Secretary of State
Certificate and Order for Filing

TEMPORARY ADMINISTRATIVE RULES

A Statement of Need and Justification accompanies this form.

FILED
6-29-16 1:25 PM
ARCHIVES DIVISION
SECRETARY OF STATE

I certify that the attached copies are true, full and correct copies of the TEMPORARY Rule(s) adopted on Upon filing. by the

Oregon Health Authority, Health Systems Division: Mental Health Services — 309

Agency and Division — Administrative Rules Chapter Number

Nola Russell — (503) 945-7652

Rules Coordinator — Telephone

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Address

To become effective 07/01/2016 through 12/27/2016.

RULE CAPTION

Temporary amendments to OAR 309-019 titled "Outpatient Addictions and Mental Health Services".

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

RULEMAKING ACTION

Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.

ADOPT:

309-019-0225, 309-019-0230, 309-019-0235, 309-019-0240, 309-019-0245, 309-019-0250, 309-019-0255

AMEND:

309-019-0100, 309-019-0105, 309-019-0135, 309-019-0175, 309-019-0110, 309-019-0125, 309-019-0130, 309-019-0140, 309-019-0145, 309-019-0195, 309-019-0210, 309-019-0220

SUSPEND:

Statutory Authority:

ORS 161.390, 413.042, 430.256, 426.490 - 426.500, 428.205 - 428.270, 430.640 & 443.450

Other Authority:

Statutes Implemented:

ORS 109.675, 161.390 - 161.400, 179.505, 413.520 - 413.522, 426.380 - 426.395, 426.490 - 426.500, 430.010, 430.205 - 430.210, 430.240 - 430.640, 430.850 - 430.955, 443.400 - 443.460, 443.991, 743A.168

RULE SUMMARY

These rules prescribe minimum standards for services and supports provided by addictions and mental health providers approved by the Health SystemsDivision of the Oregon Health Authority.

Nola Russell — nola.russell@state.or.us

Rules Coordinator Name — Email Address

Secretary of State

STATEMENT OF NEED AND JUSTIFICATION

A Certificate and Order for Filing Temporary Administrative Rules accompanies this form

FILED
6-29-16 1:25 PM
ARCHIVES DIVISION
SECRETARY OF STATE

Oregon Health Authority, Health Systems Division: Mental Health Services — 309
Agency and Division — Administrative Rules Chapter Number

Temporary amendments to OAR 309-019 titled "Outpatient Addictions and Mental Health Services".

Rule Caption (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)
In the Matter of:

Temporary amendments to OAR 309-019 titled "Standards For Behavioral Health Treatment Services".

Statutory Authority:
ORS 161.390, 413.042, 430.256, 426.490 - 426.500, 428.205 - 428.270, 430.640 & 443.450

Other Authority:

Statutes Implemented:
ORS 109.675, 161.390 - 161.400, 179.505, 413.520 - 413.522, 426.380 - 426.395, 426.490 - 426.500, 430.010, 430.205 - 430.210, 430.240 - 430.640, 430.850 - 430.955, 443.400 - 443.460, 443.991, 743A.168

Need for the Temporary Rule(s):
These rules prescribe minimum standards for services and supports provided by addictions and mental health providers approved by the Health Systems Division of the Oregon Health Authority.

Documents Relied Upon, and where they are available:
Other Oregon Administrative Rules referenced in these rules may be accessed on the website of Oregon's Secretary of State.

Oregon Revised Statutes referenced in these rules may be accessed on the website of Oregon's Secretary of State.

Justification of Temporary Rule(s):
The amendments to these rules must be filed now, in order to align the language with that of other rule actions being filed simultaneously.

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OREGON HEALTH AUTHORITY,
HEALTH SYSTEMS DIVISION
BEHAVIROAL HEALTH TREATMENT SERVICES

DIVISION 19
SERVICE DELIVERY STANDARDS FOR BEHAVIORAL HEALTH TREATMENT SERVICES

309-019-0100

Purpose and Scope

(1) Purpose: These rules prescribe minimum service delivery standards for services and supports provided by providers certified by the Health Systems Division of the Oregon Health Authority.

(2) Scope: In addition to applicable requirements in OAR 410-120-0000 through 410-120-1980 and 943-120-0000 through 943-120-1550, these rules specify standards for behavioral health treatment services and supports provided in:

(a) Outpatient Community Mental Health Services and Supports for Children and Adults;

(b) Outpatient Substance Use Disorders Treatment Services; and

(c) Outpatient Problem Gambling Treatment Services.

Stat. Auth.: ORS 161.390, 413.042, 430.256, 428.205 - 428.270, 430.640
Stats. Implemented: ORS 109.675, 161.390 - 161.400, 413.520 - 413.522, 430.010, 430.205- 430.210, 430.240 - 430.640, 430.850 - 430.955, 461.549, 743A.168, 813.010 - 813.052 & 813.200 - 813.270

309-019-0105

Definitions

(1) "Abuse of an adult" means the circumstances defined in 943-045-0250 through 943-045-0370 for abuse of an adult with mental illness.

(2) “Abuse of a child” means the circumstances defined in ORS 419B.005.

(3) “Addictions and Mental Health Services and Supports” means all services and supports including but not limited to, Outpatient Behavioral Health Services and Supports for Children and Adults, Intensive Treatment Services for Children, Outpatient and Residential Substance Use Disorders Treatment Services and Outpatient and Residential Problem Gambling Treatment Services.

(4) “Adolescent” means an individual from 12 through 17 years of age, or those individuals who are determined to be developmentally appropriate for youth services.

(5) "Adult" means a person 18 years of age or older, or an emancipated minor. An individual with Medicaid eligibility, who is in need of services specific to children, adolescents, or young adults in transition, must be considered a child until age 21 for the purposes of these rules. Adults who are

between the ages of 18 and 21, who are considered children for purposes of these rules, must have all rights afforded to adults as specified in these rules.

(6) “Assessment” means the process of obtaining sufficient information, through a face-to-face interview to determine a diagnosis and to plan individualized services and supports.

(7) "ASAM PPC" means the most current publication of the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-related Disorders, which is a clinical guide used in matching individuals to appropriate levels of care, and incorporated by reference in these rules.

(8) “Authority” means the Oregon Health Authority.

(9) “Behavioral Health Treatment”: means mental health treatment, substance use disorder treatment, and problem gambling treatment.

(10) "Behavior Support Plan" means the individualized proactive support strategies that are used to support positive behavior.

(11) “Behavior Support Strategies” means proactive supports designed to replace challenging behavior with functional, positive behavior. The strategies address environmental, social, neuro-developmental and physical factors that affect behavior.

(12) “Care Coordination” means a process-oriented activity to facilitate ongoing communication and collaboration to meet multiple needs. Care coordination includes facilitating communication between the family, natural supports, community resources, and involved providers and agencies; organizing, facilitating and participating in team meetings; and providing for continuity of care by creating linkages to and managing transitions between levels of care and transitions for young adults in transition to adult services.

(13) "Case Management" means the services provided to assist individuals, who reside in a community setting, or are transitioning to a community setting, in gaining access to needed medical, social, educational, entitlement and other applicable services.

(14) “Certificate” means the document or documents issued by OHA, which identifies and declares certification of a provider pursuant to OAR 309-008-0000. A letter accompanying issuance of the Certificate will detail the scope and approved locations of the Certificate.

(15) “Chief Officer” means the Chief Health Systems Officer of the Division, or his or her designee.

(16) "Child" means a person under the age of 18. An individual with Medicaid eligibility, who is in need of services specific to children, adolescents, or young adults in transition, must be considered a child until age 21 for purposes of these rules.

(17) "Child and Family Team" means the people who are responsible for creating, implementing, reviewing, and revising the service coordination section of the Service Plan in ICTS programs. At a minimum, the team must be comprised of the family, care coordinator, and child when appropriate. The team should also include any involved child-serving providers and agencies and any other natural, formal, and informal supports as identified by the family.

(18) "Clinical Supervision" means oversight by a qualified Clinical Supervisor of addictions and mental health services and supports provided according to this rule, including ongoing evaluation and improvement of the effectiveness of those services and supports.

(19) "Clinical Supervisor" means a person qualified to oversee and evaluate addictions or mental health services and supports.

(20) “Community-based” means that services and supports must be provided in a participant’s home and surrounding community and not solely based in a traditional office-setting.

(a) ACT services may not be provided to individuals residing in an RTF or RTH licensed by HSD, unless:

(A) The individual is not being provided rehabilitative services; or

(B) The individual has been identified for transition to a less intensive level of care. When identified for transition to a less intensive level of care, the individual may receive ACT services for up to six months prior to discharge from the RTH or RTF.

(21) “Competitive Integrated Employment” means full-time or part time work: at minimum wage or higher, at a rate that is not less than the customary rate paid by the employer for the same or similar work performed by other employees who are not individuals with disabilities, and who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skill; with eligibility for the level of benefits provided to other employees; at a location where the employee interacts with other persons who are not individuals with disabilities (not including supervisory personnel or individuals who are providing services to such employee) to the same extent that individuals who are not individuals with disabilities and who are in comparable positions interact with other persons; and as appropriate, presents opportunities for advancement that are similar to those for other employees who are not individuals with disabilities and who have similar positions.

(22)(a) “Comprehensive Assessment” means the organized process of gathering and analyzing current and past information with each individual and the family and/or support system and other significant people to evaluate:

(A) Mental and functional status;

(B) Effectiveness of past treatment;

(C) Current Treatment, rehabilitation and support needs to achieve individual goals and support recovery; and,

(D) the range of individual strengths (e.g., knowledge gained from dealing with adversity, personal/professional roles, talents, personal traits) that can act as resources to the individual and his/her recovery planning team in pursuing goals.

(b) The results of the information gathering and analysis are used to:

(A) establish immediate and longer-term service needs with each individual;

(B) set goals and develop the first person directed recovery plan with each individual; and,

(C) optimize benefits that can be derived from existing strengths and resources of the individual and his/her family and/or natural support network in the community.

(23) “Co-Occurring Disorders (COD) Services” include integrated assessment and treatment for individuals who have co-occurring mental health and substance use condition.

(24) “Co-occurring substance use and mental health disorders (COD)” means the existence of a diagnosis of both a substance use disorder and a mental health disorder.

(25) “Coordinated Care Organization (CCO)” means an entity that has been certified by the Authority to provide coordinated and integrated health services.

(26) "Conditional Release" means placement by a court or the Psychiatric Security Review Board (PSRB), of a person who has been found eligible under ORS 161.327(2)(b) or 161.336, for supervision and treatment in a community setting.

(27) "Court" means the last convicting or ruling court unless specifically noted.

(28) "Criminal Records Check" means the Oregon Criminal Records Check and the processes and procedures required by OAR 407-007-0000 through 407-007-0370.

(29) "Crisis" means either an actual or perceived urgent or emergent situation that occurs when an individual’s stability or functioning is disrupted and there is an immediate need to resolve the situation to prevent a serious deterioration in the individual’s mental or physical health or to prevent referral to a significantly higher level of care.

(30) "Cultural Competence" means the process by which people and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, sexual orientations and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families and communities and protects and preserves the dignity of each.

(31) “Culturally Specific Program” means a program that is designed to meet the unique service needs of a specific culture and that provides services to a majority of individuals representing that culture.

(32) "Declaration for Mental Health Treatment" means a written statement of an individual’s preferences concerning his or her mental health treatment. The declaration is made when the individual is able to understand and legally make decisions related to such treatment. It is honored, as clinically appropriate, in the event the individual becomes unable to make such decisions.

(33) "Diagnosis" means the principal mental health, substance use or problem gambling diagnosis listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM). The diagnosis is determined through the assessment and any examinations, tests, or consultations suggested by the assessment, and is the medically appropriate reason for services.

(34) “Division” means the Health Systems Division.

(35) “Division approved reviewer” means the Oregon Center of Excellence for Assertive Community Treatment (OCEACT). OCEACT is the Division’s contracted entity that is responsible for conducting ACT fidelity reviews, training, and technical assistance to support new and existing ACT programs statewide.

(36) "DSM" means the most recent version of the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association.

(37) “Driving Under the Influence of Intoxicants (DUII) Substance Use Disorders Rehabilitation Program” means a program of treatment and therapeutically oriented education services for an individual who is either:

(a) A violator of ORS 813.010 Driving Under the Influence of Intoxicants; or

(b) A defendant who is participating in a diversion agreement under ORS 813.200.

(38) “Emergent” means the onset of symptoms requiring attention within 24 hours to prevent serious deterioration in mental or physical health or threat to safety.

(39) “Enhanced Care Services (ECS)” and “Enhanced Care Outreach Services (ECOS)” means intensive behavioral and rehabilitative mental health services to eligible individuals who reside in Aging and People with Disabilities (APD) licensed homes or facilities.

(40) “Entry” means the act or process of acceptance and enrollment into services regulated by this rule.

(41) "Family" means the biological or legal parents, siblings, other relatives, foster parents, legal guardians, spouse, domestic partner, caregivers and other primary relations to the individual whether by blood, adoption, legal or social relationships. Family also means any natural, formal or informal support persons identified as important by the individual.

(42) "Family Support" means the provision of supportive services to persons defined as family to the individual. It includes support to caregivers at community meetings, assistance to families in system navigation and managing multiple appointments, supportive home visits, peer support, parent mentoring and coaching, advocacy, and furthering efforts to develop natural and informal community supports.

(43) “Fixed point of responsibility” means the ACT team itself provides virtually all needed services, rather than sending clients to different providers. If the team cannot provide a service (e.g. dental services) the team ensures that the service is provided.

(44) “Gender Identity” means a person’s self-identification of gender, without regard to legal or biological identification, including, but not limited to persons identifying themselves as male, female, transgender and transsexual.

(45) “Gender Presentation” means the external characteristics and behaviors that are socially defined as either masculine or feminine, such as dress, mannerisms, speech patterns and social interactions.

(46) "Grievance" means a formal complaint submitted to a provider verbally, or in writing, by an individual, or the individual's chosen representative, pertaining to the denial or delivery of services and supports.

(47) "Guardian" means a person appointed by a court of law to act as guardian of a minor or a legally incapacitated person.

(48) "HIPAA" means the federal Health Insurance Portability and Accountability Act of 1996 and the regulations published in Title 45, parts 160 and 164, of the Code of Federal Regulations (CFR).

(49) "Hospital discharge planning" for the purposes of the ACT program means a process that begins upon admission to the Oregon State Hospital and that is based on the presumption that with sufficient supports and services, all individuals can live in an integrated community setting. Discharge planning is developed and implemented through a person-centered planning process in which the individual has a primary role and is based on principles of self-determination. Discharge planning teams at OSH include a representative of a community mental health provider from the county where the individual is likely to transition.

(50) "Individual" means any person being considered for or receiving services and supports regulated by these rules.

(51) "Informed Consent for Services" means that the service options, risks and benefits have been explained to the individual and guardian, if applicable, in a manner that they comprehend, and the individual and guardian, if applicable, have consented to the services on, or prior to, the first date of service.

(52) "Intensive Outpatient Substance Use Disorders Treatment Services" means structured nonresidential evaluation, treatment, and continued care services for individuals with substance use disorders who need a greater number of therapeutic contacts per week than are provided by traditional outpatient services. Intensive outpatient services may include, but are not limited to, day treatment, correctional day treatment, evening treatment, and partial hospitalization.

(53) "Intensive Community-based Treatment and Support Services (ICTS)" means a specialized set of comprehensive in-home and community-based supports and mental health treatment services, including care coordination as defined in these rules, for children that are developed by the child and family team and delivered in the most integrated setting in the community.

(54) "Interim Referral and Information Services" means services provided by an substance use disorders treatment provider to individuals on a waiting list, and whose services are funded by the Substance Abuse Prevention and Treatment (SAPT) Block Grant, to reduce the adverse health effects of substance use, promote the health of the individual and reduce the risk of disease transmission.

(55) "Intern" or "Student" means a person who provides a paid or unpaid program service to complete a credentialed or accredited educational program recognized by the state of Oregon.

(56) "Juvenile Psychiatric Security Review Board (JPSRB)" means the entity described in ORS 161.385.

(57) "Level of Care" means the range of available services provided from the most integrated setting to the most restrictive and most intensive in an inpatient setting.

(58) "Level of Service Intensity Determination." means the Division approved process by which children and young adults in transition are assessed for ITS and ICTS services.

(59) "Licensed Health Care Professional" means a practitioner of the healing arts, acting within the scope of his or her practice under State law, who is licensed by a recognized governing board in Oregon.

(60) "Licensed Medical Practitioner (LMP)" means a person who meets the following minimum qualifications as documented by the Local Mental Health Authority (LMHA) or designee:

(a) Physician licensed to practice in the State of Oregon; or

(b) Nurse practitioner licensed to practice in the State of Oregon; or

(c) Physician's Assistant licensed to practice in the State of Oregon; and

(d) Whose training, experience and competence demonstrate the ability to conduct a mental health assessment and provide medication management.

(e) For ICTS and ITS providers, LMP means a board-certified or board-eligible child and adolescent psychiatrist licensed to practice in the State of Oregon.

(61)"Life skills training" means training that help individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning, and social environments of their choice.

(62) "Local Mental Health Authority (LMHA)" means one of the following entities:

(a) The board of county commissioners of one or more counties that establishes or operates a CMHP;

(b) The tribal council, in the case of a federally recognized tribe of Native Americans that elects to enter into an agreement to provide mental health services; or

(c) A regional local mental health authority comprised of two or more boards of county commissioners.

(63) "Mandatory Reporter" means any public or private official, as defined in ORS 419B.005(3), who comes in contact with or has reasonable cause to believe that an individual has suffered abuse, or that any person with whom the official comes in contact with, has abused the individual. Pursuant to 430.765(2) psychiatrists, psychologists, clergy and attorneys are not mandatory reporters with regard to information received through communications that are privileged under 40.225 to 40.295.

(64) "Medicaid" means the federal grant-in-aid program to state governments to provide medical assistance to eligible persons, under Title XIX of the Social Security Act.

(65) "Medical Director" means a physician licensed to practice medicine in the State of Oregon and who is designated by a substance use disorders treatment program to be responsible for the program's medical services, either as an employee or through a contract.

(66) "Medical Supervision" means an LMP's review and approval, at least annually, of the medical appropriateness of services and supports identified in the Service Plan for each individual receiving mental health services for one or more continuous years.

(67) "Medically Appropriate" means services and medical supplies required for prevention, diagnosis or treatment of a physical or behavioral health condition, or injuries, and which are:

(a) Consistent with the symptoms of a health condition or treatment of a health condition;

(b) Appropriate with regard to standards of good health practice and generally recognized by the relevant scientific community and professional standards of care as effective;

(c) Not solely for the convenience of an individual or a provider of the service or medical supplies; and

(d) The most cost effective of the alternative levels of medical services or medical supplies that can be safely provided to an individual.

(68) “Mental Health Intern” means a person who meets qualifications for QMHA but does not have the necessary graduate degree in psychology, social work or behavioral science field to meet the educational requirement of QMHP. The person must:

(a) Be currently enrolled in a graduate program for a master’s degree in psychology, social work or in a behavioral science field;

(b) Have a collaborative educational agreement with the CMHP, or other provider, and the graduate program;

(c) Work within the scope of his/her practice and competencies identified by the policies and procedures for credentialing of clinical staff as established by provider; and

(d) Receive, at minimum, weekly supervision by a qualified clinical supervisor employed by the provider of services.

(69) “Nursing Services” means services that are provided by a registered nurse (RN) or a licensed practical nurse (LPN) within their scope of practice as defined in OAR 851-045-0060.

(70) “Oregon Health Authority” means the Oregon Health Authority of the State of Oregon.

(71) “Outpatient Substance Use Disorders Treatment Program” means a program that provides assessment, treatment, and rehabilitation on a regularly scheduled basis or in response to crisis for individuals with alcohol or other drug use disorders and their family members, or significant others.

(72) “Outpatient Community Mental Health Services and Supports” means all outpatient mental health services and supports provided to children, youth and adults.

(73) “Outpatient Problem Gambling Treatment Services” means all outpatient treatment services and supports provided to individuals with gambling related problems and their families.

(74) "Outreach" means the delivery of behavioral health services, referral services and case management services in non-traditional settings, such as, but not limited to, the individual's residence, shelters, streets, jails, transitional housing sites, drop-in centers, single room occupancy hotels, child welfare settings, educational settings or medical settings. It also refers to attempts made to engage or re-engage an individual in services by such means as letters or telephone calls.

(75) “Peer” means any person supporting an individual, or a family member of an individual, who has similar life experience, either as a current or former recipient of addictions or mental health services, or as a family member of an individual who is a current or former recipient of addictions or mental health services.

(76) “Peer Delivered Services” means an array of agency or community-based services and supports provided by peers, and peer support specialists, to individuals or family members with similar lived experience, that are designed to support the needs of individuals and families as applicable.

(77) "Peer Support Specialist" means a person providing peer delivered services to an individual or family member with similar life experience, under the supervision of a qualified Clinical Supervisor. A Peer Support Specialist must complete a Division approved training program as required by OAR 410-180-0300 to 0380 and be:

(a) A self-identified person currently or formerly receiving mental health services; or

(b) A self-identified person in recovery from a substance use or gambling disorder, who meets the abstinence requirements for recovering staff in substance use disorders or gambling treatment programs; or

(c) A family member of an individual who is a current or former recipient of addictions or mental health services.

(78) “Problem Gambling Treatment Staff” means a person certified or licensed by a health or allied provider agency to provide problem gambling treatment services that include assessment, development of a Service Plan, group and family counseling.

(79) "Program" means a particular type or level of service that is organizationally distinct.

(80) "Program Administrator" or "Program Director" means a person with appropriate professional qualifications and experience, who is designated to manage the operation of a program.

(81) "Program Staff" means an employee or person who, by contract with the program, provides a service and who has the applicable competencies, qualifications or certification, required in this rule to provide the service.

(82) “Provider” means a person, organizational provider, or Community Mental Health Program as designated under ORS 430.637(b) that holds a current Certificate to provide outpatient behavioral health treatment or prevention services pursuant to these and applicable service delivery rules.

(83) "Psychiatric Security Review Board (PSRB)" means the entity described in ORS 161.295 through 161.400.
(84) "Psychiatrist" means a physician licensed pursuant to ORS 677.010 to 677.228 and 677.410 to 677.450 by the Board of Medical Examiners for the State of Oregon and who has completed an approved residency training program in psychiatry.
(85) “Psychiatry services” for the purposes of the ACT program in Oregon means the prescribing and/or administering and reviewing of medications and their side effects, includes both pharmacological management as well as supports and training to the individual. Psychiatry services must be provided by a psychiatrist or a psychiatric nurse practitioner who is licensed by the Oregon Medical Board.
(86) "Psychologist" means a psychologist licensed by the Oregon Board of Psychologist Examiners.
(87) “Publicly Funded” means financial support, in part or in full, with revenue generated by a local, state or federal government.
(88) "Qualified Mental Health Associate (QMHA)” means a person delivering services under the direct supervision of a QMHP who meets the minimum qualifications as authorized by the LMHA, or designee, and specified in 309-019-0125(7).
(89) "Qualified Mental Health Professional (QMHP)" means a LMP or any other person meeting the minimum qualifications as authorized by the LMHA, or designee, and specified in 309-019-0125(8).
(90) "Qualified Person" means a person who is a QMHP, or a QMHA, and is identified by the PSRB and JPSRB in its Conditional Release Order. This person is designated by the provider to deliver or arrange and monitor the provision of the reports and services required by the Conditional Release Order.
(91) "Quality Assessment and Performance Improvement" means the structured, internal monitoring and evaluation of services to improve processes, service delivery and service outcomes.
(92) “Recovery” means a process of healing and transformation for a person to achieve full human potential and personhood in leading a meaningful life in communities of his or her choice.
(93) "Representative" means a person who acts on behalf of an individual, at the individual’s request, with respect to a grievance, including, but not limited to a relative, friend, employee of the Division, attorney or legal guardian.
(94) “Resilience” means the universal capacity that a person uses to prevent, minimize, or overcome the effects of adversity. Resilience reflects a person’s strengths as protective factors and assets for positive development.
(95) "Respite care" means planned and emergency supports designed to provide temporary relief from care giving to maintain a stable and safe living environment. Respite care can be provided in or out of the home. Respite care includes supervision and behavior support consistent with the strategies specified in the Service Plan.
(96) "Screening" means the process to determine whether the individual needs further assessment to identify circumstances requiring referrals or additional services and supports.
(97) “Screening Specialist“ means a person who possesses valid certification issued by the Division to conduct DUII evaluations.
(98) "Service Plan" means a comprehensive plan for services and supports provided to or coordinated for an individual and his or her family, as applicable, that is reflective of the assessment and the intended outcomes of service.
(99) “Service Note” means the written record of services and supports provided, including documentation of progress toward intended outcomes, consistent with the timelines stated in the Service Plan.
(100) “Service Record” means the documentation, written or electronic, regarding an individual and resulting from entry, assessment, orientation, services and supports planning, services and supports provided, and transfer.

(101) "Services" means those activities and treatments described in the Service Plan that are intended to assist the individual's transition to recovery from a substance use disorder, problem gambling disorder or mental health condition, and to promote resiliency, and rehabilitative and functional individual and family outcomes.
(102) “Signature” means any written or electronic means of entering the name, date of authentication and credentials of the person providing a specific service or the person authorizing services and supports. Signature also means any written or electronic means of entering the name and date of authentication of the individual receiving services, the guardian of the individual receiving services, or any authorized representative of the individual receiving services.
(103) "Skills Training" means providing information and training to individuals and families designed to assist with the development of skills in areas including, but not limited to, anger management, stress reduction, conflict resolution, self-esteem, parent-child interactions, peer relations, drug and alcohol awareness, behavior support, symptom management, accessing community services and daily living.
(104) "Substance Abuse Prevention and Treatment Block Grant" or “SAPT Block Grant” means the federal block grants for prevention and treatment of substance abuse under Public Law 102-321 (31 U.S.C. 7301-7305) and the regulations published in Title 45 Part 96 of the Code of Federal Regulations.
(105) "Substance Use Disorders" means disorders related to the taking of a drug of abuse including alcohol, to the side effects of a medication, and to a toxin exposure. The disorders include substance use disorders such as substance dependence and substance abuse, and substance-induced disorders, including substance intoxication, withdrawal, delirium, and dementia, as well as substance induced psychotic disorder, mood disorder, etc., as defined in DSM criteria.
(106) “Substance Use Disorders Treatment and Recovery Services” means outpatient, intensive outpatient, and residential services and supports for individuals with substance use disorders.
(107) “Substance Use Disorders Treatment Staff” means a person certified or licensed by a health or allied provider agency to provide substance use disorders treatment services that include assessment, development of a Service Plan, and individual, group and family counseling.
(108) “Successful DUII Completion” means that the DUII program has documented in its records that for the period of service deemed necessary by the program, the individual has:
(a) Met the completion criteria approved by the Division;
(b) Met the terms of the fee agreement between the provider and the individual; and
(c) Demonstrated 90 days of continuous abstinence prior to completion.
(109) “Supported Employment Services” are individualized services that assist individuals to obtain and maintain integrated, paid, competitive employment. Supported employment services are provided in a manner that seeks to allow individuals to work the maximum number of hours consistent with their preferences, interests and abilities and are individually planned, based on person-centered planning principles and evidence-based practices.
(110) “Supports” means activities, referrals and supportive relationships designed to enhance the services delivered to individuals and families for the purpose of facilitating progress toward intended outcomes.
(111) “Symptom management” means to prevent or treat as early as possible the symptoms of a disease, side effects caused by treatment of a disease, and psychological, social, and spiritual problems related to a disease or its treatment.
(112) “Time-unlimited services” means services are provided not on the basis of predetermined timelines but as long as they are medically appropriate.
(113) “Transfer” means the process of assisting an individual to transition from the current services to the next appropriate setting or level of care.
(114) “Trauma Informed Services” means services that are reflective of the consideration and evaluation of the role that trauma plays in the lives of people seeking mental health and addictions services,

including recognition of the traumatic effect of misdiagnosis and coercive treatment. Services are responsive to the vulnerabilities of trauma survivors and are delivered in a way that avoids inadvertent re-traumatization and facilitates individual direction of services.
(115) "Treatment" means the planned, medically appropriate, individualized program of medical, psychological, and rehabilitative procedures, experiences and activities designed to remediate symptoms of a DSM diagnosis, that are included in the Service Plan.
(116) "Urinalysis Test" means an initial test and, if positive, a confirmatory test:
(a) An initial test must include, at a minimum, a sensitive, rapid, and inexpensive immunoassay screen to eliminate "true negative" specimens from further consideration.
(b) A confirmatory test is a second analytical procedure used to identify the presence of a specific drug or metabolite in a urine specimen. The confirmatory test must be by a different analytical method from that of the initial test to ensure reliability and accuracy.
(c) All urinalysis tests must be performed by laboratories meeting the requirements of OAR 333-024-0305 to 333-024-0365.
(117) "Urgent" means the onset of symptoms requiring attention within 48 hours to prevent a serious deterioration in an individual's mental or physical health or threat to safety.
(118) "Variance" means an exception from a provision of these rules, granted in writing by the Division pursuant to the process regulated by OAR 309-008-1600, upon written application from the provider. Duration of a variance is determined on a case-by-case basis.
(119) “Vocational services” for the purposes of the ACT program in Oregon means employment support services that will lead to competitive integrated employment. The Division encourages the use of fidelity IPS Supported Employment for providing vocational services within the ACT program.
(120) "Volunteer" means an individual who provides a program service or who takes part in a program service and who is not an employee of the program and is not paid for services. The services must be non-clinical unless the individual has the required credentials to provide a clinical service.
(121) “Warm Handoff” means the process of transferring an individual from one provider to another, prior to discharge, which includes face-to-face meeting(s) with an individual, and which coordinates the transfer of responsibility for the individual’s ongoing care and continuing treatment and services.
A warm handoff shall either (a) include a face-to-face meeting with the community provider and the individual, and if possible, hospital staff, or (b) provide a transitional team to support the individual, serve as a bridge between the hospital and the community provider, and ensure that the individual connects with the community provider.
For warm handoffs under subparagraph (b), the transitional team shall meet face to face with the individual, and if possible, with hospital staff, prior to discharge. Face-to-face in person meetings are preferable for warm handoffs. However, a face-to-face meeting may be accomplished through technological solutions that provide two-way video-like communication on a secure line (“telehealth”), when either distance is a barrier to an in person meeting or individualized clinical criteria support the use of telehealth.
(122) “Wellness” means an approach to healthcare that emphasizes good physical and mental health, preventing illness, and prolonging life.
(123) “Young Adult in Transition” means an individual who is developmentally transitioning into independence, sometime between the ages of 14 and 25.
Stat. Auth.: ORS 161.390, 413.042, 430.256, 428.205 - 428.270, 430.640
Stats. Implemented: ORS 109.675, 161.390 - 161.400, 413.520 - 413.522, 430.010, 430.205 - 430.210, 430.240 - 430.640, 430.850 - 430.955, 461.549, 743A.168, 813.010 - 813.052 & 813.200 - 813.270

309-019-0110

Provider Policies
(1) Personnel Policies: All providers must develop and implement written personnel policies and specific procedures, compliant with these rules and other applicable rules or regulatory mandates, including:
(a) Personnel Qualifications and Credentialing;
(b) Mandatory abuse reporting, compliant with ORS 430.735-430.768 and OAR 943-045-0250 through 943-045-0370. ;
(c) Criminal Records Checks, compliant with ORS 181.533 through 181.575 and 407-007-0000 through 407-007-0370; and
(d) Fraud, waste and abuse in Federal Medicaid and Medicare programs compliant with OAR 410-120-1380 and 410-120-1510.
(2) Service Delivery Policies: All providers must develop and implement written service delivery policies and specific procedures, compliant with these rules.
(a) Service delivery policies must be available to individuals and family members upon request; and
(b) Service delivery policies and procedures must include, at a minimum:
(A) Fee agreements;
(B) Confidentiality and compliance with HIPAA, Federal Confidentiality Regulations (42 CFR, Part 2), and State confidentiality regulations as specified in ORS 179.505 and 192.518 through 192.530;
(C) Compliance with Title 2 of the Americans with Disabilities Act of 1990 (ADA);
(D) Grievances and Appeals;
(E) Individual Rights;
(F) Quality Assessment and Performance Improvement;
(G) Trauma Informed Service Delivery, consistent with the AMH Trauma Informed Services Policy;
(H) Provision of culturally and linguistically appropriate services;
(I) Crisis Prevention and Response; and
(J) Incident Reporting.
(3) Behavior Support Policies: Providers of ECS Services must develop policies consistent with 309-019-0155 (3) of these rules.
Stat. Auth.: ORS 161.390, 413.042, 430.256, 428.205 - 428.270, 430.640
Stats. Implemented: ORS 109.675, 161.390 - 161.400, 179.505, 413.520 - 413.522, 430.010, 430.205 - 430.210, 430.240 - 430.640, 430.850 - 430.955, 461.549, 743A.168, 813.010 - 813.052 & 813.200 - 813.270

309-019-0125
Specific Staff Qualifications and Competencies
(1) Program Administrators or Program Directors must demonstrate competence in leadership, program planning and budgeting, fiscal management, supervision of program staff, personnel management, program staff performance assessment, use of data, reporting, program evaluation, quality assurance, and developing and coordinating community resources.
(2) Clinical Supervisors in all programs must demonstrate competence in leadership, wellness, oversight and evaluation of services, staff development, service planning, case management and coordination, utilization of community resources, group, family and individual therapy or counseling, documentation and rationale for services to promote intended outcomes and implementation of all provider policies.
(3) Clinical supervisors in mental health programs must meet QMHP requirements and have completed two years of post-graduate clinical experience in a mental health treatment setting.
(4) Clinical Supervisors in substance use disorders treatment programs must be certified or licensed by a health or allied provider agency as follows:
(a) For supervisors holding a certification or license in addiction counseling, qualifications for the certificate or license must have included at least:

(A) 4000 hours of supervised experience in substance use counseling;
(B) 300 contact hours of education and training in substance use related subjects; and
(C) Successful completion of a written objective examination or portfolio review by the certifying body.
(b) For supervisors holding a health or allied provider license, the license or registration must have been issued by one of the following state bodies and the supervisor must possess documentation of at least 120 contact hours of academic or continuing professional education in the treatment of substance use disorders:
(A) Board of Medical Examiners;
(B) Board of Psychologist Examiners;
(C) Board of Licensed Social Workers;
(D) Board of Licensed Professional Counselors and Therapists; or
(E) Board of Nursing.
(c) Additionally, clinical supervisors in substance use disorders programs must have one of the following qualifications:
(A) Five years of paid full-time experience in the field of substance use disorders counseling; or
(B) A Bachelor's degree and four years of paid full-time experience in the social services field, with a minimum of two years of direct substance use disorders counseling experience; or
(C) A Master's degree and three years of paid full-time experience in the social services field with a minimum of two years of direct substance use disorders counseling experience;
(5) Clinical Supervisors in problem gambling treatment programs must meet the requirements for clinical supervisors in either mental health or substance use disorders treatment programs, and have completed 10 hours of gambling specific training within two years of designation as a problem gambling services supervisor.
(6) Substance use disorders treatment staff must:
(a) Demonstrate competence in treatment of substance-use disorders including individual assessment and individual, group, family and other counseling techniques, program policies and procedures for service delivery and documentation, and identification, implementation and coordination of services identified to facilitate intended outcomes; and
(b) Be certified or licensed by a health or allied provider agency, as defined in these rules, to provide addiction treatment within two years of the first hire date and must make application for certification no later than six months following that date. The two years is not renewable if the person ends employment with a provider and becomes re-employed with another provider.
(c) For treatment staff holding certification in addiction counseling, qualifications for the certificate must have included at least:
(A) 750 hours of supervised experience in substance use counseling;
(B) 150 contact hours of education and training in substance use related subjects; and
(C) Successful completion of a written objective examination or portfolio review by the certifying body.
(d) For treatment staff holding a health or allied provider license, the license or registration must have been issued by one of the following state bodies and the person must possess documentation of at least 60 contact hours of academic or continuing professional education in substance use disorders treatment:
(A) Board of Medical Examiners;
(B) Board of Psychologist Examiners;
(C) Board of Licensed Social Workers;
(D) Board of Licensed Professional Counselors and Therapists; or
(E) Board of Nursing.
(7) Problem Gambling treatment staff must:

(a) Demonstrate competence in treatment of problem gambling including individual assessment and individual, group, family and other counseling techniques, program policies and procedures for service delivery and documentation, and identification, implementation and coordination of services identified to facilitate intended outcomes.
(b) Be certified or licensed by a health or allied provider agency, as defined in these rules, to provide problem gambling treatment within two years of the first hire date and must make application for certification no later than six months following that date. The two years is not renewable if the person ends employment with a provider and becomes re-employed with another provider.
(c) For treatment staff holding certification in problem gambling counseling, qualifications for the certificate must have included at least:
(A) 500 hours of supervised experience in problem gambling counseling;
(B) 60 contact hours of education and training in problem gambling related subjects; and
(C) Successful completion of a written objective examination or portfolio review by the certifying body.
(d) For treatment staff holding a health or allied provider license, the license or registration must have been issued by one of the following state bodies and the person must possess documentation of at least 60 contact hours of academic or continuing professional education in problem gambling treatment:
(A) Board of Medical Examiners;
(B) Board of Psychologist Examiners;
(C) Board of Licensed Social Workers;
(D) Board of Licensed Professional Counselors and Therapists; or
(E) Board of Nursing.
(8) QMHAs must demonstrate the ability to communicate effectively, understand mental health assessment, treatment and service terminology and apply each of these concepts, implement skills development strategies, and identify, implement and coordinate the services and supports identified in a Service Plan. In addition, QMHAs must also meet the follow minimum qualifications:
(a) Bachelor's degree in a behavioral science field; or
(b) A combination of at least three years of relevant work, education, training or experience; or
(c) A qualified Mental Health Intern, as defined in 309-019-0105(61).
(9) QMHPs must demonstrate the ability to conduct an assessment, including identifying precipitating events, gathering histories of mental and physical health, substance use, past mental health services and criminal justice contacts, assessing family, cultural, social and work relationships, and conducting a mental status examination, complete a DSM diagnosis, write and supervise the implementation of a Service Plan and provide individual, family or group therapy within the scope of their training. In addition, QMHPs must also meet the following minimum qualifications:
(a) Bachelor’s degree in nursing and licensed by the State or Oregon;
(b) Bachelor’s degree in occupational therapy and licensed by the State of Oregon;
(c) Graduate degree in psychology;
(d) Graduate degree in social work;
(e) Graduate degree in recreational, art, or music therapy;
(f) Graduate degree in a behavioral science field; or
(g) A qualified Mental Health Intern, as defined in 309-019-0105(61).
(10) Peer support specialists must demonstrate knowledge of approaches to support others in recovery and resiliency, and demonstrate efforts at self-directed recovery.
(11) Recovering Staff: Program staff, contractors, volunteers and interns recovering from a substance use disorder, providing treatment services or peer support services in substance use disorders treatment programs, must be able to document continuous abstinence under independent living conditions or recovery housing for the immediate past two years.

Stat. Auth.: ORS 161.390, 413.042, 428.205 - 428.270, 430.256, 430.640
Stats. Implemented: ORS 109.675, 413.520 - 413.522, 426.380, 430.010, 430.205 - 430.210, 430.240 - 430.640, 430.850 - 430.955, 461.549,
743A.168, 813.010 - 813.052 & 813.200 - 813.270

309-019-0130
Personnel Documentation, Training and Supervision
(1) Providers must maintain personnel records for each program staff which contains all of the following documentation:
(a) Where required, verification of a criminal record check consistent with OAR 407-007-0000 through 407-007-0370;
(b) A current job description that includes applicable competencies;
(c) Copies of relevant licensure or certification, diploma, or certified transcripts from an accredited college, indicating that the program staff meets applicable qualifications;
(d) Periodic performance appraisals;
(e) Staff orientation documentation; and
(f) Disciplinary documentation;
(g) Documentation of trainings required by this or other applicable rules; and
(h) Documentation of clinical and non-clinical supervision.
(2) Providers utilizing contractors, interns or volunteers must maintain the following documentation, as applicable:
(a) A contract or written agreement;
(b) A signed confidentiality agreement;
(c) Orientation documentation; and
(d) For subject individuals, verification of a criminal records check consistent with OAR 407-007-0000 through 407-007-0370.
(3)Training: Providers must ensure that program staff receives training applicable to the specific population for whom services are planned, delivered, or supervised as follows:
(a) Orientation training: The program must document appropriate orientation training for each program staff, or person providing services, within 30 days of the hire date. At minimum, orientation training for all program staff must include, but not be limited to,
(A) A review of crisis prevention and response procedures;
(B) A review of emergency evacuation procedures;
(C) A review of program policies and procedures;
(D) A review of rights for individuals receiving services and supports;
(E) Mandatory abuse reporting procedures;
(F) HIPAA, and Fraud, Waste and Abuse;
(G) Planning and implementing a warm handoff; and
(H) For Enhanced Care Services, positive behavior support training.
(4) Clinical Supervision: Persons providing direct services must receive supervision by a qualified Clinical Supervisor, as defined in these rules, related to the development, implementation and outcome of services.
(a) Clinical supervision must be provided to assist program staff and volunteers to increase their skills, improve quality of services to individuals, and supervise program staff and volunteers' compliance with program policies and procedures, including:
(b) Documentation of two hours per month of supervision for each person supervised. The two hours must include one hour of individual face-to-face contact for each person supervised, or a proportional

level of supervision for part-time program staff. Individual face-to-face contact may include real time, two-way audio visual conferencing;
(c) Documentation of two hours of quarterly supervision for program staff holding a health or allied provider license, including at least one hour of individual face-to-face contact for each person supervised; or
(d) Documentation of weekly supervision for program staff meeting the definition of Mental Health Intern.
Stat. Auth.: ORS 161.390, 413.042, 428.205 - 428.270, 430.256, 430.640
Stats. Implemented: ORS 109.675, 413.520 - 413.522, 426.380, 430.010, 430.205 - 430.210, 430.240 - 430.640, 430.850 - 430.955, 461.549, 743A.168, 813.010 - 813.052 & 813.200 - 813.270

Service Delivery and Documentation Standards

309-019-0140

Service Plan and Service Notes

(1) The Service Plan must be a written, individualized plan to improve the individual's condition to the point where the individual's continued participation in the program is no longer necessary. The Service Plan is included in the individual's service record and must:
(a) Be completed prior to the start of services;
(b) Reflect the assessment and the level of care to be provided;
(c) Include the participation of the individual and family members, as applicable;
(d) Include a description of all warm handoff planning and implementation; and
(d) Be completed by qualified program staff as follows:
(A) A QMHP in mental health programs;
(B) Supervisory or treatment staff in substance use disorders treatment programs, and
(C) Supervisory or treatment staff in problem gambling treatment programs.
(e) For mental health services, a QMHP, who is also a licensed health care professional, must recommend the services and supports by signing the Service plan within ten (10) business days of the start of services; and
(f) A LMP must approve the Service Plan at least annually for each individual receiving mental health services for one or more continuous years. The LMP may designate annual clinical oversight by documenting the designation to a specific licensed health care professional.
(2) At minimum, each Service Plan must include:
(a) Individualized treatment objectives;
(b) The specific services and supports that will be used to meet the treatment objectives;
(c) A projected schedule for service delivery, including the expected frequency and duration of each type of planned therapeutic session or encounter;
(d) The type of personnel that will be furnishing the services; and
(e) A projected schedule for re-evaluating the Service Plan.
(3) Service Notes:
(a) Providers must document each service and support. A Service Note, at minimum, must include:
(A) The specific services rendered
(B) The date, time of service, and the actual amount of time the services were rendered;
(C) Who rendered the services;
(D) The setting in which the services were rendered;
(E) The relationship of the services to the treatment regimen described in the Service Plan; and
(F) Periodic Updates describing the individual's progress.
(4) Decisions to transfer individuals must be documented, including the reason for the transfer.

Stat. Auth.: ORS 161.390, 413.042, 430.256, 428.205 - 428.270, 430.640
Stats. Implemented: ORS 109.675, 161.390 - 161.400, 413.520 - 413.522, 430.010, 430.205- 430.210, 430.240 - 430.640, 430.850 - 430.955, 461.549, 743A.168, 813.010 - 813.052 & 813.200 - 813.270

Program Specific Minimum Service Standards

309-019-0145

Co-Occurring Mental Health and Substance Use Disorders (COD)

Providers approved under OAR 309-008-0000 and designated to provide services and supports for individuals diagnosed with COD must provide concurrent service and support planning and delivery for substance use, gambling disorder, and mental health diagnosis, including integrated assessment, Service Plan and Service Record.
Stat. Auth.: ORS 430.640
Stats. Implemented: ORS 430.010, 430.205 - 430.210, 430.240 - 430.640, 430.850 - 430.955

309-019-0195

DUII Rehabilitation Programs

(1) In addition to the general standards for substance use disorders treatment programs, those programs approved to provide DUII rehabilitation services must meet the following standards:
(a) DUII rehabilitation programs must assess individuals referred for treatment by the screening specialist. Placement, continued stay and transfer of individuals must be based on the criteria described in the ASAM PPC, subject to the following additional terms and conditions:
(A) Abstinence: Individuals must demonstrate continuous abstinence for a minimum of 90 days prior to completion as documented by urinalysis tests and other evidence;
(B) Treatment Completion: Only DUII rehabilitation programs may certify treatment completion;
(C) Residential Treatment: Using the criteria from the ASAM PPC, the DUII program's assessment may indicate that the individual requires treatment in a residential program. When the individual is in residential treatment, it is the responsibility of the DUII program to:
(i) Monitor the case carefully while the individual is in residential treatment;
(ii) Provide or monitor outpatient and follow-up services when the individual is transferred from the residential program; and
(iii) Verify completion of residential treatment and follow-up outpatient treatment.
(2) Urinalysis Testing: A minimum of one urinalysis sample per month must be collected during the period of service, the total number deemed necessary to be determined by an individual's DUII rehabilitation program:
(a) Using the process defined in these rules, the samples must be tested for at least five controlled drugs, including alcohol;
(b) At least one of the samples is to be collected and tested in the first two weeks of the program and at least one is to be collected and tested in the last two weeks of the program;
(c) If the first sample is positive, two or more samples must be collected and tested, including one sample within the last two weeks before completion; and
(d) Programs may use methods of testing for the presence of alcohol and other drugs in the individual's body other than urinalysis tests if they have obtained the prior review and approval of such methods by the Division.
(3) Reporting: The program must report:
(a) To the Division on forms prescribed by the Division;
(b) To the screening specialist within 30 days from the date of the referral by the screening specialist. Subsequent reports must be provided within 30 days of completion or within 10 days of the time that the individual enters noncompliant status; and

(c) To the appropriate screening specialist, case manager, court, or other agency as required when requested concerning individual cooperation, attendance, treatment progress, utilized modalities, and fee payment.
(4) Certifying Completion: The program must send a numbered Certificate of Completion to the Department of Motor Vehicles to verify the completion of convicted individuals. Payment for treatment may be considered in determining completion. A certificate of completion must not be issued until the individual has:
(a) Met the completion criteria approved by the Division;
(b) Met the terms of the fee agreement between the provider and the individual; and
(c) Demonstrated 90 days of continuous abstinence prior to completion.
(5) Records: The DUII rehabilitation program must maintain in the permanent Service Record, urinalysis results and all information necessary to determine whether the program is being, or has been, successfully completed.
(6) Separation of Screening and Rehabilitation Functions: Without the approval of the Chief Officer, no agency or person may provide DUII rehabilitation to an individual who has also been referred by a Judge to the same agency or person for a DUII screening. Failure to comply with this rule will be considered a violation of ORS chapter 813. If the Chief Officer finds such a violation, the Chief Officer may deny, suspend, revoke, or refuse to renew a letter of approval.
Stat. Auth.: ORS 161.390, 413.042, 428.205 - 428.270, 430.640 & 443.450
Stats. Implemented: ORS 161.390 - 161.400, 430.010, 430.205 - 430.210, 430.240 - 430.640, 430.850 - 430.955, 443.400 - 443.460, 443.991, 743A.168, 813.010 - 813.052 & 813.200 - 813.270

309-019-0215
Grievances and Appeals
(1) Any individual receiving services, or the parent or guardian of the individual receiving services, may file a grievance with the provider, the individual's managed care plan or the Division.
(2) For individuals whose services are funded by Medicaid, grievance and appeal procedures outlined in OAR 410-141-0260 through 410-141-0266, must be followed.
(3) For individuals whose services are not funded by Medicaid, providers must:
(a) Notify each individual, or guardian, of the grievance procedures by reviewing a written copy of the policy upon entry;
(b) Assist individuals and parents or guardians, as applicable, to understand and complete the grievance process; and notify them of the results and basis for the decision;
(c) Encourage and facilitate resolution of the grievance at the lowest possible level;
(d) Complete an investigation of any grievance within 30 calendar days;
(e) Implement a procedure for accepting, processing and responding to grievances including specific timelines for each;
(f) Designate a program staff person to receive and process the grievance;
(g) Document any action taken on a substantiated grievance within a timely manner; and
(h) Document receipt, investigation and action taken in response to the grievance.
(4) Grievance Process Notice. The provider must have a Grievance Process Notice, which must be posted in a conspicuous place stating the telephone number of:
(a) The Division;
(b) Disability Rights Oregon; and
(c) The applicable managed care organization.
(5) Expedited Grievances: In circumstances where the matter of the grievance is likely to cause harm to the individual before the grievance procedures outlined in these rules are completed, the individual, or guardian of the individual, may request an expedited review. The program administrator must review

and respond in writing to the grievance within 48 hours of receipt of the grievance. The written response must include information about the appeal process.
(6) Retaliation: A grievant, witness or staff member of a provider must not be subject to retaliation by a provider for making a report or being interviewed about a grievance or being a witness. Retaliation may include, but is not limited to, dismissal or harassment, reduction in services, wages or benefits, or basing service or a performance review on the action.
(7) Immunity: The grievant is immune from any civil or criminal liability with respect to the making or content of a grievance made in good faith.
(8) Appeals: Individuals and their legal guardians, as applicable, must have the right to appeal entry, transfer and grievance decisions as follows:
(a) If the individual or guardian, if applicable, is not satisfied with the decision, the individual or guardian may file an appeal in writing within ten working days of the date of the program administrator's response to the grievance or notification of denial for services as applicable. The appeal must be submitted to the Division as applicable;
(b) If requested, program staff must be available to assist the individual;
(c) The Division, must provide a written response within ten working days of the receipt of the appeal; and
(d) If the individual or guardian, if applicable, is not satisfied with the appeal decision, he or she may file a second appeal in writing within ten working days of the date of the written response to the Chief Officer.
Stat. Auth.: ORS 161.390, 413.042, 430.256, 428.205 - 428.270, 430.640
Stats. Implemented: ORS 109.675, 161.390 - 161.400, 179.505, 413.520 - 413.522, 430.010, 430.205 - 430.210, 430.240 - 430.640, 430.850 - 430.955, 461.549, 743A.168, 813.010 - 813.052 & 813.200 - 813.270

309-019-0220
Variances
(1) Requirements and standards for requesting and granting variances or exceptions are found in OAR 309-008-1600.
(2) Division Review and Notification: The Chief Officer of the Division must approve or deny the request for a variance to these rules within the scope and authority The Division must be made in writing using the Division approved variance request form and following the variance request procedure compliant with OAR 309-008-1600. (3) Granting a variance for one request does not set a precedent that must be followed by the Division when evaluating subsequent requests for variance.
Stat. Auth.: ORS 161.390, 413.042, 430.256, 428.205 - 428.270, 430.640
Stats. Implemented: ORS 109.675, 161.390 - 161.400, 179.505, 413.520 - 413.522, 430.010, 430.205 - 430.210, 430.240 - 430.640, 430.850 - 430.955, 461.549, 743A.168, 813.010 - 813.052 & 813.200 - 813.270

Assertive Community Treatment (ACT)

309-019-0225
ACT Overview
(1) The Substance Abuse and Mental Health Services Administration (SAMHSA) characterizes ACT as an evidence-based practice for individuals with a serious and persistent mental illness. ACT is characterized by:
(a) A team approach;
(b) Community based;

(c) A small client to staff caseload, typically 10:1, to consistently provide necessary staffing diversity and coverage;
(d) Time-unlimited services;
(e) Flexible service delivery;
(f) A fixed point of responsibility; and
(g) 24/7 crisis availability.
(2) ACT services include, but are not limited to:
(a) Hospital discharge planning;
(b) Case management;
(c) Symptom management;
(d) Psychiatry services;
(e) Nursing services;
(f) Co-occurring substance use and mental health disorders treatment services;
(g) Vocational services;
(h) Life skills training; and
(i) Peer support services.
(2) SAMHSA characterizes a high fidelity ACT Program as one that includes the following staff members:
(a) Psychiatrist or Psychiatric Nurse Practitioner;
(b) Psychiatric Nurse(s);
(c) Qualified Mental Health Professional (QMHP) ACT Team Supervisor;
(d) Qualified Mental Health Professional(s) (QMHP) Mental Health Clinician;
(e) Substance Abuse Treatment Specialist;
(f) Employment Specialist;
(g) Housing Specialist;
(h) Mental Health Case Manager; and
(i) Certified Peer Support Specialist.(3) SAMHSA characterizes a high fidelity ACT Program as one that adheres to the following protocols:
(a) Explicit admission criteria that has an identified mission to serve a particular population and uses measurable and operationally defined criteria;
(b) Intake rate: ACT eligible individuals are admitted to the program at a low rate to maintain a stable service environment;
(c) Full responsibility for treatment services which includes, at a minimum, case management, psychiatric services, counseling/psychotherapy, housing support, substance abuse treatment, employment and rehabilitative services;
(d) Twenty four-hour responsibility for covering psychiatric crises;
(e) Involvement in psychiatric hospital admissions;
(f) Involvement in planning for hospital discharges; and
(g) Time-unlimited services.
Stat. Auth.: ORS 161.390, 413.042, 430.256, 428.205 - 428.270, 430.640
Stats. Implemented: ORS 109.675, 161.390 - 161.400, 413.520 - 413.522, 430.010, 430.205- 430.210, 430.240 - 430.640, 430.850 - 430.955, 461.549, 743A.168, 813.010 - 813.052 & 813.200 - 813.270

309-019-0230
ACT Provider Qualifications
(1) In order to be eligible for Medicaid or State General Fund reimbursement, ACT services shall be provided only by those providers meeting the following minimum qualifications:
(a) The provider must hold and maintain a current certificate under OAR 309-008, issued by the Division, for the purpose of providing behavioral health treatment services; and

(b) The provider must hold and maintain a current certificate, issued by the Division, under OAR 309-019-0210 through 309-019-0245, for the purpose of providing Assertive Community Treatment; and
(c) A provider certified to provide ACT services under this rule must be reviewed annually for fidelity adherence by the Division approved reviewer and achieve a minimum score of 114 on the fidelity scale. Providers shall not bill Medicaid or use General Funds unless they are subject to an annual fidelity review by the Division approved reviewer.
(A) The Division approved reviewer shall forward a copy of the annual fidelity review report to the Division approved reviewer and provide a copy of the review to the provider.
(B) The provider shall forward a copy of the annual fidelity review report to the appropriate CCO.
(2) A Provider already holding a certificate of approval under OAR 309-008 may request the addition of ACT services be added to their certificate of approval via the procedure outlined in OAR 309-008-0400 and 309-008-1000(1).
(a) In addition to application materials required in OAR 309-008 and this rule, the provider must also submit to the Division a letter of support which indicates receipt of technical assistance and training from the Division approved ACT reviewer.
Stat. Auth.: ORS 161.390, 413.042, 430.256, 428.205 - 428.270, 430.640
Stats. Implemented: ORS 109.675, 161.390 - 161.400, 413.520 - 413.522, 430.010, 430.205- 430.210, 430.240 - 430.640, 430.850 - 430.955, 461.549, 743A.168, 813.010 - 813.052 & 813.200 - 813.270

309-019-0235
Continued Fidelity Requirements
(1) In addition to the minimum requirements established in OAR 309-019-0230, in order to maintain a ACT provider designation on the Division issued certificate, a provider must submit to their CCO an annual fidelity review report by the Division approved reviewer with a minimum score of 114.
(2) Providers certified to provide ACT services under this rule that achieve a fidelity score of 128 or better when reviewed by the Division Approved ACT Reviewer are eligible to extend their fidelity review period to every 18 months.
(a) Extension of Fidelity reviews has no bearing on the frequency of re-certification reviews required under OAR 309-008.
(3) Fidelity reviews will be conducted utilizing the Substance Abuse and Mental Health Services ACT Toolkit Fidelity Scale, which will be made available to providers electronically
Stat. Auth.: ORS 161.390, 413.042, 430.256, 428.205 - 428.270, 430.640
Stats. Implemented: ORS 109.675, 161.390 - 161.400, 413.520 - 413.522, 430.010, 430.205- 430.210, 430.240 - 430.640, 430.850 - 430.955, 461.549, 743A.168, 813.010 - 813.052 & 813.200 - 813.270

309-019-0240
Failure to Meet Fidelity Standards
(1) In addition to any plan of correction requirements issued by the Division under 309-008-0800(4)(c); If a Provider certified under these rules to provide ACT services does not receive a minimum score of 114 on a fidelity review, the following shall occur:
(a) Technical assistance shall be made available by the Division approved reviewer for a period of 90 days to address problem areas identified in the fidelity review;
(b) At the end of the 90 day period, a follow-up review will be conducted by the Division approved reviewer; and
(c) The provider shall forward a copy of the amended fidelity review report to the provider's appropriate CCO.
(d) The Division approved reviewer shall forward a copy of the fidelity review report to the Division.

(2) In addition to the standards set for suspension and revocation of a certificate in OAR 309-008-1100(1) & (2) a provider of ACT services may also have their certificate of approval suspended or revoked if the 90 day re-review results in a fidelity score of less than 114.
(1) A provider issued a notice of intent to apply a condition, revoke, suspend, or refusal to renew its certificate under these rules shall be entitled to request a hearing in accordance with ORS Chapter 183 and OAR 309-008-1300.
Stat. Auth.: ORS 161.390, 413.042, 430.256, 428.205 - 428.270, 430.640
Stats. Implemented: ORS 109.675, 161.390 - 161.400, 413.520 - 413.522, 430.010, 430.205- 430.210, 430.240 - 430.640, 430.850 - 430.955, 461.549, 743A.168, 813.010 - 813.052 & 813.200 - 813.270

309-019-0245
Admission Criteria
(1) Participants must meet the Medically Appropriate standard as designated in OAR 309-019-0105. Participants who are Medically Appropriate must have the following characteristics:
(a) Participants diagnosed with severe and persistent mental illness as listed in the Diagnostic and Statistical Manual, Fifth Edition (DSM V) of the American Psychiatric Association that seriously impair their functioning in community living. Priority is given to people with schizophrenia, other psychotic disorders (e.g., schizoaffective disorder), and bipolar disorder because these illnesses more often cause long-term psychiatric disability.
(b) Participants with other psychiatric illnesses are eligible dependent on the level of the long-term disability. (Individuals with a primary diagnosis of a substance abuse disorder or intellectual disabilities are not the intended client group.)
(c) Participants with significant functional impairments as demonstrated by at least one of the following conditions:
(A) Significant difficulty consistently performing the range of practical daily living tasks required for basic adult functioning in the community (e.g., caring for personal business affairs; obtaining medical, legal, and housing services; recognizing and avoiding common dangers or hazards to self and possessions; meeting nutritional needs; maintaining personal hygiene) or persistent or recurrent difficulty performing daily living tasks except with significant support or assistance from others such as friends, family, or relatives.
(B) Significant difficulty maintaining consistent employment at a self-sustaining level or significant difficulty consistently carrying out the homemaker role (e.g., household meal preparation, washing clothes, budgeting, or child-care tasks and responsibilities).
(C) Significant difficulty maintaining a safe living situation (e.g., repeated evictions or loss of housing).
(d) Participants with one or more of the following problems, which are indicators of continuous high service needs (i.e., greater than eight hours per month):
(A) High use of acute psychiatric hospitals (e.g., two or more admissions per year) or psychiatric emergency services.
(B) Intractable (i.e., persistent or very recurrent) severe major symptoms (e.g., affective, psychotic, suicidal).
(C) Coexisting substance abuse disorder of significant duration (e.g., greater than 6 months).
(D) High risk or recent history of criminal justice involvement (e.g., arrest, incarceration).
(E) Significant difficulty meeting basic survival needs, residing in substandard housing, homelessness, or imminent risk of becoming homeless.
(F) Residing in an inpatient or supervised community residence in the community where ACT services are available, but clinically assessed to be able to live in a more independent living situation if intensive services are provided, or requiring a residential or institutional placement if more intensive services are not available.

(G) Difficulty effectively utilizing traditional office-based outpatient services.

309-019-0248
Admission Process
(1) A comprehensive assessment as described in OAR 309-019-0105 (6) that demonstrates medical appropriateness must be completed prior to the provision of this service. If a substantially equivalent assessment is available, that reflects current level of functioning, and contains standards consistent with OAR 309-019-0135, to include sufficient information and documentation to justify the presence of a diagnosis that is the medically appropriate reason for services, the equivalent assessment may be used to determine admission eligibility for the program.
(2) Admission to ACT is managed through a referral process that is coordinated by a designated single point of contact (SPOC) that represents the Coordinated Care Organization's (CCO) and/or Community Mental Health Program's (CMHP) geographical service area.
(a)The designated single point of contact shall accept referrals and verify the required documentation supports the referral for services.
(b) OHA will work with the CCOs and the CMHPs to identify regional SPOCs.
(c) OHA will work with the CCOs and the CMHPs to identify a process where referrals can be received and tracked.
(3) An admission decision by the designated SPOC must be completed and reported to the Division within seven (7) business days of receiving the referral. To accomplish this, the SPOC must be fully informed as to the current capacity of ACT programs within the SPOC's geographic service area at all times.
(4) All referrals for ACT services must be submitted through the designated regional SPOC, regardless of the origin of the referral. The designated regional SPOC shall accept and evaluate referrals from mental health outpatient programs, residential treatment facilities or homes, families and/or individuals, and other referring sources.
(5) Given the severity of mental illness and functional impairment of individuals who qualify for ACT-level services, the final decision to admit a referral rests with the provider. Any referral to a provider should therefore present a full picture of the individual by means of the supporting medical documentation attached to the OHA Universal ACT Referral and Tracking Form. An admission decision by the ACT services provider must be completed within five (5) business days of receiving the referral.
(a) The individual's decision not to take psychiatric medication is not a sufficient reason for denying admission to an ACT program.
(b) ACT capacity in a geographic regional service area is not a sufficient reason for not providing ACT services to an ACT eligible individual. If an individual who is ACT eligible cannot be served due to capacity, the SPOC must provide individual with the option of being added to a waiting list until such time the ACT eligible individual can be admitted to a qualified ACT program.
(6) Upon the decision to admit an individual to the ACT program, the OHA Universal ACT Referral and Tracking Form shall be updated, to include:
(a) An admission is indicated.
(b) When an admission is not indicated, notation shall be made of the following:
(A) The reason(s) for not admitting;
(B) The disposition of the case; and
(C) Any referrals or recommendations made to the referring agency, as appropriate.
(7) Individuals who meet admission criteria and are not admitted to an ACT program due to program capacity, may elect to be placed on a waiting list. The waiting list will be maintained by the appropriate regional SPOC. OHA will monitor each regional waiting list until sufficient ACT program capacity is developed to meet the needs of the ACT eligible population.

(8) In addition if an individual is denied ACT services and has met the admission criteria set forth in OAR 309-019-045, the individual who is denied services or their guardian may appeal the decision by filing a grievance in the manner set forth in OAR 309-008-1500.
Stat. Auth.: ORS 161.390, 413.042, 430.256, 428.205 - 428.270, 430.640
Stats. Implemented: ORS 109.675, 161.390 - 161.400, 413.520 - 413.522, 430.010, 430.205- 430.210, 430.240 - 430.640, 430.850 - 430.955, 461.549, 743A.168, 813.010 - 813.052 & 813.200 - 813.270

309-019-0250
Transition to Less Intensive Services
(1) Transition to less intensive services shall occur when the individual no longer requires ACT level of care and is no longer medically appropriate for ACT services. This shall occur when individuals receiving ACT:
(a) Have successfully reached individually established goals for transition.
(b) Have successfully demonstrated an ability to function in all major role areas (i.e. work, social, self-care) without ongoing assistance from the ACT provider;
(c) When the individual requests discharge, declines, or refuses services; and
(d) When the individual moves outside of the geographic area of the ACT program's responsibility. In such cases, the ACT team shall arrange for transfer of mental health service responsibility to an ACT provider or another provider wherever the individual is moving. The ACT team shall maintain contact with the individual until this service is implemented.
Stat. Auth.: ORS 161.390, 413.042, 430.256, 428.205 - 428.270, 430.640
Stats. Implemented: ORS 109.675, 161.390 - 161.400, 413.520 - 413.522, 430.010, 430.205- 430.210, 430.240 - 430.640, 430.850 - 430.955, 461.549, 743A.168, 813.010 - 813.052 & 813.200 - 813.270

309-019-0255
Reporting Requirements
Providers certified by the Division to provide ACT shall submit quarterly outcomes reports, using forms and procedures prescribed by the Division, within 45 days following the end of each subject quarter to the Division or the Division approved reviewer. Each quarterly report shall provide the following information:
(1) Individuals served;
(a) Individuals who are homeless at any point during a quarter;
(b) Individuals with safe stable housing for 6 months;
(c) Individuals using emergency departments during each quarter for a mental health reason;
(d) Individuals hospitalized in OSH or in an acute psychiatric facility during each quarter;
(e) Individuals hospitalized in an acute care psychiatric facility during each quarter;
(f) Individuals in jail at any point during each quarter;
(g) Individuals receiving Supported Employment Services during each quarter;
(h) Individuals who are employed in competitive integrated employment, as defined above.
(2) Individuals receiving ACT services that are not enrolled in Medicaid
(3) Referrals and Outcomes
(a) Number of referrals received during each quarter;
(b) Number of individuals accepted during each quarter;
(c) Number of individuals admitted during each quarter; and
(d) Number of individuals denied during each quarter and the reason for each denial.
Stat. Auth.: ORS 161.390, 413.042, 430.256, 428.205 - 428.270, 430.640
Stats. Implemented: ORS 109.675, 161.390 - 161.400, 413.520 - 413.522, 430.010, 430.205- 430.210, 430.240 - 430.640, 430.850 - 430.955, 461.549, 743A.168, 813.010 - 813.052 & 813.200 - 813.270