

**ISSR Recommended Edits - Draft #4
External Advisory Committee Meeting
January 28, 2009**

NC: No Change
EM: Edit Made

D: Deleted
R: Referred for Decision

| Provider Policies | | | |
|--------------------------|--|--------|---------------------------|
| Number | Recommended Edit | Status | Comments |
| | Clarify if the required policies apply to all programs. | EM | |
| 1(h) | Reference new OAR for Criminal History Background Checks. | R | |
| 1(i) | Include intern/students policy. | EM | Added to hiring policies. |
| 1(b) | Change to “Personnel Qualifications and Credentialing.” | EM | |
| 1(c), 2(f) and 2(e) | Remove Training and Trauma and Recovery policies. | R | |
| 2 | Allow an abbreviated overview of policies to be given to individuals/families rather than full policies. | EM | |
| 2 | Remove “philosophical approach” and change to “mission statement.” | EM | |
| 2(e) | Add “wellness” to Recovery and Resiliency Services Policy. | EM | |

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| 3(f) | Clarify only required if crisis services are provided. | EM | |
| | Add “peer delivered services policy” to service delivery policies. | NC | Already covered in personnel policies. |
| | Remove any required policies that are covered by licensing, like “food service.” | EM | |
| 3 | Add “continued stay criteria” policy. | EM | |
| | Add ‘Utilization Management’ policy. | NC | Already covered in QA and PI section. |

| Quality Assessment and Performance Improvement | | | |
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| Number | Recommended Edit | Status | Comments |
| | Reorganize section to start with “policy and structure” and then “annual plan.” | EM | |
| 2 | Change to “revise as needed.” | EM | |
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| 3(a)(A) | Change to “one or more clinical staff who are representative of the scope of services provided.” | EM | |
| 3 | Combine “domains” and “objectives” and change to: retention, | EM | |

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| | engagement and transitions in level of care. | | |
| 3(a)(C) | Change “representatives” to “individuals/families served.” | EM | |
| 3 | Clarify that the quality assurance committee makes recommendations and that management/staff are the ones who act on the recommendations (i.e., change “implement” to “recommend” on 3(b)(F). | EM | |
| 3(a)(C) | Increase individual/family membership to a minimum of 3, or 20%, whichever is greater. | R | |
| 3(b) | Add “review EBPs for fidelity,” to functions of the committee. | R | |
| 3(b)(B) | Remove “Oregon Performance Benchmarks.” | EM | |
| 4(b) | Delete “qualifications” of the QA committee. | EM | |
| | Allow for QA committee “hardship” exception for very small providers. | NC | Would need to be varianced. |
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| Variances | | | |
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| Number | Recommended Edit | Status | Comments |
| 2(d) | Delete “a description of the individual’s opinion and participation in requesting the variance.” | NC | Added, “when available.” |
| 1(a) | Add “providers holding a certificate directly with the division.” | EM | |
| 7 | Clarify when a variance would expire. | NC | Already clarified in #3. |

Discharge, Transition and Transfer (Now Service Conclusion, Transfer and Continuity of Care)

| Number | Recommended Edit | Status | Comments |
|---------|--|------------------|--|
| 4(a)(B) | Delete “providing the same level of care.” | D | |
| 4(a)(C) | Delete “transitions to a different level of service and support.” | D | |
| 4 | Do not require discharge summaries in outpatient care. | NC | Discharge summaries are now called “service summaries” and are required when services are concluded due to the circumstances listed in the definition of “service conclusion.” <u>Episode completion or transition to a different level of care with the same provider</u> does not require a summary. |
| 4 | Reconsider the whole idea of discharge summaries to reflect type of care. The planned conclusion could be addressed in a progress note, which would document “episode completion” rather than fully terminated services. | See notes above. | |

Other

| Number | Recommended Edit | Status | Comments |
|------------|--|--------|---|
| 54 | Review definition for “Incident Report.” Delete “illness” from circumstances requiring a report. | EM | Changed to “major illness.” |
| 11 | Clarify which programs “special safety procedures” apply to. | EM | |
| 2(c) | Delete “criteria to discharge individual, etc.....” from ISSP requirements. | EM | |
| 1(a) | Change to “when COD is determined to be present, the provider will document planning for services consistent with the individual’s readiness to change.” | EM | Clarification added to direct provider to COD services section when COD is present. |
| 1(c,d & e) | Remove “address” or clarify that it only applies to children. | EM | |
| 2 | Documentation standards: Clarify what is meant by “financial implications,” and move this language to the top of the section. | EM | |
| | Do not require a full assessment when an individual transfers from another agency, just an “update” to the existing assessment. | NC | |