



ADDICTIONS AND MENTAL HEALTH DIVISION

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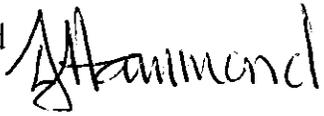
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Memorandum

Date: February 20, 2013

To: Addictions and Mental Health Providers
Community Mental Health Programs (CMHPs)
Coordinated Care Organizations (CCOs)
ISSR Revision Workgroup

From: Linda Hammond
Interim Director 

Subject: Integrated Services and Supports Rule (ISSR)

This memo is to inform stakeholders of recent changes made to the ISSR. These changes are being filed as a temporary Oregon Administrative Rule (OAR) effective February 11, 2013. The Addictions and Mental Health Division (AMH) will follow the rule development process specified in OAR, including public comment, to finalize the revisions.

The ISSR is a set of OARs that prescribe the minimum standards for the licensing and certification of addiction and mental health care providers in Oregon. The documentation standards outlined in 309-032-1525(3) through 309-032-1535 also prescribe standards for the appropriate reimbursement of services using Medicaid funding.

Dr. Bruce Goldberg, Director, Oregon Health Authority (OHA) and Linda Hammond, Interim Director, AMH, convened a workgroup of external stakeholders, including representatives of Coordinated Care Organizations, Community Mental Health Programs, providers, and staff members of AMH to identify immediate revisions to the ISSR that would reduce administrative burden and to recommend a future direction for the rules.

The workgroup's final report, including the full list of revisions can be found on the AMH Web site at: <http://www.oregon.gov/oha/amh/Documents/FINAL-ISSR-Revision-Report-2013-0116.pdf>.

The revisions include:

Improve the understanding of the rule requirements:

- Changing the definition of an assessment clarifies that there is no longer a requirement that an assessment address specific domains.
- Reducing the number of timelines required to be detailed in the plan makes the requirements more easily understood.
- By changing the definition of an assessment, the reference to and definition of a provisional assessment and plan are no longer necessary and can, therefore, be eliminated, thus reducing the confusion that a provisional assessment is required.

Reduce paperwork

- Changing the definition of an assessment clarifies for providers that they must only obtain enough information to formulate a diagnosis to support medical appropriateness and develop a plan prior to the provision of services.
- Eliminating the requirement that a Licensed Medical Professional (LMP) sign the assessment at least annually and the updates to the Individual Service and Support Plan (ISSP), allows the LMPs to focus on care giving rather than document signing. LMPs must continue to provide oversight which is documented by signing the service plan at least annually.
- Deleting rule requirements that providers have policies regarding Entry and Orientation, Person-directed services, Transfer and Continuity of Care, Trauma-informed Services, Services to Young Adults in Transition, and Urinalysis testing reduces the administrative cost of providing services.
- Deleting the requirement to offer the individual written orientation information such as the program's philosophical approach to providing services and supports, and an overview of services available, decreases the amount of paperwork the individual must complete prior to receiving services.

Encourage service integration

- Increasing the time allowed to have plans approved by a licensed mental health practitioner (LMHP) from five (5) to ten (10) business days reduces burden on the provider and provides for a greater variety of settings where clients can access mental health services.

- Removing the requirement that, as part of an assessment, the provider must screen for the presence of substance use, problem gambling, mental health conditions, chronic medical conditions and symptoms related to psychological and physical trauma allows a provider to progress through the assessment and planning stage into the treatment phase within the same visit. This clarifies that services, including those provided in medical settings, do not require long-term assessment development and planning. This helps align the definition of assessment in the mental health and physical health worlds to promote integration.
- Reducing the American Society of Addiction Medicine (ASAM) requirements to require that an assessment for alcohol or other drug services contain only enough documentation to reach a diagnosis allows providers flexibility to determine the level of services necessary for the individual. Additionally, the ASAM decision tree is not required for outpatient services. Only ASAM Level 2.0 Intensive Outpatient/Partial Hospitalization or higher require the support of the ASAM service level decision tree.

AMH is scheduling a webinar on March 7, 2013 to discuss the revisions made and their implications. We will be dividing the time into segments for specific stakeholders to better facilitate the discussion; we expect that similar stakeholders will have similar questions. If you are unable to attend during the timeslot that is most applicable you may attend another segment. You will receive an invitation to the webinar shortly. The segments include:

Addiction Providers:	8:00 - 9:45 a.m.
Mental Health Providers:	10:00 - 11:45 a.m.
CMHPs:	12:30 - 2:15 p.m.
CCOs:	2:30 – 4:00 p.m.

For more information regarding the ongoing process, please contact Jay Yedziniak, Interim Medicaid Policy Unit Manager (503-945-6231 or Joseph.A.Yedziniak@state.or.us) or Justin Hopkins, Quality Improvement and Certification Manager (503-945-7818 or Justin.Hopkins@state.or.us).