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To: Coordinated Care Organizations

From: Dave Inbody, CCO Operations Manager

Subject: Face-to-face meetings for Intensive Care Coordination services

This communication provides guidance to coordinated care organizations (CCOs) on face-to-face meetings with Members receiving Intensive Care Coordination (ICC) during the COVID-19 Public Health Emergency (PHE). This guidance is provided pursuant to OAR [410-120-0011](#)(5)(a).

OAR [410-141-3870](#)(13)(a) requires a CCO's ICC Care Coordinators to meet face to face with Members receiving ICC services as follows (emphasis added):

13) ICC Care coordinators must provide the following services:

(a) Meet **face to face** with the member, or make multiple documented attempts to do so, for the initial and exiting appointments. Thereafter, ICC care coordinators must have **face-to-face** contact with the member individually at least once every three months and make other kinds of contact (**face to face** when possible) three times a month or more frequently if indicated. If an ICC care coordinator is unable to comply with the member contact requirements, the CCO must document attempts made, barriers, and remediation efforts taken to overcome the barriers to the member contact requirements;

For the duration of the PHE, a CCO may conduct the face-to-face meetings for ICC services via "telehealth" provided the services are "synchronous" as those terms are defined in OAR [410-141-3566](#)(1). As with all telehealth services, when providing ICC by telehealth the CCO must comply with all the applicable provisions of OAR [410-141-3566](#). In application of the rule to CCOs, the CCO is a "provider," as defined in OAR 410-141-3500, when providing ICC services.

Questions?

If you have questions about this communication, please contact Cheryl Henning, CCO Contracts Administrator, at Cheryl.L.Henning@dhsosha.state.or.us.

Thank you for your continued support of the Oregon Health Plan (OHP) and the services you provide to OHP members.