



**TEMPORARY ADMINISTRATIVE ORDER**  
INCLUDING STATEMENT OF NEED & JUSTIFICATION

**BHS 19-2021**  
CHAPTER 309  
OREGON HEALTH AUTHORITY  
HEALTH SYSTEMS DIVISION: BEHAVIORAL HEALTH SERVICES

**FILED**

09/14/2021 3:43 PM  
ARCHIVES DIVISION  
SECRETARY OF STATE  
& LEGISLATIVE COUNSEL

FILING CAPTION: Clarifies Who Can Approve Or Sign A Service Plan.

EFFECTIVE DATE: 09/14/2021 THROUGH 03/12/2022

AGENCY APPROVED DATE: 09/10/2021

CONTACT: Nita Kumar  
503-847-1357  
bhrulemaking@dhsosha.state.or.us  
500 Summer St NE  
Salem, OR 97301

Filed By:  
Nita Kumar  
Rules Coordinator

**NEED FOR THE RULE(S):**

The rule amendment is needed so that programs can continue to offer services during this time of extreme staffing shortages experienced by the community provider system.

**JUSTIFICATION OF TEMPORARY FILING:**

The Authority finds that failure to act promptly will result in serious prejudice to the public interest, the Authority, and recipients of Medicaid benefits. This rule needs to be adopted promptly so that the Authority can provide clinically justified administrative relief during this time of extreme staffing shortages within the community provider system.

**DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:**

None.

**AMEND: 309-019-0140**

**RULE SUMMARY:** The rule clarifies that a Qualified Mental Health Practitioner (QMHP) who meets the qualifications of a Clinical Supervisor is authorized to recommend/approve services and supports by signing the service plan. Also allows QMHP who meets the qualifications of a Clinical Supervisor to approve the plan at least annually. This is a change from requiring an Licensed Medical Practitioner (LMP).

**CHANGES TO RULE:**

**309-019-0140**  
**Service Plan and Service Notes ¶¶**

- (1) In addition to any program specific service delivery requirements, the service plan shall be an individualized plan designed 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 shall:¶¶
- (a) Be completed prior to the start of services;¶¶

- (b) Reflect the full assessment and the level of care to be provided;¶¶
  - (c) Include a safety plan when the assessment indicates risk to the health and safety of the individual or to others and be updated as circumstances change. The safety plan may be a separate document from the service plan;¶¶
  - (d) Include the participation of the individual and family members, as applicable;¶¶
  - (e) Be completed and signed 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.¶¶
  - (f) For mental health services, a QMHP who ~~is also a licensed health care professional~~ meets the qualifications of a Clinical Supervisor shall recommend the services and supports by signing the service plan within ten business days of the start of services; and¶¶
  - (g) ~~An LMP QMHP who meets the qualifications of a Clinical Supervisor shall 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 shall include:¶¶
    - (a) Treatment objectives that are:¶¶
      - (A) Individualized to meet the assessed needs of the individual;¶¶
      - (B) Measurable for the purpose of evaluating individual progress, including a baseline evaluation.¶¶
    - (b) The specific services and supports indicated by the assessment that shall be used to meet the treatment objectives;¶¶
    - (c) A projected schedule for service and support delivery, including the expected frequency and duration of each type of planned service or support;¶¶
    - (d) The credentials of the personnel providing each service and support; and¶¶
    - (e) A projected schedule for re-evaluating the service plan.¶¶
  - (3) Providers shall document each service and support in a service note to include:¶¶
    - (a) The specific services rendered;¶¶
    - (b) The specific service plan objectives being addressed by the services provided;¶¶
    - (c) The date, time of service, and the actual amount of time the services were rendered;¶¶
    - (d) The relationship of the services provided to the treatment objective described in the service plan;¶¶
    - (e) The personnel rendering the services, including their name, credentials, and signature;¶¶
    - (f) The setting in which the services were rendered; and¶¶
    - (g) Periodic updates describing the individual's progress.¶¶
  - (4) Decisions to transfer individuals shall be documented including:¶¶
    - (a) The reason for the transfer;¶¶
    - (b) Referrals to follow up services and other behavioral health providers; and¶¶
    - (c) Outreach efforts made, as defined in these rules.
- Statutory/Other Authority: ORS 161.390, 413.042, 430.256, 430.640
- Statutes/Other Implemented: ORS 161.390 - 161.400, 428.205 - 428.270, 430.010, 430.205- 430.210, 430.254 - 430.640, 430.850 - 430.955, 743A.168