

Reference for Choice Model Procedures

Performance Requirements

Contractor shall perform the following services as prescribed in the procedural website located at <http://www.oregon.gov/oha/amh/Pages/cm.aspx>, as it may be changed from time to time with mutual agreement between OHA and Contractor.

- (a) Supported Housing;
 - i. *Develop supportive and supported housing resources and options;*
 - ii. *Coordinate access, subject to availability of funds, to safe and affordable housing;*
 - iii. *Management and distribution of rental assistance program resources;*
 - iv. *Promote access to the Personal Care 20 Hour Program (PC20) as described in the Oregon Administrative Rules and technical assistance documents; and*
 - v. *Promote the use of 1915i and other available funding as individuals are eligible. Coordinate with OHA and contractors to facilitate efficient authorization and payment.*

- (b) Exceptional Needs Care Coordination;
 - i. *Collect community-based information about an individual's baseline functioning, such as assessments, treatment plans, progress notes, person-centered plans, advanced directives, and a list of community resources that was central in previous stabilization or functioning;*
 - ii. *Hold a Face-to-Face meeting with every individual referred to OSH from an acute care setting within 72 hours of the referral to assess if diversion from the State Hospital Waitlist is possible;*
 - iii. *Hold a Face-to-Face meeting with every non-forensic OSH admission from Contractor within 72 hours of admission resulting in a preliminary discharge plan and a preliminary individualized recovery plan for that individual;*
 - iv. *Participate in 100% of the State Hospital Interdisciplinary Team (IDT) meetings for each individual from the Contractor's service area, at least 50% of meetings are required to be Face-to-Face;*
 - v. *Coordinate treatment planning team meetings for individuals originating from within the Contractor's service area and temporarily receiving treatment at one of the OSH campuses with the goal of assuring appropriate community-based services and supports are developed and*

available upon IDT determination that the individual no longer requires hospital level of services;

- vi. Confirm administration of standardized tools to determine individual's needs and setting (including Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS), Level of Service Inventory (LSI) or other tools prescribed by OHA);*
- vii. Confirm systemic monitoring of individual's need and access to services, appropriate benefits and resources available while in OSH, such as assessments for services with Aging and People with Disabilities (APD), Intellectual and Development Disabilities (DD), neuropsychology, medical, physical therapy, occupational therapy, and other needed services;*
- viii. Coordinate community resources to assist in hospital stabilization through community-based in-reach from ACT and peer services;*
- ix. Begin discharge planning at the time of admission to OSH demonstrated by completing a community resource development plan no later than 30 days after admission to support rapid discharge from OSH once stabilization is achieved,;*
- x. Collaborate with OSH for completing eligibility and enrollment to CCO membership, eligibility to Social Security Income (SSI) / Social Security Assistance (SSA), and that other financial supports are in place to support the client with the goal of being active on the day of discharge; and*
- xi. Assist in OSH diversions or discharges when individual is identified as APD, DD or Neuropsychology, supporting the lead agency in finding resources, developing strategies to address the individual's needs at the lowest level of care, and coordinating with behavioral health services for the purpose of reducing barriers between state agencies and services.*

(c) Crisis and Mobile Crisis Services: Access to mobile crisis services as needed must be included as a part of comprehensive community treatment.

- i. Provide crisis services, including but not limited to, 24-hours a day, seven days a week screening to determine the need for immediate services for any individual requesting assistance or for whom assistance is requested; and*
- ii. Mobile crisis services are crisis services delivered in an individual's home, a public setting, in a school, in a residential program or in a hospital to enhance community integration. Mobile crisis services may include:*
 - A. Mental health crisis assessment;*
 - B. Brief crisis intervention;*
 - C. Assistance with placement in crisis respite or residential services;*

- D. *Initiation of civil commitment process if applicable;*
 - E. *Assistance with hospital placement; and*
 - F. *Connecting the individual with ongoing services and supports.*
- (d) **Rehabilitative Mental Health Treatment Services:**
- i. *Confirm both non-Medicaid and Medicaid enrolled individuals who are not enrolled in managed care have access to community-based rehabilitative mental health treatment services as defined in and funded through MHS 20; and*
 - ii. *Confirm the promotion and coordination of services described in (2)(d)i. above in the community.*
- (e) **Transition Planning and Management:**
- i. *Confirm utilization management of existing residential resources through organizing reassessments for level of care provided by OHA through the website;*
 - ii. *Confirm residential treatment coordination occurs to assist both non-Medicaid and Medicaid enrolled individuals who are not enrolled in managed care in transitioning between licensed facilities and from licensed facilities to independent living, within timelines provided by OHA*
 - iii. *Provide OHA with admission and discharge information for both non-Medicaid and Medicaid enrolled individuals who are not enrolled in managed care receiving personal care and rehabilitative mental health services in licensed community-based settings.*
- (f) **Develop and promote Peer Run and Peer Delivered Services:**
- i. *Peer run and peer delivered services are provided by individuals who have successfully engaged in their own personal recovery and demonstrate the core competencies for Peer Support Specialists, as defined by OAR 410-180-0300 through 410-180-0380, which may be revised from time to time;*
 - ii. *Peer Support Specialists are compensated for delivering Peer Delivered Services;*
 - iii. *The provider shall maintain policies and procedures that facilitate and document accessibility to a full range of peer run and peer delivered services;*
 - iv. *Confirm each individual reported to OHA as an MHS 37- Choice Model Services recipient has undergone a process to develop a person centered recovery plan as outlined in <http://www.oregon.gov/oha/amh/Pages/cm.aspx>, subject to recipient choice; and*

- v. *Match individuals with peers who are best suited to assist in achieving goals in the individualized recovery plan. These services are provided by individuals who share a similar experience and promote recovery.*
- (g) Recovery-oriented services:
 - i. *Develop recovery oriented services based on identified individual and community needs that are culturally responsive and geographically accessible; and*
 - ii. *Develop purchasing strategies that encourage consumer self-direction, including but not limited to, developing voucher payment methods for some services.*
- (h) Guardianship, conservator and/or payee:
 - i. *Contractor may establish criteria for financially supporting guardianship through initial court costs, ongoing costs of services, and appropriate re-evaluation of services; and*
 - ii. *Contractor may prioritize support of court costs to establish non-paid family member as guardian.*
- (i) Supported Employment
 - i. *Contractor must collaborate with other community partners to develop employment training and opportunities to search for, identify and participate in work that is meaningful to the individual and supportive of their ongoing stabilization and recovery.*

Choice Model payments may be used to purchase services and for system development as mutually agreed upon between OHA and Contractor as prescribed in Choice Model Services procedures located at <http://www.oregon.gov/oha/amh/Pages/cm.aspx>, as it may be revised from time to time.

Contractor may contract with subcontractors subject to prior review and written approval by OHA.