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NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

FILED
08/31/2023 5:14 PM
ARCHIVES DIVISION
SECRETARY OF STATE

CHAPTER 309
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: BEHAVIORAL HEALTH SERVICES

FILING CAPTION: [CORRECTED]Updating to align with DACT Model, Adding language to align with OHA's mission.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 10/19/2023 5:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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Filed By:
JUAN RIVERA
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HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 09/20/2023
TIME: 10:00 AM - 12:00 PM
OFFICER: Juan Rivera

HEARING LOCATION
ADDRESS: "All Hearings are virtual" , "All Hearings are virtual" , salem, OR 97301
SPECIAL INSTRUCTIONS:
Join ZoomGov Meeting
https://www.zoomgov.com/j/1614063517?pwd=Y2IjUkc5R1o1YVM3ZmJkLytyY0NLUT09
Meeting ID: 161 406 3517
Passcode: 319817
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Meeting ID: 161 406 3517

NEED FOR THE RULE(S)

This OAR text is extremely outdated and does not align with current practice, evidence based model nor has language to foster equity and inclusion. There are several grammar updates that allow clarity to objective.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

Documents Relied Upon, and where they are available:

1. Dartmouth Assertive Community Treatment Scale (DACT)
2. Oregon Center of Excellence for Assertive Community Treatment (OCEACT): https://oceact.org/

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

Drafted rule text now has updated language that includes developmentally, culturally & linguistic appropriateness. Objective is to update ACT expectations to ensure health equity and inclusion are part of daily practices.

FISCAL AND ECONOMIC IMPACT:

These updated changes are not expected to have a fiscal impact as majority of changes are in practice currently. Other changes that may not be in active practice, OHA will be providing additional document(s) to support equitable implementation across the state for practice/procedure.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

No impact

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Certified ACT Programs were invited to consult on changes prior to RAC, as well as during the RAC meetings.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:
309-019-0225, 309-019-0226, 309-019-0230, 309-019-0233, 309-019-0235, 309-019-0240, 309-019-0241, 309-019-0242, 309-019-0245, 309-019-0248, 309-019-0250, 309-019-0255

AMEND: 309-019-0225

RULE SUMMARY: Amended and definitions to more align with DACT and best practices and provide clarity. Added definitions for clarity.

CHANGES TO RULE:

309-019-0225
Assertive Community Treatment (ACT) Definitions ¶

(1) In addition to the definitions in OAR 309-019-0105, ~~the definitions below apply to this and subsequent rule sections.~~when used and not otherwise defined in OAR 309-019-0225 through OAR 309-019-0255, the following terms shall have the meaning given in this section.¶
(2)"24/7 Crisis Coverage" means there is one identified phone line for ACT participants to contact if they are experiencing a mental health crisis 24 hours a day, 7 days a week, 365 days a year:¶
(a)The ACT Teams will have direct access to this phone line and/or a procedure in place to receive information about the caller. ACT Teams must be readily available to assist with de-escalation strategies. This could include dispatching out to the individual in need;¶
(b)The ACT Team is required to document all crisis coverage calls as part of this service delivery. ¶
(3) "Assertive Community Treatment or ACT" means an intensive and highly integrated approach that is an evidence-based practice. Objective is to improve outcomes for people with severe mental illness. It is designed to be a team model concept. Program operations are held to a fidelity standard based on Division Approved Fidelity Scale. ¶
(~~2~~4) "Collateral Contacts" means members of the individual's family or household or significant others (e.g., landlord, employer) who regularly interact with the individual and are directly affected by or have the capability of affecting their condition and are identified in the treatment plan as having a role in the individual's recovery. For

the purpose of the Assertive Community Treatment (ACT) program, a collateral contact does not include contacts with other mental health service providers or individuals who are providing a paid service that would ordinarily be provided by the ACT team (e.g., meeting with a shelter staff who is assisting an ACT recipient in locating housing).¶
(~~3~~5) "Community-Based" means services and supports that shall be provided in a participant's home and/or surrounding community ~~and not solely based in a traditional office-setting. ACT services may not be provided to individuals residing in an RTF or RTH licensed by the Division 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 mon~~. This can include but not limited to virtual telehealth, ACT program office if there are life skill training opportunities available to participants or wherever within the community the participant feels most comfortable. This is person-centered and will be tailored to th~~s~~e ~~prior to discharge from the RTH or RTF.~~articipants discretion. ¶
(~~4~~6) "Competency" ~~means one year of experience or training~~or "Competencies" means six months of experience or one year of equivalent training and/or education in the specialty area and demonstration of the specific skills or knowledge.¶
(~~5~~7) "Competitive ~~Integrated~~ Employment" means full-time or part time work with the following criteria:¶
(a) At minimum wage or higher;¶
(b) 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~~; ¶
(c) With eligibility for the level of benefits provided to other employees;¶
(d) ~~At a location where the employee interacts with other individuals who are not individuals w~~Internships that are open to anyone. If the Internship is directly tied to higher education or a trade school, then i~~th~~ d~~isabilities (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 individuals; and~~oes not have to be paid. This includes work-study opportunities with colleges;¶
(e) Seasonal employment as long as it is consistent with that industry of work;¶
(f) Self-Employment if income is reported to the government and taxes could be filed if income generated met those requirements.¶
(eg) ~~As appropriate, present opportunities for advancement that are similar to those for o~~Employment from temporary agencies that other community members use is counted if that agency and/or industry typically hires from ~~the~~r t~~emp~~~~loyees who are not individuals with disabilities and who have similar position~~orary services and internal opportunities are available for permanent statu~~s.¶
(~~6~~8) "Comprehensive Assessment" means the organized process of gathering and analyzing current and past information with each individual and ~~the family and support system and other significant individuals to evaluate~~any other informal support deemed relevant to create a treatment plan with the following:¶
(a) Mental and functional status;¶
(b) Effectiveness of past treatment;¶
(c) Current treatment, rehabilitation, and support needs to achieve ~~individual~~person-centered goals and support recovery; and~~;~~¶
(d) The range of individual strengths (e.g., knowledge gained from dealing with adversity, personal or professional roles, talents, personal traits) that may act as resources to the ~~individual~~participant and the recovery plan~~ning team~~ in pursuing goals. The results of the information gather~~ing~~ed, and analysis are used to:¶
(A) Establish immediate and long~~er~~-term service needs with each ~~individual~~ACT Participant;¶
(B) Set goals and develop the first person directed recovery plan with each ~~individual~~ACT participant; and,¶
(C) Optimize benefits that can be derived from existing strengths and resources of the ~~individual and~~participant, family, and natural support network in the community.¶
(~~7~~9) "Co-Occurring Disorders (COD) Services" means integrated assessment and treatment for ~~individual~~participants who have co-occurring mental health and substance use condition.¶
(~~8~~10) "Division" means the Health Systems Division of the Oregon Health Authority, or its designee.¶
(~~9~~11) "Division Approved Reviewer" means 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.¶
(10~~2~~) "~~Face to Face" is de~~Employment Specialist" means the staff identi~~fi~~ned ~~as a personal interaction where both words can be h~~on ACT Team to provide Employment Support but is part of ACT Team. This staff member provides Vocational Services per (32) of this rule set and is supervised by Team Lea~~r~~d ~~and facial expressions ca~~within the ACT program. ¶
(13) "Face to Face" means that a personal interaction where communicatio~~n~~ be~~-~~st~~w~~een ~~in person or~~at least two-person(s) can be had. through telehealth services where there is a secured HIPAA approved live streaming audio

and video.¶
(1~~1~~4) "Fidelity"~~ for the purposes of the ACT program~~ means the provider is providing services that are faithful to the evidence-based practice model and obtains a satisfactory score from the ~~Oregon Center of Excellence for ACT~~Division Approved Reviewer¶
(15) "Fidelity Tool" means the documents used to score ~~as~~ p~~art of the their regular reviews.~~rograms fidelity that is based on the Division approved fidelity scale. ¶
(1~~2~~6) "Fixed Point of Responsibility" means the ACT ~~te~~program provides virtually all needed services, rather than sending ~~clients to~~participants different pro~~vider~~grams. If the ~~te~~ACT program cannot provide a service, the ~~team~~program will accommodate and ensure~~s~~ that the service is provided.¶
(1~~3~~7) "Full-Time Equivalent~~" (~~ or FTE~~)~~" means a way to measure how many full-time employees are required to provide the appropriate level of services to fulfill minimum fidelity requirements~~.~~ per the employer standards. FTE status must be reflected in official job title/description. ¶
(1~~4~~8) "Hospital Discharge Planning" means a process that begins upon admission to the Oregon State Hospital (OSH) or any other acute care psychiatric 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~~participant has a primary role and is based on principles of self-determination. ~~For OSH, discharge planning teams include a representative of a community mental health provider from the county where the individual is likely to transition.~~¶
(1~~5~~9) "In~~dividual Placement and Support (IPS) Supported Employment Services" means individualized services that assist individuals to obtain and maintain integrated, paid, competitive employment. Supported employment services are provided in a manner that allows individuals to work the maximum numb~~formal Support System" means a person(s)outside of ACT program not paid to support the participant, such as family, landlord, shelter staff, employer, ~~of hours consistent with~~ r othe~~ir preferences, interests, and abilities and are individually plann~~key person(s) identifi~~ed, b~~ased on person-centered planning principles and evidence-based practices.¶
(~~16~~y the participant or ACT staff. ¶
(20) "Individualized Treatment ~~Team (ITT)" means a group or combination of three to five ACT team staff members who together have a range of clinical and rehabilitation skills and expertise. The core members are the case manager, the psychiatrist or psychiatric nurse practitioner, one clinical or rehabilitation staff individual who backs up and shares case coordination tasks and substitutes for the service coordinator when they are not working, and a peer support and wellness specialist.¶~~
~~(17) "Initial Assessment and Individualiz~~Plan" means a document that all staff have direct access to and shall include the "Comprehensive Assessment" as defined in (10) of this rule set along with:¶
(a) Person centered goals;¶
(b) Person centered ~~T~~p~~reatment Plan" means the initial evaluation of:¶~~
~~(a) The individual's mental and functional status;¶~~
~~(b) The effectiveness of~~ ferences and/or culturally specific community partners that ACT Participas~~n~~t ~~treatment; and¶~~
~~(c) The current treatment, rehabilitation, and support service needs. The results of the information gathering and analysis are used to establish the initial treatment plan to support recovery and help the individual achieve their goals.¶~~
(~~18~~may currently or plans to engage with for benefited purposes of their recovery plan. ¶
(21) "Large ACT Team" means an ACT team serving between 80 to 120 individuals.¶
(1~~9~~22) "Life Skills Training" means training that helps 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.¶
(2~~0~~3) "Medication Management" means the prescribing ~~and,~~ administering, and reviewing of medications and their side effects, including both pharmacological management as well as supports and training to the individual. For the purposes of ACT, ~~m~~Medication ~~m~~Management is a collaborative effort between the individual receiving services and the prescribing psychiatrist or psychiatric nurse practitioner with the ACT treatment ~~te~~program.¶
(2~~1~~4) "Mid-Size Act Team" means an ACT team serving between 41 and 79 individuals.¶
(2~~2~~5) "Natural Supports" means personal associations and relationships typically developed in the community that enhance the quality and security of life for individuals, including but not limited to family relationships, friendships reflecting the diversity of the neighborhood and the community, association with fellow students or ~~employee~~coworkers in regular classrooms ~~and work places~~, and associations developed though participation in clubs, organizations, and other civic activities.¶
(2~~3~~6) "Psychiatry Services" means the prescribing and administering and reviewing of medications and their side effects, including both pharmacological management as well as supports and training to the individual. Psychiatry services shall be provided by a psychiatrist, or a psychiatric nurse practitioner licensed by the Oregon Medical Board.¶

(247) "Serious and Persistent Mental Illness (SPMI)" means for the ACT program, the current DSM diagnostic criteria for at least one of the following conditions, as a primary diagnosis for an adult 18 years of age or older:¶
(a) Schizophrenia and other psychotic disorders;¶
(b) Major depressive disorder;¶
(c) Bipolar disorder;¶
(d) Anxiety disorders limited to Obsessive Compulsive Disorder (OCD) and Post Traumatic Stress Disorder (PTSD);and¶
(e) Schizotypal personality disorder; or¶
(f) Borderline personality disorder. ¶
(258) "Single Point of Contact (SPOC)" means the entity designated by OHA thato coordinates and tracks referrals, and coordinates the provision of services and supports in collaboration with the provider, the Coordinated Care Organizations (CCO), and/or the CMHP.certified ACT Program¶
(269) "Small ACT Team" means an ACT team serving between ten10 to 40 individuals.¶
(2730) "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.¶
(31) "Telehealth" means services that are delivered using secure HIPAA compliant audio and video communication. All allowable accommodations will be made for any individuals with any hearing, visual or physical impairments or disabilities who agree to utilize services in this manner. ¶
(328) "Telepsychiatry" means the application of telemedicine to the specialty field of psychiatry. The term describes the delivery of psychiatric assessment and care through telecommunications technology, usually videoconferencing.¶
(2933) "Time-unlimited Services" means services that are provided not on the basis of predetermined timelines but if they are medically appropriate.¶
(304) "Vocational Services" means employment support services that leads to competitive integrated employment. The Division encourages the use of fidelity IPS Supported Employment for providing vocational services within the ACT program.employment as defined in 309-019-0225(5)(a) -(g). ¶
(35) "Young Adult" means an individual who is 18 years to 25 years old at time of service
Statutory/Other Authority: ORS 413.042
Statutes/Other Implemented: ORS 430.630

AMEND: 309-019-0226

RULE SUMMARY: Amended to match definition changes. Took out SAMHSA reference as SAMHSA recognizes both DACT and TMACT equally and OHA receives funding for an ACT Evidence Based Practice.

CHANGES TO RULE:

309-019-0226
Assertive Community Treatment (ACT) Overview ¶

(1) The ~~Substance Abuse and Mental Health Services Administration (SAMHSA) characterizes ACT a~~ACT Model is an evidence-based practice for individuals with ~~a serious and persistent mental illness~~SPMI and is Community Based. ACT is characterized by:¶
(a) ~~A~~ Using 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~~c) Time-unlimited services;¶
(e~~d~~) Flexible service delivery;¶
(~~f~~e) A fixed point of responsibility; and¶
(~~g~~f) 24/7 ~~availability for response to psychiatric crisis.~~Crisis Coverage ¶
(2) ACT services shall include but are not limited to:¶
(a) Hospital discharge planning, including OSH and all other acute care psychiatric hospitals;¶
(b) Case management;¶
(c) Symptom ~~m~~Management;¶
(d) Psychiatry ~~s~~Services;¶
(e) Nursing services;¶
(f) Co-occurring substance use and mental health disorders treatment services;¶
(g) ~~Individual Placement and Support (IPS) s~~ Supported e~~E~~mployment services that includes Vocational Services;¶
(h) Life skills training; and¶
(i) Peer delivered services.¶
(3) ~~SAMHSA characterizes a high fidelity ACT program as one that includes~~ACT programs that uphold the ACT fidelity standards utilize the following staff members:¶
(a) Psychiatrist or Psychiatric Nurse Practitioner;¶
(b) Psychiatric Nurse;¶
(c) Qualified Mental Health Professional (QMHP) ACT Team Supervisor;¶
(d) Qualified Mental Health Professional (QMHP) Mental Health Clinician;¶
(e) Substance ~~Abuse Treatment~~Use Disorder Specialist;¶
(f) Employment Specialist;¶
(g) Mental Health Case Manager; and¶
(h) Certified Peer Support Specialist.¶
(4) ~~SAMHSA characterizes high fidelity~~ ACT ~~p~~Programs ~~as those tha~~must adhere to the following:¶
(a) Providing explicit admission criteria ~~with an~~that aligns with Oregon Administrative Rules and any other identified mission to serve a particular population ~~using quantitative and operationally~~and defined criteria~~;~~¶
~~(b) Managing intake rates. ACT eligible individuals are admitted to the program at a low rate to maintain a stable service environment~~ utilizing the Universal Referral Form provided by the Division;¶
(~~c~~b) ~~Maintaining full responsibility for treatment servi~~The admission proces~~s~~ ~~that includes, at a minimum, the services required in these rules;¶~~
~~(d) Twenty-four hour responsibility for covering psychiatric crises;¶~~
~~(e) Involvement in hospital admissions, including OSH and acute care psychiatric hospital~~and Universal Referral Form must be published for any public person(s) and/or community partners to freely access on program website~~s~~;¶
(~~f~~c) ~~Involvement in planning for hospital discharges, including OSH and acute care psychiatric hospitals; and¶~~
~~(g) As long as medically appropriate, time-unlimited service~~Provide a space for group therapy and/or skill building workshops for participants per the fidelity standard requirement~~s~~.
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

AMEND: 309-019-0230

RULE SUMMARY: Amended title of ruleset and removed information that no longer aligns with the title.

CHANGES TO RULE:

309-019-0230
ACT Pro~~vider~~gram Qualifications ¶

~~(1)~~ In order to be eligible for Medicaid or State General Funds for ACT reimbursement, ACT services shall be provided only by those pro~~vider~~grams meeting the following minimum qualifications:¶
(~~a~~1) The pro~~vider~~gram shall hold and maintain a certificate issued under the authority established in OAR ~~c~~Chapter 309, ~~d~~Division 008 ~~issued by the Division~~ for the purpose of providing ~~o~~Outpatient ~~b~~Behavioral ~~h~~Health ~~t~~Treatment ~~s~~Services; and¶
(~~b~~2) The provider shall hold and maintain a certificate issued by the Division under OAR 309-019-0225 through 309-019-0255 for the purpose of providing ACT; and¶
(~~c~~3) A provider certified to provide ACT services shall be reviewed annually for fidelity adherence by the Division ~~a~~Approved ~~r~~Reviewer and ~~achieve a minimum score of 114 on the fidelity scale. Providers~~ may not bill Medicaid or use General Funds for the provision of ACT services unless they complete 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 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 chapter 309, division 008 may request the addition of ACT services be added to their certificate of approval using the procedure outlined in OAR 309-008-0400 and 309-008-1000(1), in addition to application materials required in OAR chapter 309, division 008 and this rule. The provider shall also submit to the Division a letter of support that indicates receipt of technical assistance and training from the Division approved ACT r~~Approved Reviewer.
Statutory/Other Authority: ORS 161.390, 413.042, 430.256, 430.640
Statutes/Other Implemented: ORS 109.675, 161.390 - 161.400, 428.205 - 428.270, 430.010, 430.205 - 430.210, 430.254 - 430.640, 430.850 - 430.955, 743A.168

ADOPT: 309-019-0233

RULE SUMMARY: Adopted rule set to allow more clarification and specific section for review

CHANGES TO RULE:

309-019-0233
ACT Program Certification
(1) A program that has achieved a minimum score of 114 during a fidelity review by the Division Approved Reviewer, is eligible for certification as an ACT Program. ¶
(2) Requests for re-certification are driven by the programs compliance with the annual fidelity review. Failure to comply with annual fidelity review; will result in automatic de-certification. ¶
(3) Certification by the Division will be approved for no longer than one year from re-certification date.Extensions to certification date can only be done with the Division approval if there is a Waiver or POC needed for Failure of Fidelity per OAR 309-019-0240¶
(4) Provisional Status is requested by following outlined procedure: ¶
(a) A program already holding a certification of approval under OAR chapter 309, division 008 may request the addition of ACT services be added to their certificate. ¶
(b) When a program is pursuing initial certification, all staff shall receive ACT 101 training from the Division Approved Reviewer prior to letter of request for provisional certification through Division. ¶
(c) Provisional status must be requested in writing by the intended program to the Division and contain the following:¶
(A) Geographical location(s) of service areas¶
(B) Intended capacity of program¶
(C) Any specific/specialized target population demographic's (i.e. Young Adult, culturally specific, etc)¶
(D) Letter of support from Division Approved Reviewer that confirms 1(c)(A)(B) and (C) of this rule set¶
(d) The request must be submitted in at least three months (90 days) prior to projected provisional start date.¶
(e) Provisional status, if approved can be for no longer than one calendar year. ¶
(f) Technical Support is provided throughout the provisional status by the Division Approved Reviewer. ¶
(5) If a program does not meet fidelity requirements, as outlines in OAR 309-019-0235, before a provisional certification expires the program must apply for a new provisional certification through the Division.
Statutory/Other Authority: ORS 161.390, 413.042, 430.256, 430.640
Statutes/Other Implemented: ORS 109.675, 161.390-161.400, 428.205-428.270, 430.010, 430.205-430.210, 430.850-430.640, 430.850-430.955, 74A.168

AMEND: 309-019-0235

RULE SUMMARY: Amended title and amended rule set to align with new definitions and specific to fidelity requirements to allow more organization.

CHANGES TO RULE:

309-019-0235
ACT ~~Continued~~ Fidelity Requirements ¶

(1) ~~In addition to the minimum requirements established in OAR 309-019-0230 to maintain an ACT provider designation on the Division issued certificate, a provider shall submit to their CCO an annual fidelity review report by~~ A program certified to provide ACT services shall be reviewed annually for fidelity adherence by the Division Approved Reviewer and may not bill Medicaid or use General Funds for the ~~Di~~provision ~~approved reviewer with~~of ACT services unless they achieve a minimum score of 114 on the fidelity scale. Extension of a certification period has no bearing on the frequency or scope of fidelity reviews or re-certification reviews required under OAR chapter 309, division 008.¶
~~(2) Fidelity reviews shall be conducted utilizing the Substance Abuse and Mental Health Services ACT Toolkit Fidelity Scale, which the Division shall make available to providers electronically~~ Proposed changes to fidelity tools by the Division Approved Reviewer that would impact scoring must be communicated to The Division prior to being implemented. ¶
(2) Fidelity reviews shall be conducted utilizing the Division approved ACT Fidelity Scale, which the Division Approved Reviewer shall make the Fidelity tools available to providers electronically at least 30 calendar days prior to scheduled fidelity review.¶
(3) Within 30 calendar days following the fidelity review, the Division Approved Reviewer shall provide a comprehensive fidelity review report to the Division and the program. Division Approved Reviewer shall send a copy of comprehensive report to the designated CCO if the request is made. ¶
(4) Unless otherwise specified in CCO and program contract, the Program shall send a copy of the fidelity review report to the appropriate CCO within 7 calendar days following issuance of the fidelity review report.
Statutory/Other Authority: ORS 161.390, 413.042, 430.256, 430.640
Statutes/Other Implemented: 430.254 - 430.640, 430.850 - 430.955, 743A.168, ORS 161.390 - 161.400, 428.205 - 428.270, 430.010, 430.205 - 430.210

AMEND: 309-019-0240

RULE SUMMARY: Amended section to align with current fidelity expectations and provide clarity on procedures for this rule set.

CHANGES TO RULE:

309-019-0240
ACT Failure to Meet Fidelity Standards ¶

(1) Inf addition to any plan of correction requirements issued by the Division under OAR 309-008-0800(4)(c), if a certified ACT provider does not receive a minimum score of 114 on any fidelity review, the following shall occur:¶
(a) Technical assistance shall be made available by t certified ACT program does not achieve a minimum score of at least 114 on a fidelity review, the following shall occur:¶
(a) Within 14 calendar days, unless otherwise extended by the Division, the Division, the Division Approved Reviewer, and the ACT program shall meet to discuss the outcome of the failed fidelity review. If a CCO requests to be involved, the host/scheduler shall forward the invite to the CCO. ¶
(b) The Division Approved Reviewer shall provide technical assistance for a period of 90 days from the date of the fidelity review publication to address problem areas identified in the failed fidelity review. These areas for TA will include any area that scores a two or below and any sections that do not meet OAR requirements per 309-019-0225 through 0255 or any other applicable statutes, administrative rules, or other regulations;The Division will extend certification on a temporary basis for 90 days to allow for the technical assistance with anticipation that corrections to program operations will be made. ¶
(c) At the end of the 90-day technical assistance period, The Division aApproved rReviewer to address problem areas identified inshall conduct a follow-up re-review to include all TA identified sections per (1)(b) of this rule set. ¶
(d) Within 30 days following the fidelity re-review;¶
(b) Technical assistance shall be available for a period of 90 days from the date of the, the Division Approved Reviewer shall provide a comprehensive amended fidelity report to the Division and the program. ¶
(e) Unless otherwise specified in CCO and program contract, the Program shall send a copy of the amended fidelity re-review report to the appropriate CCO within 7 calendar days following issuance of that amended fidelity re-review where the provider scored below the minimum established in secreport.¶
(2) If the program achieves a minimum score of 114 or above on the follow-up re-review and meets the requirements of all applicable statutes, administrative rules, or other regulations, the Division shall recertify the program for one year.¶
(3) The Division may deny, revoke, suspend or place conditions one of this rule; the programs ACT Certification if the re-review results in a fidelity score of less than 114. ¶
(c4) At the end of the 90 day period, a follow-up review shall be conducted by tCongruent with the process outlined in section (1) above, if the Division determines a program is not operating in substantial compliance with all applicable statutes, administrative rules or other regulations, the Division may require the program submit a Plan of Correction (POC). The Division approved reviewer;shall provide written notice of the requirement to submit a POC and the program shall submit a POC according to the following terms: ¶
(da) The provider gram shall forward a copy of the amended fidelity review report to the provider's CCOsubmit a POC to the Division and the appropriate CCO within 30 days of receiving a notice of requirement to submit a POC. The Division may issue up to a 90-day extension to the existing certification to allow the program to complete the POC process; and¶
(b) The POC shall address each finding of non-compliance and shall include: ¶
(A) The planned action already taken, or to be taken, to correct each finding of non-compliance.¶
(B) The anticipated or requested timeframe for the completion of each corrective action not yet complete at the time of POC submission to the Division; ¶
(C) A description of and plan for quality assurance activities intended to ensure ongoing compliance; and¶
(eD) The Division approved reviewer shall forward a copy of the fidelity review report to the Division.name of the individual responsible for ensuring the implementation of each corrective action within the POC. ¶
(c) If the Division finds that clarification or supplementation to the POC is required prior to approval, the Division shall contact the program to provide notice of requested clarification or supplementation, and the program shall submit an amended POC within 14 calendar days of receiving notification.¶
(d) The program shall submit a sufficient POC approved by the Division prior to receiving a certificate. Upon the Division's approval of the POC, the Division shall issue the appropriate certification. ¶
(2e) In adThe Division may deny, revoke, suspend, not renew, or place condition tos on the standards set for suspension and revocaprogram's certification if the program fails to submit an adequate POC within the

timeframes established in this rule.¶
(5) When the Division determines the need to deny, revoke, not renew, or place conditions ~~of a certificate in OAR 309-008-1100(1) and (2), a provider of ACT services may also have~~ n the program's certificate issued under these rules, a notice of intent to take action on the certificate shall be issued to the program. ¶
(6) Immediate suspension may occur if the Division finds there is a serious danger to the public health and safety during a specified period of time and/or there is a substantial failure to comply with applicable statutes, administrative rules, or othe~~ir certificate of approval suspended or revok~~applicable regulations. ¶
(a) The program may request a contested case hearing to contest the immediate suspension order in accordance with ORS Chapter 183. ¶
(b) Requests for a hearing must be received ~~if~~by the ~~90 day re-review results in a fidelity score of less than 114.¶ (3) A provider who is 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~~Division within 90 days from the date the immediate suspension order was served on the program personally, or by certified or registered mail. ¶
(7) When the Division issues an Order of Suspension, a notice of intent to revoke, notice of intent to deny an application or notice of refusal to renew the certificate to a program pursuant to these rules, the Division shall offer the program an opportunity for an informal conference. The program shall make its request for an informal conference in writing within 14 calendar days of the issuance of the notice of intent or Order of Suspension. ¶
(a) Upon receipt of a timely written request, the Division shall select a location and time for such conference. Following the conference, the Division may: ¶
(A) Withdraw or amend the notice of intent or suspension order; or¶
(B) Not withdraw the notice of intent or suspension order. ¶
(b) The Division shall provide written notice of its decision within 14 calendar days following the informal conference. ¶
(8) A program who is issued a notice of intent to deny, revoke, refuse to renew, or apply a condition on programs certificate under these rules shall be entitled to request a hearing in accordance with ORS Chapter 183. ¶
(9) A Variance per OAR 309-019-0220 and 309-008-1600 is not allowable for failure to meet fidelity for ACT programs. It can be used to substitute and/or contract program core staffing structure per OAR 309-019-0226(1) & (2), but the request must be done in time of need as a proactive effort of the program to maintain ACT standards. ¶
(a) If a program meets the above criteria and contracts key positions to fulfill the ACT fidelity standards, a Variance must be submitted to Division within 30 calendar days of known agreement and/or contracted position. ¶
(b) A Variance submission must be submitted in at least 60 days prior to scheduled fidelity review; unless there are unforeseen circumstances that result in termination an/or resignation of a core position on the ACT Team. This must be communicated immediately to Division Approved Reviewer. ¶
(A) If a Variance is needed for this intended purpose, the Division cannot approve for a period that may not exceed 90 days of submission.
Statutory/Other Authority: ORS 413.042, 430.256, 430.640
Statutes/Other Implemented: ORS 428.205 - 428.270, 430.010, 430.205- 430.210, 430.254 - 430.640, 430.850 - 430.955, 743A.168

AMEND: 309-019-0241

RULE SUMMARY: Amended section to align with current practices and provide clarity on procedures.

CHANGES TO RULE:

309-019-0241
Waiver of Minimum Fidelity Requirements ¶

(1) The Division may at its discretion, grant a waiver of minimum ACT fidelity requirements and extend an ACT program's certification period if the waiver to the requirement does not diminish the effectiveness of the ACT model, violate the purposes of the program, or adversely affect the program participants' health and welfare:¶
(a) Waivers may not be granted that are inconsistent with the individual participant's rights or federal, state, or local laws and regulations;¶
(b) The Division shall review waivers to minimum fidelity requirements on a case-by-case basis.¶
(2) Waivers granted to ACT minimum fidelity requirements shall result in an extension to the ACT program's certification period. An ACT program that has a Division approved waiver is eligible to receive Medicaid and State General Fund reimbursement for ACT services if the ACT program meets the following criteria:¶
(a) The ACT program shall receive technical assistance from the Division approved reviewer and develop a plan to meet the minimum fidelity requirements; and¶
(b) The ACT program shall notify the appropriate CCO that the program is operating under the Division approved waiver of minimum fidelity requirements.¶
(3) The Division shall grant waivers of minimum fidelity requirements for a period that may not exceed 180 days.¶
(a) At the end of the 180 day waiver period, the Division Approved Reviewer shall conduct a fidelity re-review of all areas that on initial fidelity report scored less than a two and any areas that are out of compliance with OAR's 309-019-0225 through 0255. ¶
(b) If the program achieves a minimum score of 114 on the full fidelity re-review and meets the requirements of all applicable statutes, administrative rules or other regulations, the Division shall recertify the program for one year. ¶
(4) A waiver of minimum fidelity requirements may only be granted to ACT programs that have received a fidelity review within 12 months prior to the request.¶
(5) Requests for a waiver of minimum fidelity requirements shall be submitted to the Division's ACT ~~program coordinator for approval~~Policy Analyst for approval.¶
(6) If a program does not meet fidelity after a Waiver period The Division may immediately suspend or revoke certification.
Statutory/Other Authority: ORS 413.042, 430.256, 430.640
Statutes/Other Implemented: ORS 430.010, 430.205- 430.210, 430.254 - 430.640, 430.850 - 430.955, 743A.168

AMEND: 309-019-0242

RULE SUMMARY: Amended section to reflect new definitions and align with current fidelity procedures per DACT. Amended for clarity. (CORRECTION: ATTACHMENT WAS MISSING, ADDING ATTACHEMENT: RATIO STAFFING TABLE GUIDE, NO OTHER EDITS WERE MADE).

CHANGES TO RULE:

309-019-0242
ACT Program Operational Standards ¶

(1) All ACT teams shall be available seven days a week, 24 hours a day by direct phone link and regularly accessible to individuals who work or are involved in other scheduled vocational or rehabilitative services during ~~the daytime~~non-traditional hours. ACT teams may utilize equitable split staff assignment schedules to achieve coverage~~.~~¶
(2) ~~ACT teams are primarily responsible for crisis response and for after-hour calls related to individuals they serve. The ACT team shall op~~The ACT program shall operate continuous 24/7 crisis cover~~at~~ge ~~continuous and~~that includes direct after-hours on-call system with staff experienced in the program and skilled in crisis intervention procedures.¶
(a) The ACT team shall have the capacity to ~~respond rapidly to emergencies, both~~triage crisis calls and respond accordingly, either in person ~~and~~or by telephone~~. To ensur~~ depending on the participants needs in the moment of crisis event. ¶
(b) To ensure ACT Participants have direct access to the ACT ~~t~~Team~~, individuals shall be given a phone list with the responsible ACT staff to contact after hours.~~; the provider shall utilize a single crisis phone line system that will include procedures of notifying the identified ACT Program staff who is on-call. This staff member can evaluate, and triage appropriate response needed by ACT Program per (2)(a) of this rule set.¶
(c) ACT program staff shall document any crisis dispatches or calls they attend to within the participant's chart¶
(3) Service Intensity:¶
(a) The ACT team shall have the capacity to provide the frequency and duration of staff-to-~~individual~~participant Face to Face contacts required by each ~~i~~Individual~~'s service p~~ Recovery Plan and their immediate needs;¶
(b) ~~The ACT team shall provide a minimum of 40 percent of all services in-community as demonstrated by the average in-community encounters reviewed in case record reviews;¶~~
~~(c)~~ The ACT team shall have the capacity to increase and decrease Face to Face contacts based upon daily assessment of the individual's clinical need with a goal of maximizing independence;¶
(~~d~~c) The team shall have the capacity to provide multiple contacts to ~~individual~~participants in high need and a rapid response to early signs of relapse;¶
(e~~d~~) ~~The team shall have the capacity to provide support and skills development services to individuals' natural supports and collateral contacts;¶~~
~~(f) Natur~~Natural supports and l Informal ~~s~~Support~~s and collateral~~ System contacts ~~may include family, friends, landlords, or employers, consistent with the service plan. Natural supports and collateral contacts are typically not supports that are paid for services;~~as defined in OAR 309-019-0225 will be utilized as part of the treatment goal. ¶
(g~~e~~) The ACT team Psychiatrist and the Psychiatric Nurse Practitioner (PNP) shall have scheduling flexibility to accommodate individual needs. If the individual will not come to meet the Psychiatrist or the PNP at the ACT office, the Psychiatrist or PNP shall provide services as clinically indicated for that ~~individual~~participant in the community. Secure telepsychiatry may be used when clinically indicated;¶
(~~h~~f) The ACT team shall have the capacity to provide services via group modalities ~~as clinically appropriate, including but not limited to individuals with substance abuse disorders and for family psychoeducation and wellness self-management services.~~that are Face to Face as defined 309-019-0225(10). ¶
(4) ~~An~~The ACT ~~t~~Team shall ~~have sufficient staffing to meet the varying needs of individuals. As an all-inclusive treatment program, a variety of expertise shall be represented on the team. Staffing shall be clearly defined and dedicated to the operation of the team.¶~~
~~(5) Staffing Guidelines for ACT teams:¶~~
~~(a) A single ACT team may not serve more than 120 individuals unless:¶~~
~~(A) It is expanding for the expressed purpose of splitting into two ACT te~~ensure that services are designed to meet participants needs in a culturally, linguistically and are developmentally appropriate.This includes collaboration and/or MOU's with local Tribal Communities or other diverse community partners within the ACT program's service area that would benefit participants treatment goals. ¶
(5) Staffing Guidelines for ACT teams:¶

(a) ACT team individual to clinical staff ratio may not exceed 10:1;¶
(b) A single ACT programs within a 12-month period; and ll not serve more than 120 participants.¶
(Bc) IACT Program must hires the appropriate staff to meet the required 1:10 staff ratio to individuals served..¶
(bd) ACT team individual to clinical staff ratio may not exceed 10:1;¶
(c) ACT team staff shall be composed of individual staff members in which a portion or all of their job responsibilities are defined as providing ACT services;Programs may not create multiple teams unless; ¶
(A) Program is at or above the 120 individuals served; ¶
(dB) OtTher than for coverage when a staff member has a leave of absence, ACT teams may not rotate staff members into the ACT team that are not specifically assigned to the team as part of their position's job responsibilitiese is an identified geographical service area and/or specialized targeted population that is person centered for additional team.¶
(6) No individual ACT staff member shall be assigned less than .20 FTE for their role on the team unless filling the role of psychiatrist or PNP. The ACT team psychiatrist or PNP may not be assigned less than .10 FTE.¶
(7) Maximum ACT team staffing requirements: ACT teams may not exceed the following upper staffing limits:¶
(a) No more than eight individual staff members per small ACT team;¶
(b) No more than 12 individual staff members per mid-size ACT team;¶
(c) No more than 18 individual staff members per large ACT team.¶
(8) ACT team staffing is multi-disciplinary. The core minimum staffing for an ACT team includes:¶
(a) A team leader position that shall be occupied by only one individual per team. The team leader is a QMHP level clinician qualified to provide direct supervision to all ACT staff except the psychiatric care provider and nurse. PursuantRefer to the table in OAR 309-019-0242(130), the Team Leader FTE is dictated by the number of individuals served by the ACT team;¶
(b) Pursuant to the table in OAR 309-019-0242(110), Psychiatric Care Provider (Psychiatrist or PNP) FTE is dictatrecommended by the number of individuals served by the ACT team;¶
(c) Pursuant to the table in OAR 309-019-0242(110), the Nurse FTE is dictatrecommended by the number of individuals served by the ACT team;¶
(d) The Program Administrative Assistant FTE is not counted in the clinical staff ratio.¶
(98) ACT team minimum staffing shall include clinical staff with the following FTE and specialized competencies:¶
(a) Pursuant to the tablRatio Staffing Table Guide in OAR 309-019-0242(110), the Substance AbuUse Specialist FTE is dictatrecommended by the number of individuals served by the ACT team. A Substance AbuUse Specialist specialized competencies shall include:¶
(A) Substance abuUse assessment and substance abuse diagnosis;¶
(B) Principles and practices of harm reduction;¶
(C) Knowledge and application of motivational interviewing strategies.¶
(b) Pursuant to the tablRatio Staffing Table Guide in OAR 309-019-0242(110), the Employment Specialist FTE is dictated by the number of individuals served by the ACT team. An Employment Specialist specialized competencies shall include:¶
(A) Competence in the IPS Supported Employment fidelity model;¶
(B) Vocational assessVocational Services;¶
(B) Complete a Vocational assessment for any participant that communicates interest in employment;¶
(C) Job exploration and matching to individual's interest and strengths;¶
(D) Skills development related to choosing, securing, and maintaining employment.¶
(c) Pursuant to the table in OAR 309-019-0242(110), the Peer Support and Wellness Specialist FTE is dictatrecommended by the number of individuals served by the ACT team;¶
(d) See a Certified Peer Support Specialist or Peer Wellness Specialist as described in OAR 410-180-0300 to 0380 and defined in OAR 309-019-0105(81) and 309-019-0105(84). A registry of certified Peer Support Specialist Specialists and Peer Wellness Specialists may be found at the Office of Equity and Inclusion's Traditional Health Worker's website.¶
(109) ACT Team Staffing Core Competencies:¶
(a) Upon hiring, all clinical staff on an ACT team shall have experience in providing direct services related to the treatment and recovery of individuals with a serious and persistent mental illness. Staff shall be selected consistent with the ACT core operating principles and values. Clinical staff shall have demonstrated competencies in clinical documentation and motivational interviewing;¶
(b) All staff shall demonstrate basic core competencies in designated areas of practice, including the Assertive Community Treatment core principles, integrated mental health and substance abuse treatment, supported employment, psycho-education, and wellness self-management;¶
(c10) All staff shall receive ACT 101 training from the Division approved reviewer prior to receiving the Division provisional certification; and¶
(d) All professional ACT team staff shall obtain the appropriate licensure to provide services in Oregon for their

~~respective area of specialization.~~¶
~~(11) ACT Team Size Staff (FTE) to Individual Ratio Table.~~ CT Program shall refer to the Ratio Staffing Table Guide to evaluate for staffing FTE's.¶
(1~~2~~1) The ACT team shall conduct ~~daily~~ organizational staff meetings at least four days per week (Sunday through Saturday) and regularly scheduled times per a schedule established by the team leader. These meetings shall be conducted in accordance with the following procedures:¶
(a) The ACT team shall maintain in writing:¶
(A) A roster of the ~~individuals~~particpants served in the program; and¶
(B) For each ~~individual~~participant , a brief documentation of any treatment or service contacts that have occurred during the last 24 hours and a concise, behavioral description of the individual's status that day.¶
(b) ~~The daily organizational staff meeting includes a review of the treatment contacts that occurred the day before and provides a systematic means for the team to assess the day-to-day progress and status of all clients;¶~~
~~(c)~~ During the ~~daily~~ organizational staff meeting, the ACT team shall also revise treatment plans as needed, plan for emergency and crisis situations, and add service contacts to the daily staff assignment schedule per the revised treatment plans.¶
(1~~3~~2) The ACT team shall conduct treatment planning meetings under the supervision of the team leader and the Psychiatrist or PNP. These treatment planning meetings shall occur at least every six months or as needed per the participants progression in the program. The Division recommends more frequent meetings on new admissions:¶
(a) Convene at regularly scheduled times per a written schedule set by the team leader;¶
(b) Occur and be scheduled when the majority of the team members can attend, including the psychiatrist or psychiatric nurse practitioner, team leader, and all members of the treatment team including any Peer Support Specialists;¶
(c) Require individual staff members to present and systematically review and integrate an individual's information into a holistic analysis and prioritize problems~~; and~~¶
~~(d) Occur with sufficient frequency and duration to make it possible for all staff to:¶~~
~~(A) Be familiar with each individual and their goals and aspirations;¶~~
~~(B) Participate in the ongoing assessment and reformulation of problems;¶~~
~~(C) Problem-solve treatment strategies and rehabilitation options;¶~~
~~(D) Participate with the individual and the treatment team in the development and the revision of the t~~.¶
(13) ACT Assessment and Individualized Treatment ~~p~~Plan~~; and~~ning:¶
(~~E~~a) ~~Fully understand the treatment plan rationale in order to carry out each individual's plan.¶~~
~~(14) ACT Assessment and Individualized Treatment Planning:¶~~
~~(a) An initial assessment and treatment p~~A Comprehensive Assessment and Individualized Treatment Plan is completed upon each individual's admission to the ACT program; and¶
(b) Individualized ~~t~~Treatment ~~p~~Plans for ACT team-served individuals shall be updated at least every six months.¶
(1~~5~~4) Service Note Content:¶
(a) More than one intervention, activity, or goal may be reported in one service note, if applicable;¶
(b) ACT team staff shall complete a service note for each contact or intervention provided to an individual. Each service note shall include all of the following:¶
(A) Individual's name;¶
(B) Medicaid identification number or client identification number;¶
(C) Date of service provision;¶
(D) Name of service provided;¶
(E) Type of contact;¶
(F) Place of service;¶
(G) Purpose of the contact as it relates to the goals on the individual's treatment plan;¶
(H) Description of the intervention provided~~. Documentation of the intervention shall accurately reflect substance abuse related treatment for the duration of time indicated;~~ if one occurred. ¶
(I) Amount of time spent performing the intervention;¶
(J) Assessment of the effectiveness of the intervention and the individual's progress towards the individual's goal;¶
(K) Signature and credentials and/or job title of the staff member who provided the service~~; and~~¶
~~(L) Each service note page shall be identified with the beneficiary's name and client identification number.¶~~
~~(c) Documentation of discharge or transition to lower levels of care shall include all of the following:¶~~
~~(A) The reasons for discharge or transition as stated by both the individual and the ACT team;¶~~
~~(B) The individual's biopsychosocial status at discharge or transition;¶~~
~~(C) A written final evaluation summary of the individual's progress toward the goals set forth in the person-centered treatment plan;¶~~
~~(D) A plan for follow-up treatment developed in conjunction with the individual; and¶~~

~~(E) The signatures of the individual, the team leader, and the psychiatrist or PNP~~.
Statutory/Other Authority: ORS 413.042
Statutes/Other Implemented: ORS 430.630

RULE ATTACHMENTS DO NOT SHOW CHANGES. PLEASE CONTACT AGENCY REGARDING CHANGES.

	Small or Micro Team (10 to 40 individuals)	Mid-size team (between 41 and 79 individuals)	Large Team (80-120 individuals)
Staff to individual ratio: includes all team members except the psychiatric care provider and program assistants	1 team member per 10 individuals	1 team member per 10 individuals	1 team member per 10 individuals
Team Leader: This position is to be occupied by only one person. The team leader is a QMHP level clinician qualified by OARs to provide direct supervision to all ACT staff (except psychiatric care provider and nurse)	One team leader (.50 FTE to 1.0 FTE)	One full-time team leader (1.0 FTE)	One full-time team leader (1.0 FTE)
Psychiatric Care Provider: (Psychiatrist or Psychiatric Nurse Practitioner) Prorating of FTE allowed given number of individuals served. No more than two psychiatric care providers per ACT team	Minimum FTE is .10 (4 hours each week) for 10 ACT participants and should reflect the equivalent of 1.0 FTE per 100 clients as the number of individuals increases (.20 FTE for 20 individuals; .35 FTE for 35 individuals; .40 FTE for 40 individuals)	Minimum FTE is .40-.69 FTE (16 hours each week) and should reflect the equivalent of 1.0 FTE per 100 clients as the number of individuals increases	Minimum FTE is .80 FTE (32 hours each week) and should reflect the equivalent of 1.0 FTE per 100 clients as the number of individuals increases
Nurses: Registered Nurses (RN) or Advanced Practice Registered Nurse (APRN) may fill this position. Prorating of FTE allowed given number of individuals actually served.	Minimum of .20 FTE RN time for 10 individuals, and should reflect the equivalent of 2.0 FTE per 100 clients as the number of individuals increases.	Minimum of .80 -1.39 FTE RN time for 40 individuals, and should reflect the equivalent of 2.0 FTE per 100 clients as the number of individuals increases.	Minimum of 1.60 FTE RN time for 80 individuals, and should reflect the equivalent of 2.0 FTE per 100 clients as the number of individuals increases.
Substance Use ~~Abuse~~ Specialist: QMHP or QMHA with a minimum of one year experience providing	Minimum of .20 FTE SA time for 10 individuals, and should reflect the equivalent of 2.0 FTE per 100 clients as the	Minimum of .80-1.39 FTE SA time for 40 individuals, and should reflect the equivalent of 2.0 FTE per 100 clients	Minimum of 1.60 FTE SA time for 80 individuals, and should reflect the equivalent of 2.0 FTE per 100 clients

substance abuse treatment services ~~(CADC 1 or above preferred to meet this credential)~~	number of individuals increases.	as the number of individuals increases.	as the number of individuals increases.
Peer Specialist: An Oregon certified peer support specialist who has a mental health diagnosis themselves for which they have received treatment and is willing to self disclose their lived experience	Minimum FTE is .10. FTE is flexible based on peer preference and staffing needs of the ACT team.	Minimum FTE is .40. FTE is flexible based on peer preference and staffing needs of the ACT team. More than one peer may perform this role.	Minimum FTE is .80. FTE is flexible based on peer preference and staffing needs of the ACT team. More than one peer may perform this role.
Vocational Specialist: QMHP or QMHA ~~with one year experience providing employment services that focus on competitive employment outcomes..~~	Minimum of .20 FTE SA time for 10 individuals, and should reflect the equivalent of 2.0 FTE per 100 clients as the number of individuals increases.	Minimum of .80 – 1.39 FTE SA time for 40 individuals, and should reflect the equivalent of ~~2.0 FTE~~ per 100 clients as the number of individuals increases.	Minimum of 1.60 FTE SA time for 80 individuals, and should reflect the equivalent of 2.0 FTE per 100 clients as the number of individuals increases.
Program Administrative Assistant A program office manager or administrative assistant is highly recommended to be dedicated to the ACT team	~~.50 FTE ACT dedicated office~~ manager/administrative assistant is highly recommended	~~.50 – 1.0 FTE ACT dedicated office~~ manager/administrative assistant is highly recommended	1.0 FTE ACT dedicated office manager/administrative assistant is highly recommended
Additional Staff (QMHP and or QMHA level mental health clinicians, housing specialists, case managers) to meet the ACT fidelity ratio of 1 staff for 10 individuals served	0-2.5 additional FTE may be required to meet the 1:10 staff to individual ratio and provide comprehensive services ACT recipients need	0-4.0 additional FTE may be required to meet the 1:10 staff to individual ratio and provide comprehensive services ACT recipients need	1-6.0 additional FTE may be required to meet the 1:10 staff to individual ratio and provide comprehensive services ACT recipients need
Additional Staffing Considerations			
Minimum level of FTE per ACT staff	No individual ACT staff member should be assigned less than .15 FTE for their role on the	No individual ACT staff member should be assigned less than .25	No individual ACT staff member should be assigned less than .25

	team (with the exception of the psychiatrist who should not be assigned less than .10 FTE)	FTE for their role on the team	FTE for their role on the team
~~Maximum number of ACT staff~~	~~No more than 8 individual staff members per small ACT team~~	~~No more than 12 individual staff member per mid-size ACT team~~	~~No more than 18 individual staff members per large ACT team~~
A single ACT team cannot serve more than 120 individuals unless it is expanding for the expressed purpose of splitting into ~~two~~ additional ~~-~~ACT teams within a 12 month period and also hires the appropriate staff to meet the 1:10 staff to individuals served ratio.			

~~309-019-0240~~

AMEND: 309-019-0245

RULE SUMMARY: Amended section for clarity.

CHANGES TO RULE:

309-019-0245
ACT Admission Criteria ¶

(1) Participants shall meet the medically appropriate standard as designated in OAR 309-019-0105. Participants who are medically appropriate shall have the following characteristics:¶
(a) Participants diagnosed with serious and persistent mental illness, as defined ~~in this rule~~;¶
(b) Individuals with a primary diagnosis of a substance use disorder ~~or~~ intellectual developmental disabilities ~~or borderline personality disorder or~~, traumatic brain injury or an autism spectrum disorder are not the intended recipients of ACT and may not be referred to ACT if they do not have a co-occurring, qualifying ~~psychiatric~~SPMI disorder;¶
(c) ~~Participants with other psychiatric illnesses are eligible dependent on the level of the long-term disability;¶~~
~~(d)~~ 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~~ activities needed for independent living(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).¶
(e2) Participants with one or more of the following problems, which are indicators of continuous high service needs (e.g., greater than eight hours per month):¶
(~~A~~a) High use of acute care psychiatric hospitals or emergency departments for psychiatric reasons, including psychiatric emergency services as defined in OAR 309-023-0110(18) (e.g., two or more readmissions in a six month period);¶
(~~B~~b) Intractable (e.g., persistent or very recurrent) severe major symptoms, affective, psychotic, suicidal~~)~~;¶
(~~C~~c) Coexisting substance ~~ab~~use disorder of significant duration (e.g., greater than six months);¶
(~~D~~d) High risk or ~~recent~~ history of criminal justice involvement (e.g., arrest, incarceration);¶
(~~E~~e) Significant difficulty meeting basic survival needs, residing in substandard housing, homelessness, or imminent risk of becoming homeless;¶
(~~F~~f) Residing in an inpatient or supervised community residence in the community ~~where ACT services are available, but~~, and 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~~g) Difficulty effectively utilizing traditional office-based outpatient services.¶
(~~2~~3) The ACT program provides community-based, long-term or time-unlimited services ~~and is not intended to be in and of itself a transitional program~~.
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

AMEND: 309-019-0248

RULE SUMMARY: Amended section to reflect grammar updates and parameters of referral process to ensure health equity that the process is consistent for all Oregonians and/or referral entities know when they can expect a determination.

CHANGES TO RULE:

309-019-0248
ACT Admission Process ¶

(1) ~~A c~~The ACT Program shall complete a Comprehensive ~~a~~Assessment ~~as defined in OAR 309-019-0105(8)~~ that demonstrates medical appropriateness ~~shall 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 ACT program.¶
(2) A referral for ~~ACT~~The ACT Program is managed and coordinated by a designated SPOC, as defined in these rules:¶
(a) The ~~designated SPOC~~CCO and ACT Program shall accept all referrals utilizing the Universal Referral Form provided by the Division and verify the required documentation supports and the referral for services when an approximate, reasonable date of admission to the ACT program is anticipated~~;~~.¶
(b) ~~The Authority shall work with~~Based on the CCO~~s~~ and ~~the CMHPs to identify regional SPOCs;¶~~
~~(c) The Authority shall work with the CCOs and the CMHPs to identify a process where referrals can be received and tracked.¶~~
~~(3) The SPOC shall report the provider's admission decision to the Division within five business days of receiving the determination.¶~~
~~(4) All referrals for ACT services shall be submitted through the designated regional SPOC, regardless of the origin~~ACT Program's published referral process and contractual language, the deciding entity shall have 14 calendar days of receipt of a referral to communicate to referring party and requested participant of final determination. This determination shall reference applicable OAR's for acceptance or denial. If there is insufficient information to process the referral, the deciding entity will respond to referring party requesting the additional information; which will be referred to as 2nd referral. ¶
(c) If a 2nd referral is made, the CCO or program based on their published referral process, will have an additional 14 calendar days after receipt of the~~i~~s referral ~~when an approximate, reasonable date of admission to the ACT program is anticipated. The designated regional SPOC shall accept and evaluate referrals~~. A final determination must be made by the 2nd referring timeframe based on relevant Administrative Rules. ¶
(3) The final determination must:¶
(a) Be a formal written response addressed to the requested participant. A copy may be provided to referring entity if HIPAA allows for such communication to occur for care coordination purposes; ¶
(b) This decision must cite applicable administrative rule and criteria to support the final determination.¶
(4) Referrals shall be accepted from mental health outpatient programs, residential treatment facilities or homes, families or individuals, and other ~~referring~~community sources. ¶
(5) Given the severity of mental illness and functional impairment of individuals who qualify for ACT services, the final decision to admit a referral can rest~~s~~ with the ~~provider. Any referral to a provider shall therefore present a full picture of the individual by means of th~~CCO based on contractual language with said provider. Any referral to a provider shall include supporting medical documentation attached to the Universal ACT Referral ~~and Tracking Form~~ Form provided by the Division and include an approximate date the referred individual will be able to enroll in an ACT program. ~~A tentative admission decision and an agreement to screen by the ACT services provider shall be completed within five 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 shall provide the individual with the option of being added to a waiting list until such time as the ACT eligible individual may be admitted to a certified ACT program:¶
(A) The ACT eligible individual who is not accepted into an ACT program or placed on the waitlist due to capacity shall be offered alternative community-based rehabilitative services as described in the Oregon Medicaid State Plan that includes evidence-based practices to the extent possible;¶

(B) Alternative evidence-based services shall be made available to the individual:¶
(i) U, until the individual is admitted into an ACT program;¶
(ii) Alternative evidence-based services are medically appropriate and meet the individual's treatment goals; or¶
(iii) The individual refuses alternative medically appropriate evidence-based services.¶
(6) Upon the decision to admit an individual to the ACT program, the Authority's Universal ACT Referral and Tracking Form shall be updated to include:¶
(a) A tentative admission is indicated;¶
(b) When an admission is not indicated, notation shall be made of the following:¶
(A) The reasons for not admitting;¶
(B) The disposition of the case; and¶
(C) Any referrals or recommendations made to the referring agency, as appropriate.¶
(7.¶
(6) Individuals who meet admission criteria and are not admitted to an ACT program due to program capacity may elect toshall be placed on a waiting list. The Authority Division shall monitor each regional waiting list until sufficient ACT program capacity is developed to meet the needs of the ACT eligible population.¶
(87) In addition, if an individual is denied ACT services and has met the admission criteria set forth in OAR 309-019-0245, the individual who is denied servicesthe individual or their guardian may appeal the decision by filing a grievance in the manner set forth in OAR 309-008-1500 or for an Administrative Hearing which will be documented on The Division's form number MSC 0443 by either the Program, CCO or The Division and submitted through appropriate channels.
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

AMEND: 309-019-0250

RULE SUMMARY: Amended section to reflect legal notifications to participants that has always been a requirement in 410's; also amended for parameters for discharges.

CHANGES TO RULE:

309-019-0250
ACT Transition to Less Intensive Services and Discharge ¶

(1) Transition to less intensive services shall occur when the individual has confirmed they no longer require~~s~~ ACT level of care ~~and is no longer medically appropriate for ACT services~~.¶
(2) This transition 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 including but not limited to work, social, and self-care without ongoing assistance from the ACT ~~p~~Pro~~vider~~gram;¶
(c) Requests discharge or declines or refuses services;¶
(d) 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.¶
(3) The Individual is incarcerated or institutionalized for more than three months with a date of discharge and/or release longer than six months out. ¶
(4) The ACT Program may discharge a Participant for behavior that is abusive to the point that the continued enrollment seriously impairs the provider's ability to furnish services to the participant:¶
(a) The participant commits physical violence directed at ACT staff;¶
(b) If an ACT Program discharges a participant for abusive violent behavior, they must provide a copy of the discharge notice per 309-019-0250(4) to The Division and appropriate CCO. ¶
(5) If there have been unsuccessful attempted contacts by the ACT program that last up to 90 days that indicates whereabouts unknown they may be discharged; These attempts must be documented and ACT Programs in good faith, have attempted all forms of communication that includes but not limited to: In-person, mail, phone calls and outreach to Natural Supports and/or Informal Support System. ¶
(6) Documentation of discharge or transition to lower levels of care shall follow OAR 410-120-1865 and include the following:¶
(a) The reasons for discharge citing administrative rule ¶
(b) The individual's biopsychosocial status at discharge or transition.¶
(c) A plan for follow-up treatment developed in conjunction with the individual; and¶
(d) The signatures of the participant or guardian and the team leader/supervisor: signature of participant may be waived if they do not have a legal guardian, are institutionalized and/or there are safety concerns for ACT Staff to obtain. This must all be documented in participant's chart. ¶
(e) The ACT program, in good faith, must provide a copy of discharge or transition to lower level of care to the participant: ¶
(A) Mailed or electronic copy as long as HIPAA approved/permission given to communicate electronically¶
(B) Mailed or faxed to facility of known incarceration/institutionalization.
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

AMEND: 309-019-0255

RULE SUMMARY: Amended to reflect definitions and current expectations that are already in place.

CHANGES TO RULE:

309-019-0255
ACT Reporting Requirements ¶

(1) ~~Provider~~ACT Programs certified by the Division to provide ACT services shall submit quarterly outcome reports using forms and procedures prescribed by the Division.¶
(2) ~~Provider~~ACT Programs shall submit quarterly outcome reports within 45 days following the end of each subject quarter to the Division or the Division ~~r~~Approved Reviewer~~.~~ Each quarterly report shall provide the following information:~~¶~~
~~(a) Individual~~ if available:¶
(a) Participants served:¶
(A) ~~Individuals w~~Who are ho~~m~~use less at any point during a quarter;¶
(B) ~~Individuals w~~ With safe stable housing for the last six months;¶
(C) ~~Individuals u~~ Using emergency departments during each quarter for a mental health reason;¶
(D) ~~Individuals h~~Hospitalized in OSH or in an acute psychiatric facility during each quarter;¶
(E) ~~Individuals h~~ Hospitalized in an acute care psychiatric facility during each quarter;¶
(F) ~~Individuals in jail at any point during each quarter;¶~~
~~(G) Individuals r~~ Encountered the criminal court system at any point during each quarter. This includes incarceration, institutionalization or charged with criminal offense¶
(G) Receiving ~~s~~Supported ~~e~~Employment ~~s~~Services during each quarter;¶
(H) ~~Individuals w~~ Who are employed in competitive ~~integrated~~ employment, as defined above;¶
(I) ~~Individuals receiving ACT services t~~That are not enrolled in Medicaid~~.~~;¶
(b) Referrals and Outcomes:¶
(A) Number of total referrals received during each quarter;¶
(B) Number of ~~individual~~participants accepted during each quarter;¶
(C) Number of ~~individual~~participants admitted during each quarter; and¶
(D) Number of ~~individual~~participants denied during each quarter and the reason for each denial;¶
(E) Number of participants who have been placed on a waitlist and reason.
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