

c. Integration and Coordination

Contractor shall ensure that in the process of coordinating care, the OHP Member's privacy is protected consistent with the confidentiality requirements in 45 CFR parts 160 and 164 subparts A and E, to the extent that they are applicable, and consistent with other State law or Federal regulations governing privacy and confidentiality of mental health records.

(1) Mental Health Services Which Are Not Covered Services

Contractor shall coordinate Services for each OHP Member who requires Services from agencies providing mental health Services that are not Covered Services. These Services include, but are not limited to, those listed in Exhibit B, Part I, Section 1, Subsection e, Mental Health Services Which Are Not Covered Services.

(a) Contractor shall assist OHP Members who are children and adolescents age 17 and under in gaining access to Psychiatric Long Term Care when this level of care is Medically Appropriate.

(i) Contractor shall work closely with AMH staff to ensure continuous Enrollment for OHP Members entering into LTPC outside of Contractor's Service Area as defined in Part IV of this Contract.

(ii) To ensure that treatment is being provided in the least restrictive and most appropriate Setting, Contractor shall, at minimum, consult and communicate with LTPC programs for admission and discharge planning, and collaborate with the LTPC program regarding ongoing treatment decisions.

(iii) Contractor shall coordinate, consult, and communicate, within the laws governing confidentiality, with community providers and other Allied Agencies, schools, Family members or guardians regarding treatment for children and adolescents in LTPC.

(2) Local Mental Health Authority (LMHA)/Community Mental Health Program (CMHP)

Contractor shall establish working relationships with the LMHA and CMHP operating in the Service Area for the purposes of maintaining a comprehensive and coordinated crisis response and mental health Service delivery system for OHP Member access to mental health Services, including Civil Commitment and protective Services/Abuse investigations processes.

(3) Community Emergency Service Agencies

Contractor shall coordinate, consult, communicate with, and provide technical assistance to Community Emergency Service Agencies to promote appropriate responses to, and appropriate Services for, OHP Members experiencing a mental health crisis.

(4) Allied Agencies

Contractor shall have a mechanism for multi-disciplinary team Service planning and Services Coordination for OHP Members requiring Services from more than one publicly funded agency or Service Provider. This mechanism shall help avoid Service duplication and promote access to a range and intensity of Service options that Provide individualized, Medically Appropriate care in the least restrictive Treatment Setting (clinic, home, school, community based care Settings licensed by Allied Agencies).

- (a)** Contractor shall work with DHS local and/or regional agencies to develop specific methods for meeting federal requirements for a mental health Assessment for children and adolescents within 60 days of placement in substitute care.

(5) Physical Health Care Providers

Contractor shall coordinate with physical health care Providers and FCHPs to ensure that each OHP Member has an ongoing source of primary care appropriate to their needs.

- (a)** Consult and communicate with the OHP Member's physical health care Provider as Medically Appropriate and within laws governing confidentiality as specified in OAR 410-141-0180, Oregon Health Plan Prepaid Health Plan Recordkeeping.
- (b)** Consult with, and provide technical assistance to, physical health care Providers in the Service Area to help in the early identification of mental disorders so that intervention and Prevention strategies can begin as soon as possible.
- (c)** Develop and implement methods of coordinating with FCHPs for the appropriate coordination of Services delivered to OHP Members, particularly OHP Members with exceptional Service needs. Such coordination shall be conducted within laws governing confidentiality.

(6) Chemical Dependency Providers

Contractor shall coordinate with Chemical Dependency Providers as Medically Appropriate and within laws governing confidentiality and shall provide technical assistance for the identification and referral of OHP

Members with dual diagnoses. Contractor shall work with FCHPs and Chemical Dependency Providers certified by DHS to develop the Capacity to Provide appropriate Services to dually diagnosed OHP Members so the needs of such persons can be better met.

(7) Medicare Payers and Providers

(a) Contractor shall coordinate with Medicare payers and Providers as Medically Appropriate to coordinate the care and benefits of OHP Members who are eligible for both Medicaid and Medicare.

(b) Contractor shall be responsible for Medicare deductibles, coinsurance and co-payments up to Medicare's or Contractor's allowable for Covered Services its Medicare eligible OHP Members receive from a Medicare Provider, who is either a Participating Provider, or a Non-Participating Provider, if authorized by Contractor or Contractor's representatives, or for Emergency Services or Urgent Care Services.

(8) OHP Members in Extended Care Settings

Contractor shall coordinate with the AMH ECMU and extended care Service Providers to integrate Services for OHP Members in Extended Care Programs. ECMU shall determine, after collaborating with Contractor and the Extended Care Program, when an OHP Member is ready for discharge from the Extended Care Program.

(9) Long Term Psychiatric Care (LTPC)

(a) If Contractor believes an OHP Member is appropriate for LTPC, Contractor shall request a LTPC determination from the applicable DHS program. DHS staff will render a determination within three working days of receiving a completed request if the OHP Member is 18 or more years of age or within seven working days of receiving a completed request if the OHP Member is age 17 and under.

(i) For OHP Members age 18 to age 64 with no significant nursing care needs due to an Axis III disorder of an enduring nature, the AMH ECMU as described in Schedule 2.1, Procedure for LTPC Determinations for OHP Members Age 18-64;

Subsection c, Paragraph (9) (c) (i) through (9) (c) (iii), the date determined by the Clinical Reviewer.

In the event there is a disagreement between Contractor and AMH about whether an OHP Member is appropriate for LTTPC, Contractor may request, within three (3) working days of receiving notice of the LTTPC determination, review by an independent Clinical Reviewer. The determination of the Clinical Reviewer shall be deemed the determination of AMH for purposes of this Contract. If the Clinical Reviewer ultimately determines that the OHP Member is appropriate for LTTPC, the effective date of such determination shall be the date specified above in this Exhibit B, Part II, Section 1, Subsection c, Paragraph (9) (c). The cost of the clinical review shall be divided equally between Contractor and AMH.

- (d)** Contractor shall:
- (i)** For OHP Members age 18 to 64, work with the AMH ECMU, or OCS Team in managing admissions to and discharges from LTTPC for OHP Members who require such care at OSH or Eastern Oregon Psychiatric Center.
 - (ii)** For OHP Members, age 17 and under, work with the AMH Child and Adolescent Mental Health Specialist in managing admissions and discharges to LTTPC (SCIP, SAIP, STS programs).
 - (iii)** For the OHP Member and, the parent or guardian of the OHP Member, work to assure timely discharge from LTTPC to an appropriate community placement.
 - (iv)** For the OSH-GTS Interdisciplinary Treatment Team assigned to the OHP Member, work to manage discharges from Long Term Geropsychiatric Care.
- (e)** Contractor shall authorize and reimburse Case Management services that are sufficient in amount, duration or scope to reasonably be expected to achieve the purpose for which the services are provided to OHP Members receiving care through community-based Long Term Psychiatric Care, as authorized by the AMH ECMU.
- (f)** Contractor shall assure that any involuntary treatment provided under this Contract is provided in accordance with administrative rule and statute, and shall coordinate with the CMHP Director in assuring that all statutory requirements are met. Contractor shall also work with the CMHP Director in assigning a civilly committed OHP Member to any placement and participate in circuit court hearings related to planned placements, if applicable.

(10) Consumer Involvement and Advocacy

- (a)** Contractor shall involve Consumers, families, Consumer advocates, and advocacy groups in planning, developing, implementing, operating and evaluating Services.
- (b)** Contractors' advisory bodies, such as QI committees, policy-making bodies or decision-making boards, shall have representation from culturally diverse populations of mental health Consumers and their Family members. Representation on these advisory bodies shall be a minimum of 25% of total membership and shall consist of representatives which include the following constituent groups: adolescent Consumers, adult Consumers, older adult Consumers, Family members of child and adolescent Consumers and Family members of adult and older adult Consumers.
- (c)** Contractor shall inform OHP Members, at least once per year, of the OHP Member's abilities to participate in activities of Contractor.