

Qualified Residential Treatment Program (QRTP) Independent Assessment and Behavioral Rehabilitation Services (BRS) Eligibility Annual Report: January 1, 2022 – December 31, 2022

The following report describes the work Comagine Health completed from January 1, 2022, through December 31, 2022, for the Oregon Department of Human Services (ODHS) to meet requirements of the federal Family First Prevention Services Act and Oregon SB 1605. Additionally, this report describes the work Comagine Health completed to determine initial and annual eligibility for BRS.

Federal Medicaid rules require that for a child to receive BRS there must be a “prior approval by a licensed practitioner of the healing arts (LPHA).” Comagine Health clinical reviewers meet the definition of an LPHA as defined in Oregon Administrative Rule (OAR) 410-170-0020(35). Comagine Health began reviewing records in May 2022. Clinical reviews use criteria from OAR 410-170-004(3)(a) to (f) to determine if BRS is medically appropriate for youth referred by ODHS for both initial authorization and annual reauthorization.

Comagine Health conducted QRTP independent assessments by Qualified Mental Health Professionals (QMHPs) to determine if a QRTP is the least restrictive and most appropriate placement for each individual referred. To make a placement recommendation, the QMHP reviews a Child, Adolescent Needs and Strengths (CANS) assessment, clinical and demographic information, and input from the individual’s Family and Permanency Team. Comagine Health staff complete a QRTP Assessment Recommendation Form that indicates if a QRTP is recommended (or another placement recommendation if a QRTP was not recommended). Additionally, recommendations for support services that may help stabilize the child or young adult are included in the QRTP assessment.

Starting on January 1, 2021, Comagine Health began completing the CANS assessment, through a telehealth format, with the children and young adults referred for a QRTP assessment. Figure 1 shows the number of independent assessments and CANS completed from January 2022 through December 2022. Figure 2 shows the level of care recommendations during the same period.

Figure 1. Independent Assessments and CANS Completed, January 2021 – December 2022.

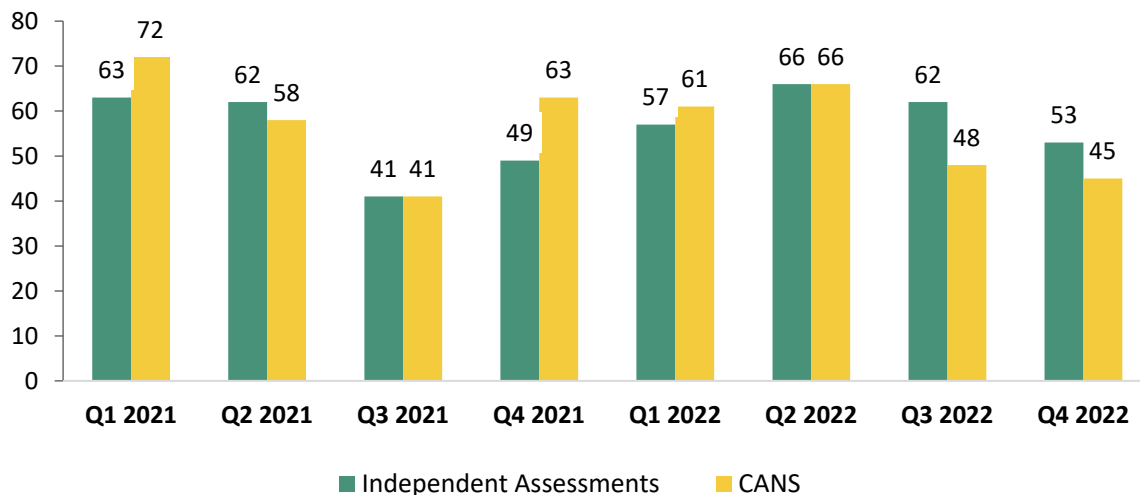
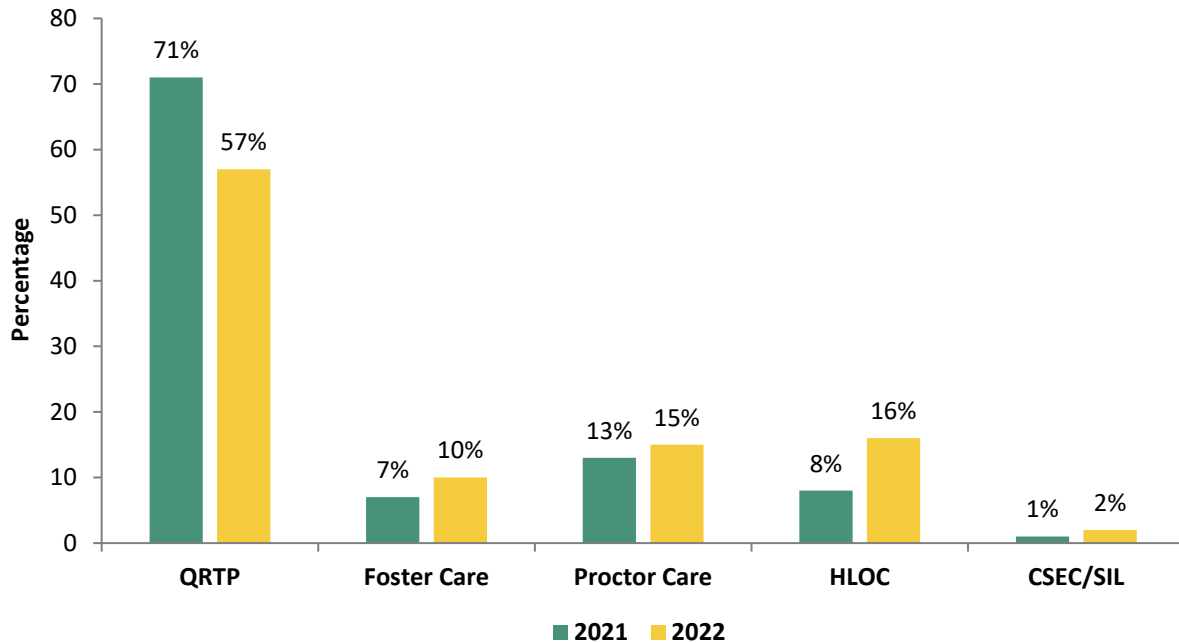


Figure 2. Level of Care (LOC) Recommendations 2021 vs. 2022.



Comagine Health also completed rescreens and redeterminations. A rescreen determines if a QRTP is still recommended. Rescreens are completed when a QRTP has been recommended by Comagine Health and either 90 days have passed prior to placement or the youth is moving from one QRTP to another. A redetermination occurs if ODHS requests Comagine Health to reconsider a decision. During a redetermination, ODHS provides additional information to Comagine Health and a collaborative consultation occurs between Comagine Health staff, ODHS staff and members of the individuals Family and Permanency Team.

Comagine Health maintains a database of the children and young adults referred and provides weekly, monthly and quarterly reports to OHDS.

- Weekly reports include updates on the status of the QRTP assessments for the children and young adults referred, including information on scheduling efforts for CANS that have not occurred within the required seven calendar days.
- Monthly QRTP reports include the number of referrals, canceled assessments, CANS completed, QRTP assessments completed, number of assessments which did or did not recommend a QRTP, number of rescreens and redeterminations completed, and reasons why a QRTP was not recommended.
- Monthly BRS reports include the number of emergent and standard BRS eligibility determination that were authorized or not authorized.
- Quarterly reports include a summary of the work completed, number of QRTP referrals, canceled QRTP assessments, CANS completed, QRTP assessments completed, number of assessments which did or did not recommend a QRTP, number of rescreens and redeterminations completed, how the CANS score and QRTP algorithm indication matched against the QRTP or alternative setting recommendation, and the number of BRS eligibility determinations authorized and not authorized. Process improvements and recommendations were also included.

Process Improvements

Comagine Health worked closely with ODHS, having monthly discussions around how these services should be structured and implementing process improvements as needed. Comagine Health provided minutes for each meeting to ODHS within one week of the meeting. The next section describes process improvements made from January 2022 through December 2022.

- Comagine Health staff began attending Family and Permanency Team Meetings on February 1, 2022. A process was developed collaboratively between Comagine Health and ODHS that continues to be reviewed and refined.
 - Comagine Health developed a document outlining this process that is sent to the ODHS case worker when a referral is made.
 - ODHS developed a training in collaboration with Comagine Health for ODHS case workers and facilitators to understand the Family and Permanency Team Meeting (QRTP team meeting) process and how to facilitate the meetings.
- Comagine Health began providing BRS eligibility determinations in May 2022. The process for BRS eligibility determinations continued to be refined.
 - Comagine Health developed a document “Medical Appropriateness for BRS Eligibility” that delineates the criteria for BRS eligibility in OAR 410-170-0040(3) and denial reasons when a criterion is not met.
 - ODHS is collaborating with the Oregon Youth Authority and the Oregon Health Authority on BRS eligibility determination and how denial notices and notices of hearing rights are provided when there is a denial of BRS eligibility.
 - Ongoing discussions occurred around potential requests to recommend an appropriate placement level of care indicator, specifically Behavioral Health Treatment Foster Care, when determining BRS eligibility.
 - When there is a youth who has been referred for a QRTP assessment and there is also a request to determine BRS eligibility: ODHS and Comagine Health agreed that the BRS determination will be held until the QRTP assessment is completed as the QRTP assessment is a more robust evaluation of the youth’s needs. If more than 30 days have passed since the request for a BRS determination, a discussion will occur regarding whether to continue to hold the BRS determination or complete it prior to finalization of the QRTP assessment.
- Comagine Health provided a document to ODHS that outlines the clinical documentation needed, if available, to understand the mental health needs of youth.
- Comagine Health developed a list of factors that will be considered when determining if a CANS will be completed in person or virtually in 2023.

Lessons Learned/Process Recommendations

1. Lesson: It is difficult to make placement level of care recommendations without updated clinical documentation.

Recommendation: Clinical documentation is needed in order to make the most appropriate level of care placement recommendations. Clinical documentation should include the most recent mental health assessment, psychiatric assessment and psychological evaluation. As available, other documentation that is helpful includes incident reports, documentation from programs including

discharge summaries, list of current services (mental health, IDD, mentor, etc.) including frequency and location of service provided.

Progress: ODHS requested a list of clinical documentation needed to understand the mental health needs and current recommendations for youth. Additionally, as Comagine Health staff are attending the QRTP team meetings, there is more of an opportunity to gather information for various team members and ask for documentation that is referenced in those meetings but was not included in the initial referral.

Continued Recommendations: Determine a process to help ODHS case workers know what documentation is needed and to provide it to Comagine Health.

2. Lesson: Delays occur when steps are not completed in a timely way.

Recommendation:

- Include STAT CANS referral form with current contact information where the youth is located with initial referral.
- Launch the QRTP assessment completely before referral is made or change the process so that Comagine Health staff or the Residential Resource Consultant launches it upon referral.
- CANS approval daily or several times per week.

Progress: Delays have reduced. The STAT CANS referral forms being consistently provided with the initial referral packet. Also, the process to launch the QRTP assessment in ORKids was changed so that Comagine Health completes this step, eliminating this delay.

Continued Recommendations: Comagine Health should include the Residential Resource Consultant (RRC) in an email to the ODHS case worker when the CANS is scheduled so that the RRC can assist in moving the process along. A meeting facilitator should be used, if available. The ODHS case workers need to know who is required to be invited and include them in the QRTP team meeting. ODHS case workers should return form 2730: Family and Permanency Team Meeting notes in a timely manner. Delays are greatly reduced when the RRC, ODHS case worker and Comagine Health clinical reviewer are in close and ongoing communication.

3. Lesson: Placement preferences on the Family and Permanency Team Meeting notes are often not specific to a level of care, such as QRTP vs. BRS.

Recommendation: Provide the Family and Permanency Team with a document that describes the levels of care and discuss how specific placement types will address the youth's mental health, behavioral, supervision and support needs. The team should discuss why the youth should be removed from the community.

Progress: Comagine Health developed a document that outlines the various levels of care in both the Child Welfare systems as well as other children's systems in Oregon. This is provided to the family and permanency team members and is used during the team meeting when the team is discussing their placement preferences. RRCs are also attending this meeting, which is helpful as they are able to speak to levels of care, what referrals have been made and the results and what options are available.

Continued Recommendations: Summarize and answer each question on form 2730 concisely instead of transcribing everything every team member said in the meeting.

Recommendations for Standardized QRTP Review Criteria

The following criteria have been updated to be consistent with the BRS eligibility criteria.

Admission Criteria

- The child or young adult is not able to function in a family setting:
 - History of multiple placement disruptions related to the child or young adult's behavior or needs
 - Discharged from a higher level of care and still in need of a structured setting
 - Need for 24/7 supervision
 - Efforts to manage the child or young adult's behaviors have exhausted available and accessible resources
- The child or young adult is able to benefit from a QRTP program at a developmentally appropriate level.
- Some members of the Family and Permanency Team are in support of a QRTP.

Exclusion Criteria

- The child or young adult is not medically stable.
- The child or young adult has active suicidal, homicidal or serious aggressive behaviors.
- The child or young adult has active psychosis or psychiatric instability.
- A different type of program is more appropriate for the youth or young adult.
 - A setting specializing in providing prenatal, postpartum, or parenting support
 - A Supervised Independent Living (SIL or SIL-PLUS) services program
 - A setting providing high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, sex-trafficking victims
- Placement in a QRTP is likely to lead to a deterioration in the child or young adult's presentation.