



SUD Waiver Advisory Committee Workgroup Assignments

Return completed assignments to: dana.c.peterson@state.or.us.

Workgroup member information

Name: _____ Organization: _____
 Phone number: _____ Email: _____

Assignment log

1	<p>Description: Concept Topic #1 NETWORK DEVELOPMENT Oregon is to ensure there is a sufficient network of knowledgeable providers in each of the levels of care recognized by ASAM and Recovery Support Services.</p>
	<p>Directions: Identify gaps in Oregon's provider network by responding to the following questions regarding a sufficient provider network.</p> <ol style="list-style-type: none"> 1. Which Level of ASAM care is lacking in our services array? Provide Answer: 2. Which Counties and/or geographic locations have a knowledgeable provider network inadequacy that prevents Oregon from providing a uniform state benefit? Provide answer: 3. What are those inadequacies? Thoughts on resolving? Provide Answer: 4. How would you propose Oregon establish standards that would define a "sufficient knowledgeable network"? Provide Answer: 5. How should Oregon monitor "knowledgeable" clinicians? Provide Answer: 6. How should we define and have licensing/certification standards for "knowledgeable" providers? Provide Answer: 7. What are your thoughts regarding Peer and CADC certification programs, are they sufficient? Provide Answer: 8. Should Oregon require licensure or have licensure as an option for SUDs treatment to expand the career ladder? Provide Answer:
	<p>Due date: 03/28/16 9:00am Date completed:</p>
2	<p>Description: Concept Topic #1 NETWORK DEVELOPMENT Oregon is to ensure a network of providers that is sufficiently robust that access can be assured in the event that some providers stop participating, are suspended or terminated.</p>
	<p>Directions: Provide information regarding the following questions;</p> <ol style="list-style-type: none"> 1. How would you propose Oregon establish standards that would define a "sufficient network" of treatment programs? Provide Answer: 2. Should monitoring of CCOs and Fee For Service provider networks be done by HSD staff or Sub-contracted out? Provide Answer: 3. How often should the network be reviewed for quality and adequacy? Provide Answer:

	<p>4. If one of our largest adult residential treatment programs is no longer able to participate with Medicaid, would the system be able to assume the care of the lives in that treatment program? Provide Answer:</p> <p>5. How would you propose a provider network expansion that would support the needs of the Medicaid population without destabilizing the existing provider network? Provide Answer:</p> <p>6. What are your thoughts on incentivizing MAT Data Waiver Physicians to increase participation in Medicaid? or any other thoughts on the matter? Provide Answer:</p>
	<p>Due date: 03/28/16 9:00am Date completed:</p>

	<p>Description: Oregon currently has contracts and Oregon Administrative Rules in place regarding access to care and provider networks. The contracts and OARs may need to be revised to meet our re-envisioned delivery system.</p>
	<p>Directions: Please review the following contracts and OARs and provide feedback. Are our contracts clear on expectations around network and provider access for SUD services (prevention, treatment and recovery)?</p>
3	<p>CCO model contract language http://www.oregon.gov/oha/OHPB/docs/2016_CCO_Model_Contract.pdf Tip: CTRL "F" to search for Network adequacy or Access to Care language</p> <p>Medicaid OARs (CCO) http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_410/410_141.html (Behavioral Health) http://www.oregon.gov/oha/healthplan/Pages/behavioralhealth.aspx</p> <p>Provide Feedback:</p>
	<p>Due date: 03/28/16 9:00am Date completed:</p>

	<p>Description:</p>
4	<p>Directions:</p>
	<p>Due date: Date completed:</p>