of each juvenile upon initial placement in an Office-operated institution or facility. The assessment shall include, but not be limited to, the following skills:

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

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

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

and diagnosis that informs the teacher and an assessment that assures accountability, and

- (3) writing, mathematics, science and vocational-technical education;

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

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

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

5. Provide parole services for juveniles released on parole from juvenile institutions, and aftercare services for juveniles discharged from juvenile institutions or facilities. Persons

designated as Juvenile Parole Officers by the Office shall have the power to serve process and to apprehend and detain juveniles and 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.

1. In any administrative transfer or parole revocation proceeding, the following minimum standards shall apply:

- a. the juvenile shall have the right to notice of the proposed transfer or parole revocation hearing and the alleged violation of administrative or parole rules on which the proposed transfer or parole revocation is based,
- b. the juvenile shall have the right to representation by an attorney,
- c. the juvenile shall have the right to present evidence on behalf of the juvenile, and
- d. the juvenile shall have a right to bail, except that the right to bail shall not be construed to require that a juvenile who is in residence in an Office-operated institution or other facility at the time of an alleged violation leading to an administrative transfer proceeding be released from such institution or facility.

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

- a. determining eligibility for and amount of bail,
- b. deciding any intermediate custody or placement issue, and
- c. if legal counsel for the juvenile has not otherwise been obtained, appointing legal counsel for the

juvenile and fixing the amount of compensation for the legal counsel. The judge shall also determine if the juvenile is eligible for free legal services. If the juvenile is not eligible for free legal services, the court shall order the parents or legal guardian of the juvenile to pay for such services.

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

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

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

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

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

3. Persons who are impaired by reason of ~~mental retardation~~ an intellectual disability 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;

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;

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

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

SECTION 17. AMENDATORY 21 O.S. 2011, Section 643, is 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:

1. 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;

2. When necessarily committed by any person in arresting one who has committed any felony, and delivering such person to a public 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 property in such person's lawful possession; provided the force or violence used is not more than sufficient to prevent such offense;

4. When committed by a parent or the authorized agent of any parent, or by any guardian, master or teacher, in the exercise of a lawful authority to restrain or correct such person's child, ward, apprentice or scholar, provided restraint or correction has been

rendered necessary by the misconduct of such child, ward, apprentice or scholar, or by the child's refusal to obey the lawful command of such parent or authorized agent or guardian, master or teacher, and the force or violence used is reasonable in manner and moderate in degree;

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

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

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;

2. "Significant limitations in adaptive functioning" means significant limitations in two or more of the following adaptive skill areas~~+~~: communication, self-care, home living, social skills, community use, self-direction, health, safety, functional academics, 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 retardation~~ intellectual disability must have been manifested before the defendant attained the age of eighteen (18) years.

C. The defendant has the burden of production and persuasion to demonstrate ~~mental retardation~~ intellectual disability by showing significantly subaverage general intellectual functioning, significant limitations in adaptive functioning, and that the onset of the ~~mental retardation~~ intellectual disability was manifested before the age of eighteen (18) years. An intelligence quotient of seventy (70) or below on an individually administered, scientifically recognized standardized intelligence quotient test administered by a licensed psychiatrist or psychologist is evidence of significantly subaverage general intellectual functioning; however, it is not sufficient without evidence of significant limitations in adaptive functioning and without evidence of manifestation before the age of eighteen (18) years. In determining the intelligence quotient, the standard measurement of error for the test administered 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~~ intellectually disabled and, thus, shall not be subject to any proceedings under this section.

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

E. The district court shall conduct an evidentiary hearing to determine whether the defendant is ~~mentally retarded~~ intellectually disabled. If the court determines, by clear and convincing

evidence, that the defendant is ~~mentally retarded~~ intellectually disabled, the defendant, if convicted, shall be sentenced to life imprisonment or life without parole. If the district court determines that the defendant is not ~~mentally retarded~~ intellectually disabled, the capital trial of the offense may proceed. A request for a hearing under this section shall not waive entitlement by the defendant to submit the issue of ~~mental retardation~~ an intellectual disability to a jury during the sentencing phase in a capital trial if convicted of an offense punishable by death. The court's determination on the issue of ~~mental retardation~~ an intellectual disability shall not be the subject of an interlocutory appeal.

F. The court shall submit a special issue to the jury as to whether the defendant is ~~mentally retarded~~ intellectually disabled. This special issue shall be considered and answered by the jury during the sentencing stage and prior to the determination of sentence. If the jury unanimously determines that the defendant is ~~mentally retarded~~ intellectually disabled, the defendant may only be sentenced to life imprisonment or life without parole. The defendant has the burden of production and persuasion to demonstrate ~~mental retardation~~ an intellectual disability to the jury by a 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 disability 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 influence of passion, prejudice, or any other arbitrary factor. The findings shall be attached as an exhibit to the report of the trial judge required under Section 701.13 of Title 21 of the Oklahoma Statutes. If the trial court finds that the determination of ~~mental retardation~~ an intellectual disability was not supported by the evidence, the issue may be raised on appeal to the Oklahoma Court of Criminal Appeals for consideration as part of its mandatory sentence review.

I. The standard of review for a trier of fact ~~mental retardation~~ intellectual disability determination shall be whether, after reviewing the evidence in the light most favorable to the state, any rational trier of fact could have found the defendant not ~~mentally retarded~~ intellectually disabled as defined by this 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 ~~mental retardation~~ intellectual disability of the defendant requires the consideration by the jury of the provisions of this section.

SECTION 19. AMENDATORY 21 O.S. 2011, Section 833, is 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.

3. If a person who is found guilty with mental defect is placed on probation under the jurisdiction of the sentencing court as provided by law, the court shall immediately issue an order for the person to be examined by the Department of Mental Health and Substance Abuse Services. The time and place of such examination shall be determined by the Department. Within forty-five (45) days,

the Department shall provide to the court a recommendation of treatment for the person, which shall be made a condition of probation. Reports as specified by the trial judge shall be filed with the probation officer and the sentencing court. Failure to continue treatment, except by agreement with the treating agency and the sentencing court, is grounds for revocation of probation. Treatment shall be provided by an agency of the Department or, with the approval of the sentencing court and at the expense of the person, by private agencies, private physicians or other mental health personnel. A psychiatric report shall be filed with the probation officer and the sentencing court every six (6) months during the period of probation.

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

5. When in any criminal action by indictment or information the defense of mental illness is interposed either singly or in conjunction with some other defense, the jury shall state in the verdict, if it is one of acquittal, whether or not the defendant is acquitted on the ground of mental illness. When the defendant is acquitted on the ground that the defendant was mentally ill at the time of the commission of the crime charged, the person shall not be discharged from custody until the court has made a determination that the person is not dangerous to the public peace and safety and is a person requiring treatment.

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

2. Within forty-five (45) days of the court entering such an order, a hearing shall be conducted by the court to ascertain whether the person is dangerous to the public peace or safety because the person is a person requiring treatment or, if not, is in

need of continued supervision as a result of unresolved symptoms of mental illness or a history of treatment noncompliance. During the required period of hospitalization the Department of Mental Health and Substance Abuse Services shall have the person examined by two qualified psychiatrists or one such psychiatrist and one qualified clinical psychologist whose training and experience enable the professional to form expert opinions regarding mental illness, 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 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.

3. a. Within ten (10) days after the reports are filed, the court must conduct a hearing to determine the present condition of the person as to the issue of whether:

- (1) the person is dangerous to the public peace or safety because the person is a person requiring treatment, or
- (2) if not believed to be dangerous to the public peace or safety, the person is in need of continued supervision as a result of unresolved symptoms of mental illness or a history of 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.

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

- a. During the period of hospitalization, the Department of Mental Health and Substance Abuse Services may administer or cause to be administered to the person such psychiatric, medical or other therapeutic treatment as in its judgment should be administered.
- b. The person shall be subject to discharge or conditional release pursuant to the procedures set 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:

1. Discharge the person pursuant to the procedure set forth in this section;
2. Discharge the person, and upon the motion of the court or the district attorney commence civil involuntary commitment proceedings against the person pursuant to the provisions of Title 43A of the Oklahoma Statutes; or
3. Order conditional release, as set forth in subsection F of this section.

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

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,
- 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.

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

2. The Board shall meet as necessary to determine which individuals confined with the Department of Mental Health and Substance Abuse Services are eligible for therapeutic visits, conditional release or discharge and whether the Board wishes to make such a recommendation to the court of the county where the individual was found not guilty by reason of insanity or not guilty by reason of mental illness for those persons adjudicated as such upon or after ~~the effective date of this act~~ November 1, 2016.

- a. Forensic Review Board meetings shall not be considered subject to the Oklahoma Open Meeting Act and are not 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 Substance Abuse Services or designee,
 - (3) the Advocate General for the Department of Mental Health and Substance Abuse Services or designee,
 - (4) the General Counsel for the Department of Mental Health and Substance Abuse Services or designee, and
 - (5) any other persons the Board and Commissioner of Mental Health and Substance Abuse Services wish to be present.
- b. The Department of Mental Health and Substance Abuse Services shall provide administrative staff to the Board to take minutes of meetings and prepare necessary documents and correspondence for the Board to comply with its duties as set forth in this section. The Department of Mental Health and Substance Abuse Services shall also transport the individuals being reviewed to and from the Board 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.

3. The Forensic Review Board shall submit any recommendation for therapeutic visit, conditional release or discharge to the court and district attorney of the county where the person was found not guilty by reason of mental illness, the trial counsel of the person, the Department of Mental Health and Substance Abuse Services and the 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.

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

2. If the court determines that the person is not dangerous but subject to certain conditions, the court may conditionally release 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,
- b. in its order of conditional release, the court shall specify conditions of release and shall direct the appropriate agencies or persons to submit annual reports regarding the compliance of the person with the conditions of release and progress in treatment,

- c. the person must agree, in writing, that during the period the person is granted conditional release and is subject to the provisions thereof, there shall be free transmission of all pertinent information, including clinical information regarding the person, among the Department of Mental Health and Substance Abuse Services, the appropriate community mental health centers and the appropriate district attorneys, law enforcement and court personnel,
- d. the order of the court placing the person on conditional release shall include notice that the conditional release of the person may be revoked upon good cause. The person placed on conditional release shall remain under the supervision of the Department of Mental Health and Substance Abuse Services until the committing court enters a final discharge order. The Department of Mental Health and Substance Abuse Services shall assess the person placed on conditional 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.
 - (1) Any peace officer who receives such an affidavit shall take the person into protective custody and return the person to the forensic unit of the state hospital.
 - (2) A hearing shall be conducted within three (3) days, excluding holidays and weekends, after the person is returned to the forensic unit of the state hospital to determine if the person has violated the conditions of release, or if full-time hospitalization is the least restrictive alternative consistent with the needs of the person and the need for public safety. Notice of the hearing shall be issued, at least twenty-four (24) hours before the hearing, to the hospital

superintendent, the person, trial counsel for the 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.

H. As used in this section:

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

2. "Court" or "sentencing court" means the court sitting in the county where the person has been found to be not guilty by reason of 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 persons in a reasonable fear of violent behavior, and medication and 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;

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

6. "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;

7. "Not guilty by reason of mental illness" means the person committed the act while mentally ill 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 not been diagnosed with antisocial personality disorder which substantially contributed to the act for which the person has been charged; and

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

- (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,
- (3) has placed another person or persons in reasonable fear of serious physical harm or violent behavior directed toward such person or persons 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
- (5) poses a substantial risk of serious physical injury to self or death as manifested by evidence that the person is unable to provide for and is not providing for his or her basic physical needs.

b. The mental health or substance abuse history of the person may be used as part of the evidence to 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.

c. Unless a person also meets the criteria established in subparagraph a of this paragraph, "person requiring treatment" shall not mean:

- (1) a person whose mental processes have been weakened or impaired by reason of advanced years, dementia or Alzheimer's disease,
- (2) a ~~mentally retarded or developmentally disabled~~ person with intellectual or developmental disability as defined in Title 10 of the Oklahoma Statutes,
- (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.

SECTION 21. AMENDATORY 22 O.S. 2011, Section 1175.3, as amended by Section 1, Chapter 300, O.S.L. 2015 (22 O.S. Supp. 2018, 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, 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.

C. If the court finds there is no doubt as to the competency of 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.

b. In addition, the Developmental Disabilities Services Division of the Department of Human Services shall receive written notice from the district attorney who filed the criminal petition, and be authorized by order of the court to have a psychologist or other appropriate clinician participate with professionals assigned by any other public or private agency in any competency evaluation wherein ~~mental retardation or other~~ developmental or intellectual 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.

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

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

E. The qualified forensic examiner(s) shall receive instructions that they shall examine the patient to determine:

1. If the person is able to appreciate the nature of the charges made against such person;

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

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

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

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

6. If the answers to questions 4 and 5 are no, why the 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 examiner designated by the Department to perform competency examinations shall notify the court of its findings. If the person is in the custody of the Department of Mental Health and Substance Abuse Services, the person shall be returned to the court in the customary manner within five (5) business days. If the person is not returned within that time, the county in which the proceedings 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 the institution or facility in excess of the five-day period.

SECTION 22. AMENDATORY 22 O.S. 2011, Section 1175.5, is amended 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:

1. 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?

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?

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

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

SECTION 23. AMENDATORY 22 O.S. 2011, Section 1175.6, is 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:

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

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

3. If the person is found to be incompetent because 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 ~~7~~ 1175.6b of this ~~act~~ title; and

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.

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

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

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

C. If the person is determined by the Department of Mental Health and Substance Abuse Services or designee to have regained competency, or is no longer incompetent because the person is a

person requiring treatment as defined by Title 43A of the Oklahoma Statutes, a hearing shall be scheduled within twenty (20) days:

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

2. If the person is found to continue to be incompetent because the person is a person requiring treatment as defined in Title 43A of the Oklahoma Statutes, the person shall be returned to the custody of the Department of Mental Health and Substance Abuse Services or designee;

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

4. 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, and other than the person is ~~mentally retarded~~ intellectually disabled as defined in Title 10 of the Oklahoma Statutes, and is also found to be not dangerous as defined by Section 1175.1 of this title, the court shall issue the appropriate order as set forth in Section 1175.6b of this title; or

5. 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, and other than the person is ~~mentally retarded~~ intellectually disabled as defined in 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 issue the appropriate 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 defined by Section 1175.1 of this title, the court shall commence civil commitment proceedings pursuant to Title 43A and shall dismiss without prejudice the criminal proceeding. If the person is subsequently committed to the Department of Mental Health and Substance Abuse Services pursuant to Title 43A, the statute of limitations for the criminal charges which were dismissed by the court shall be tolled until the person is discharged from the

Department of Mental Health and Substance Abuse Services pursuant to Section 7-101 of Title 43A of the Oklahoma Statutes.

SECTION 25. AMENDATORY 22 O.S. 2011, Section 1175.6b, is amended to read as follows:

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

1. The Office of Public Guardian shall place any person placed in its custody under this title in a facility or residential setting, private or public, willing to accept the individual and that has a level of supervision and security that is appropriate to the needs of the person;

2. Such placements shall be within the sole discretion of the 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 least every six (6) months as to the status of the person including, but not limited to, the type of placement, services provided, level of supervision, the medical and psychological health of the person, whether the person would be dangerous if conditionally released into a nonsecure environment, the assistance and services that would be required for such conditional release and whether the person has achieved competency;

5. If the person is determined by the Office of Public Guardian to have regained competency or that conditional release to a private guardian or other caretaker is appropriate, a hearing shall be scheduled within twenty (20) days. If found competent by the court or a jury after such rehearing, criminal proceedings shall be resumed. If the court finds conditional release to be appropriate,

the court shall make an appropriate order for conditional release;
and

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.

B. 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 and is found to be not dangerous as defined by Section 1175.1 of this title, the court shall suspend the criminal proceedings and either refer the person to the Department of Human Services for consideration of voluntary assistance or conditionally release the person as set forth in this section.

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

- a. to be eligible for conditional release, the person shall agree, in writing, that during the period the person is granted conditional release and is subject to the provisions thereof, there shall be free transmission of all pertinent information, including clinical information regarding the person, among the person's treatment providers, the appropriate district attorneys, law enforcement and court personnel. To ~~affect~~ effect this agreement, the person shall execute any releases required by law to allow for the dissemination of this information,
- b. the court's order placing the person on conditional release shall include notice that the person's conditional release may be revoked upon good cause,
- c. 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 safety, the court may order no change to the conditions for the person's release or modify the 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.

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

- a. if found competent by the court or a jury after such rehearing, criminal proceedings shall be resumed,
- b. if the person is found to continue to be incompetent, the person shall be returned to either conditional release or referred to the Department of Human Services for consideration of voluntary assistance.

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

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 ~~mentally retarded~~ intellectually disabled 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 Services and Department of Mental Health and Substance Abuse Services for determination of appropriate placement.

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

SECTION 27. AMENDATORY 25 O.S. 2011, Section 40, is amended to read as follows:

Section 40. A. ~~Beginning November 1, 2006, all~~ All 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:

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

2. Replace nonrespectful language by:

- a. referring to persons with disabilities as persons first; for example, persons with disabilities, persons with developmental disabilities, persons with mental illness, persons with autism, or persons with ~~mental retardation~~ intellectual disabilities, and
- b. referring to terms such as "mental retardation" or "mentally retarded" with terms such as "intellectual disabilities" or "intellectually disabled".

B. Violation of this section shall not be grounds to invalidate any new or revised statutes, administrative rules, local laws, ordinances, charters, 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.

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

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

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

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

2. "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;

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

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

5. "Evaluation" means a professional assessment of:

- a. the ability of an adult to receive and evaluate information effectively or communicate decisions,
- b. the impact of any impairment of these skills on the capacity of the individual to meet the essential requirements for his physical health or safety, or to manage his financial resources, and
- c. the services necessary to provide for the ward;

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;

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

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

10. "Guardianship proceeding" means a proceeding for the appointment of a guardian, or for other orders regarding the condition, care or treatment or for the management of the financial resources of a ward;

11. "Guardianship report" means any report required by the provisions of Sections 4-305 and 4-306 of this title;

12. "Incapacitated person" means a person eighteen (18) years of age or older:

a. who is impaired by reason of:

(1) mental illness as defined by Section 1-103 of Title 43A of the Oklahoma Statutes,

(2) ~~mental retardation~~ intellectual or developmental disability as defined by Section ~~1-818.2 of Title 63~~ 1430.2 of Title 10 of the Oklahoma Statutes,

- (3) physical illness or disability,
 - (4) drug or alcohol dependency as defined by Section 3-403 of Title 43A of the Oklahoma Statutes, or
 - (5) such other similar cause, and
- b. whose ability to receive and evaluate information effectively or to make and to communicate responsible decisions is impaired to such an extent that ~~said~~ the person:
- (1) lacks the capacity to meet essential requirements for his physical health or safety, or
 - (2) is unable to manage his financial resources.

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;

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

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

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

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

- a. some of the powers of a guardian of the person or whose power as guardian of the person extends only to certain matters pertaining to the care or control of the 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;

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

18. "Meet the essential requirements for physical health or safety" means those actions necessary to provide the health care, food, shelter, clothing, personal hygiene and other care without which serious physical injury is more likely than not to occur;

19. "Minor" means a person under eighteen (18) years of age;

20. "Neglect" means the failure to provide protection for an incapacitated person, a partially incapacitated person, or a minor who is unable to protect the person's own interest; or the failure to provide adequate shelter or clothing; or the harming or threatening with harm through action or inaction by either another individual or through the person's own action or inaction because of a lack of awareness, incompetence, or incapacity, which has resulted or may result in physical or mental injury;

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

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

- a. 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;

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

24. "Person" means an individual;

25. "Property" means real property, personal property, income, any interest in such real or personal property and includes anything 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;

27. "Subject of the proceeding" means a minor or an adult:

- a. who is the subject of a petition requesting the appointment of a guardian, limited guardian or special guardian,
- b. for whom a guardian or limited guardian has been appointed by the court, or
- c. an adult for whom a conservator is requested or appointed; and

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

2. 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 of Enrolled House Bill No. 1280 of the 1st Session of the 57th Oklahoma Legislature, 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:

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

2. "Chair" means the chair of the Board of Mental Health and 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;

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

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

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

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

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

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

10. Whenever in this law or in any other law, or in any rule or order made or promulgated pursuant to this law or to any other law, or in the printed forms prepared for the admission of consumers or for statistical reports, the words "insane", "insanity", "lunacy", "mentally sick", "mental disease" or "mental disorder" are used, such terms shall have equal significance to the words "mental illness";

11. "Licensed mental health professional" means:

- a. a psychiatrist who is a diplomate of the American Board of Psychiatry and Neurology,
- b. a psychiatrist who is a diplomate of the American Osteopathic Board of Neurology and Psychiatry,
- c. a physician licensed pursuant to the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act or the Oklahoma Osteopathic Medicine Act,

- d. a clinical psychologist who is duly licensed to practice by the State Board of Examiners of Psychologists,
- e. a professional counselor licensed pursuant to the Licensed Professional Counselors Act,
- f. a person licensed as a clinical social worker pursuant to the provisions of the Social Worker's Licensing Act,
- g. a licensed marital and family therapist as defined in the Marital and Family Therapist Licensure Act,
- h. a licensed behavioral practitioner as defined in the Licensed Behavioral Practitioner Act,
- i. an advanced practice nurse as defined in the Oklahoma Nursing Practice Act,
- j. a physician's assistant who is licensed in good standing in this state, or
- k. a licensed drug and alcohol counselor/mental health (LADC/MH) as defined in the Licensed Alcohol and Drug Counselors Act;

12. "Mentally incompetent person" means any person who has been adjudicated mentally or legally incompetent by an appropriate district court;

13. a. "Person requiring treatment" means a person who because of his or her mental illness or drug or alcohol dependency:
- (1) poses a substantial risk of immediate 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 immediate physical harm to another person or persons as manifested 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
 - (5) poses a substantial risk of immediate serious physical injury to self or death as manifested by evidence that the person is unable to provide for and is not providing for his or her basic physical needs.
- b. The mental health or substance abuse history of the person may be used as part of the evidence to determine whether the person is a person requiring treatment or an assisted outpatient. The mental health or substance abuse history of the person shall not be the sole basis for this determination.
- c. Unless a person also meets the criteria established in subparagraph a or b of this paragraph, "person requiring treatment" or an "assisted outpatient" shall not mean:
- (1) a person whose mental processes have been weakened or impaired by reason of advanced years, dementia, or Alzheimer's disease,
 - (2) a ~~mentally retarded or developmentally disabled~~ person with intellectual or developmental disability as defined in Title 10 of the Oklahoma Statutes,
 - (3) a person with seizure disorder,
 - (4) a person with a traumatic brain injury, or
 - (5) a person who is homeless.

- d. A person who meets the criteria established in this section but who is medically unstable, or the facility holding the person is unable to treat the additional medical conditions of that person, should be discharged and transported in accordance with Section 1-110 of this title;

14. "Petitioner" means a person who files a petition alleging that an individual is a person requiring treatment or an assisted outpatient;

15. "Executive director" means the person in charge of a facility as defined in this section;

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

17. "Individualized treatment plan" means a proposal developed during the stay of an individual in a facility, under the provisions of this title, which is specifically tailored to the treatment needs of the individual. Each plan shall clearly include the following:

- a. a statement of treatment goals or objectives, based 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,
- 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 qualified to fulfill legal requirements mandated under state and federal law,

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

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

19. "Recovery and recovery support" means nonclinical services that assist individuals and families to recover from alcohol or drug problems. They include social support, linkage to and coordination among allied service providers, including but not limited to transportation to and from treatment or employment, employment services and job training, case management and individual services coordination, life skills education, relapse prevention, housing assistance, child care, and substance abuse education;

20. "Assisted outpatient" means a person who:

- a. is either currently under the care of a facility certified by the Department of Mental Health and Substance Abuse Services as a Community Mental Health Center, or is being discharged from the custody of the Oklahoma Department of Corrections, or is being discharged from a residential placement by the Office of Juvenile Affairs,
- b. is suffering from a mental illness,
- c. is unlikely to survive safely in the community without supervision, based on a clinical determination,

- d. has a history of lack of compliance with treatment for mental illness that has:
 - (1) prior to the filing of a petition, at least twice within the last thirty-six (36) months been a significant factor in necessitating hospitalization or treatment in a hospital or residential facility, including admission to a community-based structured crisis center as certified by the Oklahoma Department of Mental Health and Substance Abuse Services, or receipt of services in a forensic or other mental health unit of a 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
 - (2) prior to the filing of the petition, resulted in one or more acts of serious violent behavior toward self or others or threats of, or attempts at, serious physical harm to self or others within the last twenty-four (24) months,
- e. is, as a result of his or her mental illness, unlikely to voluntarily participate in outpatient treatment that would enable him or her to live safely in the community,
- f. in view of his or her treatment history and current behavior, is in need of assisted outpatient treatment in order to prevent a relapse or deterioration which would be likely to result in serious harm to the person or persons as defined in this section, and
- g. is likely to benefit from assisted outpatient treatment; and

21. "Assisted outpatient treatment" means outpatient services which have been ordered by the court pursuant to a treatment plan approved by the court to treat an assisted outpatient's mental illness and to assist the person in living and functioning in the community, or to attempt to prevent a relapse or deterioration that may reasonably be predicted to result in suicide or the need for hospitalization.

SECTION 30. AMENDATORY 43A O.S. 2011, Section 10-103, as last amended by Section 1 of Enrolled Senate Bill No. 201 of the 1st Session of the 57th Oklahoma Legislature, is amended to read as follows:

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

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

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

- a. the identification of vulnerable adults in need of the services,
- b. the provision of medical care for physical and mental health needs,
- c. the provision of social services assistance in personal hygiene, food, clothing, and adequately heated and ventilated shelter,
- d. protection from health and safety hazards,
- e. protection from physical mistreatment,
- f. guardianship referral,
- g. outreach programs, and
- h. the transportation necessary to secure any of such services.

The term shall not include taking the person into physical custody 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:

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 or intellectual disability or other cause, and
- (2) whose ability to receive and evaluate information effectively or to make and to communicate responsible decisions is impaired to such an extent that such person lacks the capacity to manage his or her financial resources or to meet essential requirements for his or her mental or physical health or safety without assistance from others, or

b. a person for whom a guardian, limited guardian, or conservator has been appointed pursuant to the Oklahoma Guardianship and Conservatorship Act;

5. "Vulnerable adult" means an individual who is an incapacitated person or who, because of physical or mental disability, including persons with Alzheimer's disease or other dementias, incapacity, or other disability, is substantially impaired in the ability to provide adequately for the care or custody of himself or herself, or is unable to manage his or her property and financial affairs effectively, or to meet essential requirements for mental or physical health or safety, or to protect himself or herself from abuse, verbal abuse, neglect, or exploitation without assistance from others;

6. "Caretaker" means a person who has:

- a. the responsibility for the care of a vulnerable adult or the financial management of the resources of a vulnerable adult as a result of a family relationship,

- b. assumed the responsibility for the care of a vulnerable adult voluntarily, by contract, or as a result of the ties of friendship, or
- c. been appointed a guardian, limited guardian, or conservator pursuant to the Oklahoma Guardianship and Conservatorship Act;

7. "Department" means the Department of Human Services;

8. "Abuse" means causing or permitting:

- a. the infliction of physical pain, injury, sexual abuse, sexual exploitation, unreasonable restraint or confinement, mental anguish or personal degradation, or
- b. the deprivation of nutrition, clothing, shelter, health care, or other care or services without which serious physical or mental injury is likely to occur to a vulnerable adult by a caretaker or other person providing services to a vulnerable adult;

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

10. "Financial neglect" means repeated instances by a caretaker, or other person, who has assumed the role of financial management, of failure to use the resources available to restore or maintain the health and physical well-being of a vulnerable adult, including, but not limited to:

- a. squandering or negligently mismanaging the money, property, or accounts of a vulnerable adult,
- b. refusing to pay for necessities or utilities in a timely manner, or
- c. providing substandard care to a vulnerable adult despite the availability of adequate financial resources;

11. "Neglect" means:

- a. the failure to provide protection for a vulnerable adult who is unable to protect his or her own interest,
- b. the failure to provide a vulnerable adult with adequate shelter, nutrition, health care, or clothing, or
- c. negligent acts or omissions that result in harm or the unreasonable risk of harm to a vulnerable adult through the action, inaction, or lack of supervision by a caretaker providing direct services;

12. "Personal degradation" means a willful act by a caretaker intended to shame, degrade, humiliate or otherwise harm the personal dignity of a vulnerable adult, or where the caretaker knew or reasonably should have known the act would cause shame, degradation, humiliation or harm to the personal dignity of a reasonable person. Personal degradation includes the taking, transmitting, or display of an electronic image of a vulnerable adult by a caretaker, where the caretaker's actions constitute a willful act intended to shame, degrade, humiliate or otherwise harm the personal dignity of the dependent adult, or where the caretaker knew or reasonably should have known the act would cause shame, degradation, humiliation or harm to the personal dignity of a reasonable person. Personal degradation does not include:

- a. the taking, transmission or display of an electronic image of a vulnerable adult for the purpose of reporting vulnerable adult abuse to law enforcement, the Department of Human Services or other regulatory agency that oversees caretakers or enforces abuse or neglect laws or rules,
- b. the taking, transmission or display of an electronic image of a vulnerable adult for the purpose of treatment or diagnosis, or
- c. the taking, transmission or display of an electronic image of a vulnerable adult as part of an ongoing investigation;

13. "Sexual abuse" means:

- a. oral, anal, or vaginal penetration of a vulnerable adult by or through the union with the sexual organ of 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
- c. indecent exposure by a caretaker or other person providing services to the vulnerable adult;

14. "Indecent exposure" means forcing or requiring a vulnerable 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;

15. "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;

16. "Sexual exploitation" includes, but is not limited to, a caretaker's causing, allowing, permitting or encouraging a vulnerable adult to engage in prostitution or in the lewd, obscene, or pornographic photographing, filming or depiction of the vulnerable adult as those acts are defined by state law; and

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

B. Nothing in this section shall be construed to mean a vulnerable adult is abused or neglected for the sole reason the vulnerable adult, in good faith, selects and depends upon spiritual means alone through prayer, in accordance with the practices of a recognized religious method of healing, for the treatment or cure of disease or remedial care, or a caretaker or other person responsible, in good faith, is furnishing such vulnerable adult spiritual means alone through prayer, in accordance with the tenets and practices of a recognized church or religious denomination, for the treatment or cure of disease or remedial care in accordance with 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 exploitation shall make a report as soon as the person is aware of the situation to:

1. The Department of Human Services; or

2. The municipal police department or sheriff's office in the county in which the suspected abuse, neglect, or exploitation occurred.

B. Persons required to make reports pursuant to this section shall include, but not be limited to:

1. Physicians;

2. Operators of emergency response vehicles and other medical professionals;

3. Social workers and mental health professionals;

4. Law enforcement officials;

5. Staff of domestic violence programs;

6. Long-term care facility personnel, including staff of nursing facilities, intermediate care facilities for ~~persons~~ individuals with mental retardation intellectual disabilities

(ICFs/IID), assisted living facilities, and residential care facilities;

7. Other health care professionals;

8. Persons entering into transactions with a caretaker or other person who has assumed the role of financial management for a vulnerable adult;

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

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

11. Municipal employees.

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

- a. the name and address of the vulnerable adult,
- b. the name and address of the caretaker, guardian, or person having power of attorney over the vulnerable adult's resources if any,
- c. a description of the current location of the vulnerable adult,
- d. a description of the current condition of the vulnerable adult, and
- 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.

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 shall be civilly liable for any actual damages suffered by the 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.

H. 1. Every physician or other health care professional making a report concerning the abuse, neglect or exploitation of a vulnerable adult, as required by this section, or examining a vulnerable adult to determine the likelihood of abuse, neglect or exploitation, and every hospital in which a vulnerable adult is examined or treated for abuse, neglect or exploitation shall disclose necessary health information related to the case and provide, upon request by either the Department of Human Services or

the local municipal police or sheriff's department receiving the initial report, copies of the results or the records of the examination on which the report was based, and any other clinical notes, x-rays or photographs and other health information which is 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
 - (1) the requesting party represents that the health information for which disclosure is sought is not intended to be used against the vulnerable adult in a criminal prosecution but to provide protective services pursuant to the Protective Services for Vulnerable Adults Act,
 - (2) the disclosure of the information is necessary to conduct an investigation into the alleged abuse, neglect or exploitation of the vulnerable adult subject to the investigation, and
 - (3) immediate enforcement activity that depends upon the disclosure:
 - (a) is necessary to protect the health, safety and welfare of the vulnerable adult because of incapacity, or
 - (b) would be materially and adversely affected by waiting until the vulnerable adult is able to agree to the disclosure.

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.

I. After investigating the report, either the county office of the Department of Human Services or the municipal police department or sheriff's office, as appropriate, shall forward its findings to the office of the district attorney in the county in which the suspected abuse, neglect, or exploitation occurred. Unsubstantiated findings shall be labeled as such before transmission to the office

of the district attorney. Findings of self-neglect shall not be forwarded to the office of the district attorney unless similar findings were reported within six (6) months prior.

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

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

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

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

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

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

C. The Director of the Department of Human Services is hereby directed to promulgate rules to create the Adaptive Grant Program for Oklahomans with ~~Mental Retardation~~ Intellectual Disabilities Program to provide financial assistance in adaptation of furnishings, fixtures, vehicles, equipment or structures in order to meet any special needs of Oklahomans with ~~mental retardation~~ intellectual disabilities; provided, recipients of grants awarded pursuant to the program shall be limited to those programs, projects or persons not otherwise qualifying for state or federal funding. The Department of Human Services is authorized to contract with a statewide private, nonprofit foundation certified to be a 501(c)(3) organization by the Internal Revenue Service for administration of the program.

D. The ~~Department~~ Director of Human Services shall prepare an annual report on the Program. Such report shall be submitted to the Governor, the President Pro Tempore of the Senate and the Speaker of the House of Representatives.

SECTION 33. AMENDATORY 56 O.S. 2011, Section 198.11c, is 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".

B. The Legislature finds that:

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

2. 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~~ individuals with mental retardation (ICFs-MR) intellectual disabilities (ICFs/IID), and in community-based settings such as group homes and waiver programs; and

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.

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

1. Is consistent with and implements the Olmstead Decision;

2. Develops eligibility criteria for the pilot program;

3. In coordination with the Oklahoma Health Care Authority and the Department of Human Services Aging Division, utilizes the Centers for Medicare and Medicaid Services Minimum Data Set (MDS) information to identify thirty people who have requested to receive their services in a community setting;

4. Identifies barriers to moving into the community;

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

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

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

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

9. Develops benefits counseling options; and

10. Allows qualified persons with disabilities the opportunity 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, non-residence-based, community-based, nonprofit organizations with experience in transitioning persons with disabilities into community settings.

F. The Authority through its duly contracted entities shall:

1. Utilize MDS data to identify participants who prefer to receive services within the community;

2. Develop eligibility criteria for pilot program participants;

3. Provide ongoing assistance to further develop assessment criteria for pilot program participants;

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. Increase pilot program participant access to safe and affordable housing;

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

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

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

1. Pay rent deposits;
2. Pay utility deposits;
3. Purchase initial household supplies;
4. Purchase basic initial household appliances; and
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:

1. Eligibility criteria for services;
2. Assessment protocols to identify persons in need of services; and
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.

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

Section 602. As used in the Oklahoma Family Support Act:

1. "Department" means the Department of Human Services;
2. "Family" means a family member and his or her parent or legal guardian; and

3. "Family member" means a person less than eighteen (18) years of age with ~~mental retardation or other~~ developmental or intellectual disability as defined in Section 1408 of Title 10 of the Oklahoma Statutes.

SECTION 35. AMENDATORY 56 O.S. 2011, Section 1017.2, is amended to read as follows:

Section 1017.2 The Legislature finds that:

1. Oklahoma has a successful home- and community-based services program known as the ADvantage Waiver Program for the frail, elderly and adults with physical disabilities age twenty-one (21) and over who do not have ~~mental retardation~~ an intellectual disability nor a cognitive impairment. The ADvantage Waiver Program provides the following services: case management, transitional case management, personal care, advanced supportive/restorative, skilled nursing - home health setting, RN assessment evaluation, occupational therapy, physical therapy, respiratory therapy, speech/language therapy, adult day health, personal care in adult day health, therapy in adult day health, home-delivered meals, NF extended respite, in-home respite, in-home extended respite, environmental modifications, hospice, consumer-directed personal care assistant services and supports, assisted living, and specialized medical equipment and supplies;

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

3. The cost of serving Oklahomans who are in nursing facilities when they could be living and receiving services at home is significantly higher than the cost of serving them with home- and community-based services.

SECTION 36. AMENDATORY 56 O.S. 2011, Section 1017.3, is amended to read as follows:

Section 1017.3 To be eligible for the ADvantage Waiver Program, a person shall:

1. Qualify financially for Medicaid;
2. Be sixty-five (65) years of age or older or be a physically disabled adult as determined by the Social Security Administration, age twenty-one (21) years or older without ~~mental retardation~~ an intellectual disability or cognitive impairment;
3. Be determined to meet the nursing facility institutional level of care by the Aging Services Division of the Department of Human Services;
4. Reside in his or her own home or a family member's home; and
5. Have needs that can be safely met with waiver services and family or community supports.

SECTION 37. AMENDATORY 56 O.S. 2011, Section 1025.1, is amended to read as follows:

Section 1025.1 For the purposes of this chapter:

1. "Bureau" means the Oklahoma State Bureau of Investigation;
2. ~~"Commission" means the Commission for Human Services;~~
3. ~~"Community services provider" means a community-based program, corporation, or individual who contracts with, or is licensed or funded by, the Department of Human Services to provide residential or vocational services to persons who are elderly or persons with mental retardation intellectual or developmental disabilities, or contracts with the Oklahoma Health Care Authority to provide services to individuals with mental retardation intellectual disabilities through a Home and Community-Based Waiver, except a private ICF/MR ICF/IID;~~
4. 3. "Community services worker" means any person employed by or under contract with a community services provider who provides, for compensation or as a volunteer, health-related services, training, or supportive assistance to persons who are elderly or persons with developmental disabilities, and who is not a licensed health professional or any person who contracts with the Oklahoma Health Care Authority to provide specialized foster care,

habilitation training specialist services, or homemaker services to persons with developmental disabilities;

~~5.~~ 4. "Department" means the Department of Human Services;

~~6.~~ 5. "Developmental disability" means a severe, chronic disability of a person which:

- a. is attributable to a mental or physical impairment or combination of mental and physical impairments, such as ~~mental retardation~~ an intellectual development disorder, cerebral palsy, or autism,
- b. is manifested before the person attains twenty-two (22) years of age,
- c. is likely to continue indefinitely,
- d. results in substantial functional limitations in three or more of the following areas of major life activity:
 - (1) self-care,
 - (2) receptive and expressive language,
 - (3) learning,
 - (4) mobility,
 - (5) self-direction,
 - (6) capacity for independent living, and
 - (7) economic self-sufficiency, and
- e. reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated;

~~7.~~ 6. "Health-related services" means those services provided by community services providers or community services workers to persons who are elderly or persons with developmental disabilities that include, but are not limited to, personal hygiene,

transferring, range of motion, supervision or assistance in activities of daily living, basic nursing care such as taking temperature, pulse or respiration, positioning, incontinent care, and identification of signs and symptoms of disease. Certain tasks that may be performed as basic nursing care by community services workers require appropriate training provided or approved by the Department, written agreement by the service recipient's personal support team, and the primary care physician's acknowledgement and specific order related to the task. Under such circumstances, basic nursing care may include, but need not be limited to:

- a. nutrition, including meals by gastrostomy tube or jejeunostomy tube,
- b. blood glucose monitoring,
- c. ostomy bag care,
- d. oral suctioning, and
- e. administration of oral metered dose inhalers and nebulizers;

~~8.~~ 7. "Supportive assistance" means the service rendered to persons with developmental disabilities which is sufficient to enable such person to meet an adequate level of daily living. Supportive assistance includes, but is not limited to, training, supervision, assistance in housekeeping, assistance in the preparation of meals, and assistance in activities of daily living as necessary for the health and comfort of persons with developmental disabilities;

~~9.~~ 8. "Maltreatment" means abuse, verbal abuse, sexual abuse, neglect, financial neglect, exploitation or sexual exploitation of vulnerable adults as defined in Section 10-103 of Title 43A of the Oklahoma Statutes or abuse, neglect, sexual abuse or sexual exploitation of children as defined in Section 1-1-105 of Title 10A of the Oklahoma Statutes;

~~10.~~ 9. "Personal care" means a level of assistance provided in the home of an individual to meet the individual's activities of daily living needs such as bathing, grooming, meal preparation, light housekeeping, laundry, and care plan-directed errands;

~~11.~~ 10. "Medicaid personal care services provider" means a program, corporation or individual who provides services under the state Medicaid program personal care program or ADvantage Waiver to individuals who are elderly or who have a physical disability;

~~12.~~ 11. "Medicaid personal care assistant" means a person who provides Medicaid services funded under the state Medicaid program personal care program, who is not a certified nurse aide or a licensed professional;

~~13.~~ 12. "Specialized foster care" means the home- and community-based service as defined in the 1915(c) waiver approved by the Centers for Medicare and Medicaid Services;

~~14.~~ 13. "Habilitation training specialist services" means the home- and community-based service as defined in the 1915(c) waiver approved by the Centers for Medicare and Medicaid Services; and

~~15.~~ 14. "Homemaker services" means the home- and community-based service as defined in the 1915(c) waiver approved by the Centers for Medicare and Medicaid Services.

SECTION 38. AMENDATORY 56 O.S. 2011, Section 1030.1, is amended to read as follows:

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

B. Upon the filing of a petition by the Department of Human Services, subject to other provisions of this article, a court may appoint a receiver to take possession of and operate an agency licensed by or contracting with the Department of Human Services or the Oklahoma Health Care Authority to provide community residential supports to individuals with ~~mental retardation or other~~

developmental or intellectual disabilities when there is actual, imminent or substantial risk of serious physical or mental harm or death to residents, and no other remedies at law are adequate to protect the health, safety and welfare of the residents.

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

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

2. 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.

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

1. 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;

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

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

5. The name and address of the persons holding a contract for the agency or serving as the duly authorized agent of the contract

and the address of a designated representative for the Director of the Department of Human Services and the Administrator of the Oklahoma Health Care Authority; and

6. A listing of any other reasons that may apply as set forth 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 or merely for the purpose of harassing or embarrassing the residential agency.

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

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

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

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.

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

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

- a. using the daily patient census and patient gross receipts reports received by the Authority for the most recent available twelve (12) months, and
- b. annualizing those figures.

Each year thereafter, the annualization of the Nursing Facilities Quality of Care Fee specified in this paragraph shall be subject to the limitation in subsection B of this section unless the provision of subsection C of this section is met.

G. The payment of the Nursing Facilities Quality of Care Fee by licensed nursing facilities shall be an allowable cost for Medicaid reimbursement purposes.

H. 1. There is hereby created in the State Treasury a revolving fund to be designated the "Nursing Facility Quality of Care Fund".

2. The fund shall be a continuing fund, not subject to fiscal year limitations, and shall consist of:

- a. all monies received by the Authority pursuant to this section and otherwise specified or authorized by law,
- b. monies received by the Authority due to federal financial participation pursuant to Title XIX of the Social Security Act, and
- c. interest attributable to investment of money in the fund.

3. All monies accruing to the credit of the fund are hereby appropriated 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),
- c. 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 suspended if the federal government subsequently extends pharmacy benefits to this population,

- h. costs incurred by the Authority in the administration of the provisions of this section and any programs created pursuant to this section,
- i. durable medical equipment and supplies services for Medicaid-eligible elderly adults, and
- j. personal needs allowance increases for residents of nursing homes and Intermediate Care Facilities for ~~the Mentally Retarded (ICFs/MR)~~ Individuals with Intellectually Disabled (ICFs/IID) from Thirty Dollars (\$30.00) to Fifty Dollars (\$50.00) per month per resident.

4. Expenditures from the fund shall be made upon warrants issued by the State Treasurer against claims filed as prescribed by law with the Director of the Office of Management and Enterprise 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. No nursing facility shall be guaranteed, expressly or otherwise, that any additional costs reimbursed to the facility will

equal or exceed the amount of the Nursing Facilities Quality of Care Fee paid by the nursing facility.

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

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

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.

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

2. This subsection shall not apply to any judgment that affects the rate of the Nursing Facilities Quality of Care Fee, its applicability to all licensed nursing homes in the state, the usage of the fee for the purposes prescribed in this section, and/or the ability of the Authority to obtain full federal participation to 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 in the event nursing facilities fail to:

1. Submit the Quality of Care Fee;
2. Submit the fee in a timely manner;
3. Submit reports as required by this section; or
4. Submit reports timely.

M. As used in this section:

1. "Nursing facility" means any home, establishment or institution, or any portion thereof, licensed by the State Department of Health as defined in Section 1-1902 of Title 63 of the Oklahoma Statutes;

2. "Medicaid" means the medical assistance program established in Title XIX of the federal Social Security Act and administered in this state by the Authority;

3. "Patient gross revenues" means gross revenues received in compensation for services provided to residents of nursing facilities including, but not limited to, client participation. The term "patient gross revenues" shall not include amounts received by nursing facilities as charitable contributions; and

4. "Additional costs paid to Medicaid-certified nursing facilities under Oklahoma's Medicaid reimbursement methodology" means both state and federal Medicaid expenditures including, but not limited to, funds in excess of the aggregate amounts that would otherwise have been paid to Medicaid-certified nursing facilities under the Medicaid reimbursement methodology which have been updated for inflationary, economic, and regulatory trends and which are in 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 of Health to become a licensed continuum of care facility no later than January 1, 2012, shall be assessed at the same rate as those

facilities assessed pursuant to paragraph 1 of this subsection; provided, that any facility making ~~said~~ the application shall receive the license on or before September 1, 2012. Any facility that fails to receive such license from the State Department of Health by September 1, 2012, shall be assessed at the rate established by subsection C of this section subsequent to September 1, 2012.

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

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

Section 343. The ~~Commission for~~ Department of Human Services and the University Hospitals Authority shall enter into cooperative agreements between the University Hospitals Authority and the state schools for ~~the mentally retarded~~ individuals with intellectual disabilities in the development of basic medical services programs at the schools for ~~the mentally retarded~~ individuals with intellectual disabilities; provided, that the University Hospitals Authority shall not have the responsibility for implementing such programs or for providing medical services at the schools for ~~the mentally retarded~~ individuals with intellectual disabilities.

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

Section 347. The Department of Human Services is hereby authorized to contract for the services of guardians and conservators who will act on behalf of individuals that are recipients of services through the agency's programs including, but not limited to, the program for ~~the mentally retarded~~ individuals with intellectual disabilities and the adult protective services program. The Department is authorized to reimburse such guardians and conservators for any expenses determined to be ~~reimbursable~~ reimbursable by the Department and incurred as a result of their services as guardian or conservator.

SECTION 42. AMENDATORY 56 O.S. 2011, Section 530.2, is 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 disabilities, and to encourage and assist adult companion homes in achieving maximum standards.

B. In order to provide care for ~~mentally retarded or developmentally disabled~~ adults with intellectual or developmental disabilities 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 disabilities placed for care in such home.

SECTION 43. AMENDATORY 56 O.S. 2011, Section 530.3, is amended to read as follows:

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

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

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 disabilities.

SECTION 44. AMENDATORY 56 O.S. 2011, Section 530.6, is amended to read as follows:

Section 530.6 A. The Department of Human Services shall have authority at any reasonable time to investigate and examine the conditions of any home which receives and cares for ~~mentally retarded or developmentally disabled~~ adults with intellectual or developmental disabilities. The Department shall have authority at any time to require the home to provide information pertaining to ~~mentally retarded or developmentally disabled~~ adults with intellectual or developmental disabilities 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 intellectual or developmental disabilities 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 disabilities and to inspect the condition of the buildings in which their care is provided.

D. Information obtained by the Department from any home regarding ~~mentally retarded or developmentally disabled~~ adults with intellectual or developmental disabilities 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.

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

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

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

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

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

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

3. 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.

4. Nothing in the Physical Therapy Practice Act shall prevent a physical therapist from performing services that are provided for the purpose of fitness, wellness, or prevention that is not related 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.

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 students who are enrolled in schools of physical therapy approved by the State Board of Medical Licensure and Supervision from performing such work as is incidental to their course of study; nor shall it prevent any student in any recognized school of the healing art in carrying out prescribed courses of study; provided such school is a recognized institution by the statutes of Oklahoma, and its 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.

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

Section 57.32 The State of Oklahoma Building Bonds Commission, created by Section 57.302 of Title 62, Oklahoma Statutes 1951, ~~Section 57.1 of the Oklahoma Statutes,~~ acting for and on behalf of the State of Oklahoma, shall be the agency by and through which the State of Oklahoma shall incur indebtedness to the extent of the sum of Thirty-five Million Five Hundred Thousand Dollars (\$35,500,000.00) as principal, for the purpose of constructing new buildings and other capital improvements, and for equipping, remodeling, modernizing and repairing any and all existing buildings and capital improvements, at the constituent institutions of The Oklahoma State System of Higher Education provided that Five Million Dollars (\$5,000,000.00) thereof shall be used to construct and equip a school and hospital for ~~mentally-retarded~~ children with

intellectual disabilities in Northeastern Oklahoma pursuant to, and under authority of, Section 34 of Article X of the Constitution of the State of Oklahoma, and this act Section 57.15 et seq. of this title.

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

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

2. 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 direct-care-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.

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~~ ICFs/IID 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:

- a. from 7:00 a.m. to 3:00 p.m., one direct-care staff to every seven residents, or major fraction thereof,
- b. from 3:00 p.m. to 11:00 p.m., one direct-care staff to every ten 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.

3. On and after September 1, 2003, subject to the availability of funds, nursing facilities subject to the Nursing Home Care Act and ~~intermediate care facilities for the mentally retarded~~ ICFs/IID 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:

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

4. Effective immediately, facilities shall have the option of varying the starting times for the eight-hour shifts by one (1) hour before or one (1) hour after the times designated in this section without overlapping shifts.

- 5. a. On and after January 1, 2004, a facility that has been determined by the State Department of Health to have been in compliance with the provisions of paragraph 3 of this subsection since the implementation date of this subsection, may implement flexible staff scheduling; provided, however, such facility shall continue to maintain a direct-care service rate of at

least two and eighty-six one-hundredths (2.86) hours of direct-care service per resident per day.

b. At no time shall direct-care staffing ratios in a facility with flexible staff-scheduling privileges fall below one direct-care staff to every sixteen residents, and at least two direct-care staff shall be 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 per day rate of not less than two and eighty-six one-hundredths (2.86) hours per day,

(2) a direct-care-staff-to-resident ratio of at least one direct-care staff person on duty to every sixteen residents at all times, and

(3) at least two direct-care staff persons on duty and awake at all times.

6. a. On and after January 1, 2004, the Department shall require a facility to maintain the shift-based, staff-to-resident ratios provided in paragraph 3 of this subsection if the facility has been determined by the Department to be deficient with regard to:

(1) the provisions of paragraph 3 of this subsection,

(2) fraudulent reporting of staffing on the Quality of Care Report,

(3) a complaint and/or survey investigation that has determined substandard quality of care, or

(4) a complaint and/or survey investigation that has determined quality-of-care problems related to insufficient staffing.

b. The Department shall require a facility described in subparagraph a of this paragraph to achieve and maintain the shift-based, staff-to-resident ratios

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.

- c. Upon a subsequent determination by the Department that the facility has achieved and maintained for at least three (3) months the shift-based, staff-to-resident ratios described in paragraph 3 of this subsection, and has corrected any deficiency described in subparagraph a of this paragraph, the Department shall notify the facility of its eligibility to implement flexible staff-scheduling privileges.
7. a. For facilities that have been granted flexible staff-scheduling privileges, the Department shall monitor and evaluate facility compliance with the flexible staff-scheduling staffing provisions of paragraph 5 of this subsection through reviews of monthly staffing reports, results of complaint investigations and 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.
- c. In a directed plan of correction, the Department shall require a facility described in subparagraph b of this paragraph to maintain shift-based, staff-to-resident ratios for the following periods of time:
- (1) the first determination shall require that shift-based, staff-to-resident ratios be maintained until full compliance is achieved,
 - (2) the second determination within a two-year period shall require that shift-based, staff-to-resident ratios be maintained for a minimum period of six (6) months, and
 - (3) the third determination within a two-year period shall require that shift-based, staff-to-resident

ratios be maintained for a minimum period of twelve (12) months.

C. Effective September 1, 2002, facilities shall post the names and titles of direct-care staff on duty each day in a conspicuous 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 disabilities serving six or fewer clients (ICFs/IID-6) and for intermediate care facilities for ~~the mentally retarded~~ individuals with intellectual disabilities serving sixteen or fewer clients (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.

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

2. When the state Medicaid program reimbursement rate reflects the sum of Ninety-four Dollars and eleven cents (\$94.11), plus the increases in actual audited costs over and above the actual audited costs reflected in the cost reports submitted for the most current cost-reporting period and the costs estimated by the Oklahoma Health Care Authority to increase the direct-care flexible staff-scheduling staffing level from three and two-tenths (3.2) hours per day per occupied bed to three and eight-tenths (3.8) hours per day per occupied bed, all nursing facilities subject to the provisions of

the Nursing Home Care Act and ~~intermediate care facilities for the mentally retarded~~ ICFs/IID with seventeen or more beds, in addition to other state and federal requirements related to the staffing of nursing facilities, shall maintain direct-care, flexible staff-scheduling staffing levels based on an overall three and eight-tenths (3.8) hours per day per occupied bed.

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

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

5. In the event that the state Medicaid program reimbursement rate for facilities subject to the Nursing Home Care Act, and ~~intermediate care facilities for the mentally retarded~~ ICFs/IID 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:

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

2. 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.

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~~ ICFs/IID 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 direct-care-staff-to-resident ratios specified by this section. Such report shall be available to the public upon request.

3. The Authority may assess administrative penalties for the failure of any facility to submit the report as required by the 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.

4. Administrative penalties shall not be assessed for 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.

I. 1. All entities regulated by this state that provide long-term care services shall utilize a single assessment tool to determine client services needs. The tool shall be developed by the Oklahoma Health Care Authority in consultation with the State Department of Health.

- 2. a. The Oklahoma Nursing Facility Funding Advisory Committee is hereby created and shall consist of the following:

- (1) four members selected by the Oklahoma Association of Health Care Providers,

- (2) three members selected by the Oklahoma Association of Homes and Services for the Aging, and
- (3) two members selected by the State Council on Aging.

The Chair shall be elected by the committee. No state employees may be appointed to serve.

- b. The purpose of the advisory committee will be to develop a new methodology for calculating state Medicaid program reimbursements to nursing facilities by implementing facility-specific rates based on expenditures relating to direct care staffing. No nursing home will receive less than the current rate at the time of implementation of facility-specific rates pursuant to this subparagraph.
- c. The advisory committee shall be staffed and advised by the Oklahoma Health Care Authority.
- d. The new methodology will be submitted for approval to the Board of the Oklahoma Health Care Authority by January 15, 2005, and shall be finalized by July 1, 2005. The new methodology will apply only to new funds that become available for Medicaid nursing facility reimbursement after the methodology of this paragraph has been finalized. Existing funds paid to nursing homes will not be subject to the methodology of this paragraph. The methodology as outlined in this paragraph will only be applied to any new funding for nursing facilities appropriated above and beyond the funding amounts effective on January 15, 2005.
- e. The new methodology shall divide the payment into two 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

related to each facility's actual expenditures on direct care, and

(2) other costs.

f. The Oklahoma Health Care Authority, in calculating the base year prospective direct care rate component, shall use the following criteria:

- (1) to construct an array of facility per diem allowable expenditures on direct care, the Authority shall use the most recent data available. The limit on this array shall be no less than the ninetieth percentile,
- (2) each facility's direct care base-year component of the rate shall be the lesser of the facility's allowable expenditures on direct care or the limit,
- (3) other rate components shall be determined by the Oklahoma Nursing Facility Funding Advisory Committee in accordance with federal regulations and requirements, and
- (4) rate components in divisions (2) and (3) of this subparagraph shall be re-based and adjusted for inflation when additional funds are made available.

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.

J. 1. When the state Medicaid program reimbursement rate reflects the sum of Ninety-four Dollars and eleven cents (\$94.11), plus the increases in actual audited costs, over and above the actual audited costs reflected in the cost reports submitted for the

most current cost-reporting period, and the direct-care, flexible staff-scheduling staffing level has been prospectively funding at four and one-tenth (4.1) hours per day per occupied bed, the Authority may apportion funds for the implementation of the provisions of this section.

2. 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.

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.

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

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

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

Section 1-222.1 A. Every county or combination of counties desirous of establishing a mental health center and/or facilities for ~~the mentally retarded~~ individuals with intellectual disabilities shall establish a community mental health board and/or ~~mental retardation~~ intellectual disability governing board each of which shall be composed of not less than seven (7) members. The members of such governing boards shall be appointed by the board of county commissioners of ~~said~~ the county. The term of office of members of the governing board shall be three (3) years, except that of the members first appointed the term of three members shall be for one (1) year, and the term of two members shall be for two (2) years. 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.

SECTION 51. AMENDATORY 63 O.S. 2011, Section 1-222.2, is amended to read as follows:

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

1. For the community mental health board, the duties prescribed by the Unified Community Mental Health Services Act, Sections 601 through 609, 3-301 through 3-327 of Title 43A, of the Oklahoma Statutes; and

2. For the ~~mental retardation~~ intellectual disability board, the duties prescribed for the ~~Oklahoma Welfare Commission~~ Department of Human Services by Sections ~~301 through 335, Title 43A, 1406 through 1425 of Title 10 of the Oklahoma Statutes.~~

SECTION 52. AMENDATORY 63 O.S. 2011, Section 1-502.1, as amended by Section 1, Chapter 246, O.S.L. 2013 (63 O.S. Supp. 2018, Section 1-502.1), is amended to read as follows:

Section 1-502.1 A. All agencies and organizations that regularly employ emergency medical technicians, paramedics, firefighters, peace officers, as defined in Section 648 of Title 21 of the Oklahoma Statutes, correctional officers and employees, or health care workers, all mental health or ~~mentally retarded~~

intellectual disability treatment or evaluation programs that employ persons involved with providing care for patients, the J.D. McCarty Center for Children with Developmental Disabilities, and all juvenile institutions of the Department of Human Services shall implement the universal precautions for the prevention of the transmission of communicable diseases published by the Centers for Disease Control, U.S. Public Health Service, in the Morbidity and Mortality Weekly Report, Volume 36, Number 2S or as subsequently amended.

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

SECTION 53. AMENDATORY 63 O.S. 2011, Section 1-533, is amended to read as follows:

Section 1-533. A. The State ~~Board~~ Commissioner of Health shall provide, pursuant to the provisions of Section 1-534 of this title, as technologies and funds become available, an intensive educational 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:

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

2. Treatment and management will prevent ~~mental retardation~~ intellectual disabilities and/or reduce infant morbidity and mortality.

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

1. The nature of the diseases;
2. Examinations for the detection of the diseases in infancy;
and
3. Follow-up measures to prevent the morbidity and mortality 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~~ intellectual disabilities (phenylpyruvic oligophrenia), neurologic manifestations (including hyperkinesia, epilepsy, and microcephaly), light pigmentation, and eczema. The disorder is transmitted as an autosomal recessive trait and can be treated by administration of a diet low in phenylalanine.

D. The ~~State Board of Health~~ Commissioner shall promulgate any rules necessary to effectuate the provision of this section.

SECTION 54. AMENDATORY 63 O.S. 2011, Section 1-851.1, is amended to read as follows:

Section 1-851.1 For purposes of the Long-term Care Certificate of Need Act:

1. "Board" means the State Board of Health;
2. "Commissioner" means the State Commissioner of Health;
3. "Department" means the State Department of Health;
4. "Long-term care facility" means:
 - a. a nursing facility or a specialized facility, as such terms are defined by Section 1-1902 of this title,

- b. skilled nursing care provided in a distinct part of a hospital as such term is defined by Section 1-701 of this title,
- c. the nursing care component of a continuum of care facility, as such term is defined under the Continuum of Care and Assisted Living Act, or
- d. the nursing care component of a life care community as such term is defined by the Long-term Care Insurance Act;

5. "Disclosure statement" means a written statement by the applicant which contains:

- a. the full name, business address, and Social Security number of the applicant, and all persons with controlling interest as defined by the Long-term Care Certificate of Need Act,
- b. the full name and address of any legal entity in which the applicant holds a debt or equity interest of at least five percent (5%), or which is a parent company or subsidiary of the applicant,
- c. a description of the experience and credentials of the applicant, including any past or present permits, licenses, certifications, or operational authorizations relating to long-term care facility regulation,
- d. a listing and explanation of any administrative, civil or criminal legal actions against the applicant or any person with a controlling interest which resulted in a final agency order or final judgment by a court of record including, but not limited to, final orders or judgments on appeal related to long-term care in the five (5) years immediately preceding the filing of the application. Such actions shall include, without limitation, any permit denial or any sanction imposed by a state regulatory authority or the Centers for Medicare and Medicaid Services, and
- e. a listing of any federal long-term care agency and any state long-term care agency outside this state that

has or has had regulatory responsibility over the applicant;

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

7. "Person" means any individual, corporation, industry, firm, partnership, association, venture, trust, institution, federal, state or local governmental instrumentality, agency or body or any other legal entity however organized; and

8. "Person with a controlling interest" means a person who 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
- c. a managing member of a Limited Liability Company (LLC).

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:

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

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

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

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

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

5. "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 disabilities;

6. "Board" means State Board of Health;

7. "Commissioner" means State Commissioner of Health;

8. "Department" means the State Department of Health;

9. "Facility" means a nursing facility and a specialized home; provided this term shall not include a residential care home or an adult companion home;

10. "Nursing facility" means a home, an establishment or an institution, a distinct part of which is primarily engaged in providing:

- a. skilled nursing care and related services for residents who require medical or nursing care,
- b. rehabilitation services for the rehabilitation of injured, disabled, or sick persons, or
- c. on a regular basis, health-related care and services to individuals who because of their mental or physical condition require care and services beyond the level of care provided by a residential care home and which can be made available to them only through a nursing facility.

"Nursing facility" does not mean, for 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 Section 6201 of Title 74 of the Oklahoma Statutes or the nursing care component of a continuum of care facility, as such term is defined under the Continuum of Care and Assisted Living Act, to the extent that the facility constructed or operated by an entity described in paragraph 7 of subsection B of Section 6201 of Title 74 of the Oklahoma Statutes contains such a nursing care component;

11. "Specialized facility" means any home, establishment, or institution which offers or provides inpatient long-term care services on a twenty-four-hour basis to a limited category of persons requiring such services, including but not limited to a facility providing health or habilitation services for ~~mentally~~

~~retarded or developmentally disabled persons~~ individuals with intellectual or developmental disabilities, but does not mean, for 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 Section 6201 of Title 74 of the Oklahoma Statutes or the nursing care component of a continuum of care facility, as such term is defined under the Continuum of Care and Assisted Living Act, to the extent that the facility constructed or operated by an entity described in paragraph 7 of subsection B of Section 6201 of Title 74 of the Oklahoma Statutes contains such a nursing care component;

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

13. "Licensee" means the person, a corporation, partnership, or association who is the owner of the facility which is licensed by the Department pursuant to the provisions of the Nursing Home Care 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, association, or other entity which owns a facility or leases a facility. The person or entity that stands to profit or lose as a result of the financial success or failure of the operation shall be presumed to be the owner of the facility. Notwithstanding the foregoing, any nonstate governmental entity that has acquired and owns or leases a facility and that has entered into an agreement with the Oklahoma Health Care Authority to participate in the nursing facility supplemental payment program ("UPL Owner") shall be

deemed the owner of such facility and shall be authorized to obtain management services from a management services provider ("UPL Manager"), and to delegate, allocate and assign as between the UPL Owner and UPL Manager, compensation, profits, losses, liabilities, decision-making authority and responsibilities, including responsibility for the employment, direction, supervision and control of the facility's administrator and staff;

17. "Personal care" means assistance with meals, dressing, movement, bathing or other personal needs or maintenance, or general supervision of the physical and mental well-being of a person, who is incapable of maintaining a private, independent residence, or who is incapable of managing his person, whether or not a guardian has been appointed for such person;

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

19. "Representative of a resident" means a court-appointed guardian or, if there is no court-appointed guardian, the parent of a minor, a relative, or other person, designated in writing by the resident; provided, that any owner, operator, administrator or employee of a facility subject to the provisions of the Nursing Home Care Act, the Residential Care Act, or the Group Homes for the Developmentally Disabled or Physically Handicapped Persons Act shall not be appointed guardian or limited guardian of a resident of the facility unless the owner, operator, administrator or employee is the spouse of the resident, or a relative of the resident within the second degree of consanguinity and is otherwise eligible for 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 health and comfort of such person. Supportive assistance shall not include medical service.

SECTION 56. AMENDATORY 63 O.S. 2011, Section 1-1912, as last amended by Section 1, Chapter 251, O.S.L. 2014 (63 O.S. Supp. 2018, Section 1-1912), is amended to read as follows:

Section 1-1912. A. The State Department of Health shall promptly serve a notice of violation upon a licensee whenever, upon inspection or investigation, the Department determines that:

1. The facility is in violation of the Nursing Home Care Act, any rule promulgated thereunder, or applicable federal certification criteria; or

2. The financial condition of the facility poses an immediate risk to the proper operation of the facility or to the health, safety or welfare of the residents of the facility.

B. Each notice of violation shall be prepared in writing and shall specify the nature of the violation, and the statutory provision, rule or standard alleged to have been violated. The notice of violation shall inform the licensee of its obligation to file a plan of correction within ten (10) working days of receipt of the notice of violation. In the case of a specialized facility for ~~persons~~ individuals with mental-retardation intellectual disabilities, the Department shall offer the licensee an informal opportunity comparable to the process offered to Medicaid-certified 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.

D. Whenever the Department finds that an emergency exists requiring immediate action to protect the health, safety or welfare of any resident of a facility licensed pursuant to the provisions of the Nursing Home Care Act, the Department may, without notice of hearing, issue an order stating the existence of such an emergency and requiring that action be taken as deemed necessary by the Department to meet the emergency. The order shall be effective immediately. Any person to whom such an order is directed shall comply with such order immediately but, upon application to the Department, shall be afforded a hearing within ten (10) business days of receipt of the application. On the basis of such hearing, the Department may continue the order in effect, revoke it, or modify it. Any person aggrieved by such order continued after the hearing provided in this subsection may appeal to the district court

in Oklahoma County within thirty (30) days. Such appeal when 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.

E. Within thirty (30) days of receipt of a plan of correction by the State Department of Health from any facility operated by the Oklahoma Department of Veterans Affairs, the State Department of Health shall submit the results of the inspection, including a list of deficiencies in the condition or operation of the facility and recommendations for corrective measures in the form of a written report to the person immediately responsible for the administration of the facility inspected, to the Oklahoma Department of Veterans Affairs, to the Governor, to the Speaker of the House of 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:

1. 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 preliminary findings that indicate actual harm or substandard 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.

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

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

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

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

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

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

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

7. "Nursing home", "rest home" and "specialized home" shall have the same meaning as the term "nursing facility" as such term is defined in the Nursing Home Care Act; "assisted living center" and "continuum of care facility" shall have the same meaning as such terms are defined in the Continuum of Care and Assisted Living Act; "home" and "residential care home" shall have the same meaning as the terms are used in the Residential Care Act; and "adult day care

center" and "center" shall have the same meaning as such terms are used in the Adult Day Care Act.

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

Section 5026. A. The Oklahoma Health Care Authority Board shall, in administering the Medicaid prescription drug program, utilize the following definition for "phenylketonuria" to mean: 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~~ intellectual disabilities (phenylpyruvic oligophrenia), neurologic manifestations (including hyperkinesia, epilepsy, and microcephaly), light pigmentation, and eczema. The disorder is transmitted as an autosomal recessive trait and can be treated by administration of a 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. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 5060 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. Where practicable and in accordance with state and federal law, the state Medicaid program shall not contract with an out-of-state medical provider for treatment that is available from one or more providers licensed and practicing in the State of Oklahoma.

B. The Oklahoma Health Care Authority shall seek any federal approval necessary to implement the provisions of this section.

SECTION 60. AMENDATORY 70 O.S. 2011, Section 6-105, as last amended by Enrolled House Bill No. 1050 of the 1st Session of the 57th Oklahoma Legislature, is amended to read as follows:

Section 6-105. A. If, because of sickness or other reason, a teacher is temporarily unable to perform regular duties, a substitute teacher may be employed for the position for the time of the absence. A substitute teacher shall be paid in an amount and under such terms as may be agreed upon in advance by the substitute teacher and the board of education or according to regulations of

the board. If a teacher is absent for reason of personal business the school district shall deduct from the salary of the teacher only the amount necessary to pay the substitute.

B. No substitute teacher shall be employed for a total period of time in excess of one hundred thirty-five (135) school days during a school year; or one hundred forty-five (145) school days during the school year if the substitute teacher holds a lapsed or expired certificate or has a bachelors level college degree; or no limit of school days during the school year if the substitute teacher holds a valid certificate. Each school district shall adopt a policy which sets forth the maximum number of days a substitute teacher may be employed for the same assignment if the substitute teacher does not hold a valid 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~~ intellectual disabilities shall not be subject to the restrictions on total time a substitute teacher may be employed if no certified teachers are available to teach such students and the students would be denied instruction in special education if the substitute teacher were not employed. Beginning with the 2007-08 school year, any substitute teacher employed to teach special education for the same assignment for more than fifteen (15) consecutive or thirty (30) total school days during a school year who does not hold a valid certificate to teach special education shall be required to complete in-service training as prescribed by the State Board of Education. The training shall be provided at no cost to the substitute teacher. Availability of certified teachers shall be determined after the school has consulted the State Board of Education and any other resources for filling the vacant position with a certified teacher.

D. A school district may request a waiver of the restrictions on total time a substitute teacher may be employed from the State Board of Education for a substitute teacher who does not hold a valid certificate. The school district shall submit evidence on the availability of certified substitute teachers and the qualifications of the substitute teacher. The Board shall develop procedures for the filing and processing of substitute teacher waivers pursuant to 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.

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.

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 other component of the Armed Forces of the United States, including members of the Air or Army National Guard, shall, when ordered by the proper authority to active duty or service, be entitled to a leave of absence from such civil employment for the period of such active service without loss of status or efficiency rating and without loss of pay during the first thirty (30) days of such leave of absence.

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.

SECTION 61. AMENDATORY 74 O.S. 2011, Section 255, is amended 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 officer and in the case of all boards and commissioners, such board or commission shall, by vote thereof, except as otherwise provided, appoint persons to hold positions created under such boards or commissions by this act, and the ~~said~~ persons so appointed shall hold office at the will of such officer, boards or commissions making ~~said~~ the appointment, provided that any board or commission may authorize the secretary of such board or commission to make ~~said~~ the appointment.

Provided further, that it shall be unlawful for the heads of any department, or any departments, except institutions of higher learning and state hospitals, the State Health Department, the Highway Department in the employment of engineers and technicians, schools for ~~mentally retarded~~ individuals with intellectual disabilities and State Veterans Facilities as pertains to doctors, dentists, nurses and other trained technicians, to employ in any way

any person who is not a citizen of the United States, and repealing all laws in conflict herewith. The provisions of this act shall in no way be interpreted to repeal any provision of the laws heretofore enacted creating the Merit System of the State of Oklahoma.

SECTION 62. This act shall become effective November 1, 2019.

Passed the House of Representatives the 21st day of May, 2019.

Presiding Officer of the House
of Representatives

Passed the Senate the 24th day of April, 2019.

Presiding Officer of the Senate

OFFICE OF THE GOVERNOR

Received by the Office of the Governor this _____
day of _____, 20_____, at _____ o'clock _____ M.
By: _____

Approved by the Governor of the State of Oklahoma this _____
day of _____, 20_____, at _____ o'clock _____ M.

Governor of the State of Oklahoma

OFFICE OF THE SECRETARY OF STATE

Received by the Office of the Secretary of State this _____
day of _____, 20_____, at _____ o'clock _____ M.
By: _____