

**Notes on Oregon's Mental Health Organization  
(MHO) Responsibilities**

**Adult Mental Health Initiative (AMHI) Planning Meeting**

**June 11, 2010**

## LOCAL ENTITIES

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

MHO 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.

Accountable Behavioral Health Alliance	Benton, Jefferson, Lincoln, Deschutes, Crook	Corvallis, OR
Clackamas Mental Health Organization	Clackamas, Hood River, Sherman, Wasco	Oregon City, OR
Family Care	Clackamas, Washington, Multnomah	Portland, OR
Greater Oregon Behavioral Health Inc.	Baker, Clatsop, Columbia, Douglas, Grant, Gilliam, Harney, Lake, Malheur, Morrow, Umatilla, Union, Wallowa, Wheeler	The Dalles, OR
Jefferson Behavioral Health	Coos, Curry, Jackson, Josephine, Klamath	Grants Pass, OR
LaneCare	Lane	Eugene, OR
Mid-Valley Behavioral Care Network	Linn, Marion, Polk, Tillamook, Yamhill	Salem, OR
Verity Integrated Behavioral Healthcare Systems	Multnomah	Portland, OR
Washington County Department of Health and Human Services	Washington	Hillsboro, OR

## **RIGHTS OF THE INDIVIDUAL DETAILED**

### **Individual Rights**

MHO shall furnish to OHP Members information on the rights specified in OAR 410-141-0320, Oregon Health Plan Prepaid Health Plan Member Rights and Responsibilities. MHO shall also make available this same information to Potential OHP Members. MHO shall give particular attention to the following rights:

- (1)** The right to receive Covered Services;
- (2)** The right to receive information on available treatment options, including a second opinion and alternatives presented in a manner appropriate to the OHP Member's condition and ability to understand;
- (3)** The right to be actively involved in the development of Treatment Plans if Covered Services are to be provided and to have parents involved in such Treatment Planning consistent with OAR 309-032-0950 through 309-032-1080, Standards for Community Treatment Services for Children; OAR 309-032-1100 through 309-032-1230, Intensive Treatment Services; and OAR 309-032-1240 through 309-032-1305, Intensive Community Based Treatment and Support Services;
- (4)** The right to participate in decisions regarding his or her health care, including the right to refuse Covered Services;
- (5)** The right to be informed as required in ORS 127.703, Required Policies Regarding Mental Health Treatment Rights Information; Declaration for Mental Health Treatment;
- (6)** The right to request and receive a copy of his or her own Clinical Record, (unless access is restricted in accordance with ORS 179.505 or other applicable law) and to request that the records be amended or corrected as specified in 45 CFR Part 164;

- (7)** The right to privacy and confidentiality and have Clinical Records kept confidential consistent with applicable Federal and State laws, rules and regulations.
- (8)** The right to have an opportunity to select an appropriate Mental Health Practitioner and Service site from within MHO's Participating Provider Panel;
- (9)** The right to refer oneself directly to MHO for Covered Services without first having to gain authorization from another Provider;
- (10)** The right to have access to Covered Services which at least equals access available to other persons served by MHO;
- (11)** The right to receive a Notice of Action when a Service, benefit, Request for Service Authorization or Request for Claim Payment is denied; or prior to termination, suspension or reduction of a benefit or Service as described in Exhibit N, Grievance System;
- (12)** The right to file Grievance or Appeal or request a hearing as described in Exhibit N, a Grievance System;
- (13)** The right to request an expedited Administrative Hearing if the OHP Member feels the mental health problem is urgent or emergent and cannot wait for the normal hearing process;
- (14)** The right to request Continuation of Benefits until a decision in a hearing is rendered. The OHP Member may be required to repay any benefits continued if the issue is resolved in favor of MHO;
- (15)** The right to receive, within 30 calendar days of Enrollment, written materials describing at least the following topics: rights and responsibilities, benefits available, how to access Covered Services, what to do in an Emergency Situation, and how to file a Grievance or Appeal, or request a hearing;
- (16)** The right to have written materials explained in a manner which is understandable;

- (17) The right to access protective Services as described in ORS 430.735 through 430.765, Abuse Reporting for Mentally Ill and OAR 410-009-0050 through 410-009-0160, Abuse Reporting and Protective Services in Community Programs and Community Facilities;
- (18) The right to be treated with respect and with due consideration for his or her dignity and privacy;
- (19) The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation; and
- (20) The right to exercise his or her rights, and that the exercise of those rights does not adversely affect the way MHO and its Providers treat the OHP Member.

MHO shall post OHP Member rights in a visible location in all clinics, Participating Provider offices, and other Service locations.

### **Client Notices**

Each time a Service or benefit will be terminated, suspended or reduced, or a request for Service authorization or request for claim payment is denied, MHO shall issue a Notice of Action. MHO is not obligated to issue a Notice of Action under one or more of the conditions described in Exhibit N, Grievance System. MHO shall make available in all clinics, Participating Provider offices, and other Service locations frequented by OHP Members, information concerning Client Notices, Grievances, Appeals, and Administrative Hearings.

### **Grievance System**

1. when MHO authorizes a course of Treatment or Covered Service, but subsequently acts to terminate, discontinue or reduce the course of Treatment or a Covered Service, MHO shall issue a Notice of Action to the affected OHP Member at least 10 Business Days before the date of the Action, unless there is documentation that the OHP Member had previously agreed to the change as a part of the course of Treatment.

- MHO shall comply with Exhibit N and the notice requirements in OAR 410-141-0263, Notice of Action by a PHP, including information about continuation of benefits.
2. In the event an OHP Member or an OHP Member Representative requests an Administrative Hearing from AMH, MHO shall comply with the requirements of Exhibit N and OAR 410-141-0264, Administrative Hearings.
  3. MHO shall maintain a log of all OHP Member Grievances and Appeals. The log shall identify the OHP Member, the date of the Grievance, the resolution and the date of resolution. MHO shall retain Grievance and Appeal logs for 7 (seven) years. This provision shall survive expiration or termination of this Contract.
  4. MHO shall provide a quarterly report summarizing OHP Member Grievances, using the report format in Exhibit N, Attachment 1.
  5. MHO and its subcontractors shall cooperate with the DHS' Client Advisory Services Unit and the AMH Representatives in all of DHS' activities related to OHP Member Grievances, Appeals, and Administrative Hearings.
  6. MHO shall inform OHP Members about the MHO's Grievance and Appeal procedures and timeframes, the availability of assistance in the filing process, the toll-free numbers that an OHP Member can use to file a Grievance or Appeal by phone, how to request continuation of benefits (and OHP Member responsibility to pay for the cost of services furnished while an Appeal or Administrative Hearing is pending if the final decision is adverse to the OHP Member), and how to access a Administrative Hearing at the time of the OHP Member's Enrollment.

## **MHO OVERSIGHT**

**There are a number of methods that Addictions and Mental Health Division (AMH) uses to provide monitoring and oversight for the Mental Health Organizations.**

**On an annual basis AMH reviews the following:**

- Grievance Logs (Quarterly)
- Financial Reports (Quarterly & Annual)
- Subcontracted Activities
- Practitioner Incentive Plan
- Prevention, Education and Outreach

**On an annual basis AMH reviews and approves the following:**

- Utilization Management Policies & Procedures
- Grievance System Policies & Procedures
- Member Information Materials including Member Handbook
- Quality Assessment and Performance Improvement Work Plan Report (from prior year)
- Current Quality Assessment and Performance Improvement Work Plan
- Provider Capacity Assurance Report
- Credentialing Policies & Procedures
- Level of Service Intensity Determination Policies & Procedures

**At least every three years, AMH conducts a comprehensive compliance review which includes the following:**

- Evaluation of a lengthy, detailed MHO Self-Assessment based on contractual requirements
- Substantial submissions and review of policies & procedures
- On-site interviews with MHO staff, consumers, family members and youth, if available
- Review of evidence of compliance with policies and procedures
- Review of evidence of compliance with state and federal regulations

When an MHO is found to be out of compliance in any area reviewed, an action plan is required to be submitted as to how the plan will come into compliance. Depending upon the area of compliance, the action plan may be a formal corrective action plan which is provided to the Center for Medicare and Medicaid Services (CMS).

## **External Quality Review**

**Another mechanism to monitor and oversee the MHOs is provided through federally required external quality review (EQR) by an independent organization qualified to perform such evaluations of compliance. This EQR Organization performs the following:**

- Annual Performance Improvement Project (PIP) Validation (each MHO must have at least two PIPs).
- Annual Performance Measure Evaluation
- Biennial Information System Capabilities Assessment
- Every three years, a comprehensive compliance with federal regulation review. The focus areas of this comprehensive review include:
  - Enrollee Rights
  - Delivery Network
  - Primary Care and Coordination of Services
  - Coverage and Authorization of Services
  - Provider Selection
  - Subcontractual Relationships and Delegation
  - Practice Guidelines
  - Program Integrity.

When an MHO is found to be out of compliance in any of these areas, they are required to submit a corrective action plan just as stated above.

**AMH monitors required action plans/corrective action plans to ensure the steps required are taken to come into compliance. AMH conducts a follow-up site visit to review evidence that the MHO is indeed in compliance with the required actions.**