Oregon Health Authority

2020 Mental Health Parity Analysis

Protocol

July 2020

HSAG HEALTH SERVICES ADVISORY GROUP

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1. Mental Health Parity Analysis Background

Overview

Mental health (MH) Parity regulations are intended to ensure coverage and access to services treating substance use disorders and mental health conditions. The required analysis of mental health benefits is governed by federal regulations. The Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 governs how mental health (MH) and substance use disorder (SUD) treatments are delivered by managed care organizations. MHPAEA requires that limitations on mental health or substance use disorder (MH/SUD) benefits are comparable to and applied no more stringently than the limitations applied to medical and surgical (M/S) benefits. Provisions of MHPAEA became applicable to the Oregon Health Plan (OHP) in October 2017 when the Medicaid Parity Final Rule (42 CFR §438 Subpart K) went into effect. The rule requires parity in key areas:

- Aggregate lifetime and annual dollar limits (AL/ADLs).
- Financial requirements (FR - such as copays).
- Quantitative treatment limitations (QTL - such as day and visit limits).
- Non-quantitative treatment limitations (NQTL - such as prior authorization).

To meet the requirements, the Oregon Health Authority (OHA) and Oregon's 15 coordinated care organizations (CCOs) must show that limitations (such as day limits, prior authorization requirements, or network admission standards) for MH and SUD services are comparable to and applied no more stringently than those for M/S services. In 2018, the CCOs participated in an initial MH Parity Analysis of the Oregon Health Plan's (OHP's) full delivery system. The analysis included an inventory of all MH/SUD and M/S benefits offered to OHP members and the limitations applied to those benefits. Results of the initial analysis were reported to OHA in August 2018 and in 2019, and the CCOs implemented corrective actions in areas lacking parity.

For 2020, the Oregon Health Authority (OHA) tasked Health Services Advisory Group, Inc. (HSAG) with conducting a Mental Health (MH) Parity Analysis across the State's Coordinated Care Organizations (CCOs) to determine if the existing benefits and any non-quantitative treatment limitations (NQTLs) remain compliant with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) and regulations in 42 CFR §438 Subpart K. HSAG will conduct an MH Parity Analysis of NQTLs in 2020 based on the August 2018 results, implemented corrective actions, and any additional changes to benefits administration that impact parity. This analysis will be conducted to determine whether OHA and the CCOs continue to be in compliance with MH Parity requirements. This Protocol provides details and guidance on the 2020 MH Parity an the 2020 MH Parity Analysis Activity.

Components of the Initial MH Parity Analysis

The initial 2018 MH Parity Analysis evaluated OHP delivery systems to ensure that limitations on MH/SUD benefits were comparable to and applied no more stringently than the limitations applied to M/S benefits. Under the MH Parity rule, requirements apply to all OHP benefits delivered through a managed care delivery system and when benefits are delivered through a combination of managed care and fee-for-service (FFS) delivery systems. The initial 2018 MH Parity Analysis was based on the guidance outlined in the toolkit provided by the Centers for Medicare & Medicaid Services (CMS): *Parity Compliance Toolkit Applying Mental Health and Substance Use Disorder Parity Requirements to Medicaid and Children's Health Insurance Programs*.[1-1]

Benefit Mapping

The first step in the initial MH Parity Analysis was to determine which OHP benefits are used to treat an MH/SUD and M/S diagnoses. Using the International Classification of Diseases, Tenth Revision (ICD-10), benefits were assigned to M/S or MH/SUD groupings based on the ICD-10 diagnosis, not according to who is providing the service or which delivery system is being used. For example, an emergency room (ER) visit to address an MH/SUD diagnosis was considered an MH/SUD benefit and an ER visit to address an M/S diagnosis is considered an M/S benefit. For the purpose of Oregon's initial MH Parity Analysis:

- "Mental health benefits" means benefits for items or services furnished to treat mental health conditions listed in ICD-10 Chapter 5 (F), except for subchapter 1 (F01-09, mental disorders due to known physiological conditions), subchapter 2 (F10-F19, mental and behavioral disorders due to psychoactive substance use) and subchapter 8 (intellectual disabilities).
- "Substance use disorder benefits" means benefits for items or services furnished to treat substance use disorder conditions listed in ICD-10 Chapter 5 (F) subchapter 2 (F10-F19, mental and behavioral disorders due to psychoactive substance use).
- Benefits for items and services furnished to treat all other ICD-10 diagnoses are considered M/S.

OHA developed the Oregon Mapping Guide[1-2] to define how CCOs and OHA assigned these services to MH/SUD and M/S groupings, which were then mapped into four prescribed classifications as published in the March 30, 2016, Federal Register, Vol. 81, No. 61:

1. Inpatient
2. Outpatient

[1-1] The CMS *Parity Compliance Toolkit Applying Mental Health and Substance Use Disorder Parity Requirements to Medicaid and Children's Health Insurance Programs* and additional CMS resources related to MH Parity can be accessed at: https://www.medicaid.gov/medicaid/benefits/behavioral-health-services/parity/index.html.

[1-2] The Oregon Mapping Guide includes definitions, links, and resources important for MH Parity analysis. It also maps all Oregon Medicaid benefits to the classifications required for MH Parity analysis. It can be accessed on OHA's MH Parity webpage at: https://www.oregon.gov/OHA/HSD/OHP/Pages/MH-Parity.aspx.

3. Prescription drug
4. Emergency care

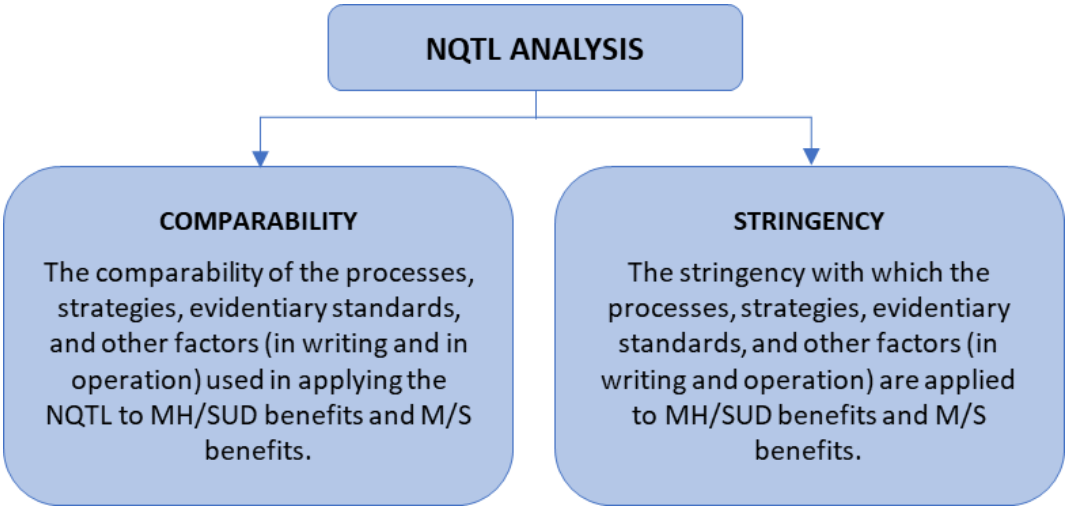
Non-Quantitative Treatment Limitations

Oregon Medicaid does not permit the use of QTLs (e.g., day and visit limits) and, therefore, focused its efforts on assessing NQTLs in the OHP delivery system. NQTLs are healthcare management limitations on the scope or duration of benefits through the use of managed care processes, such as prior authorization or network admission standards. "Soft limits," benefit limits that allow for an individual to exceed numerical limits based on medical necessity, are also considered NQTLs. Examples of NQTLs from the final rule include:

- Medical management standards limiting or excluding benefits based on medical necessity or appropriateness criteria
- Standards for provider admission to participate in a network and reimbursement rates
- Restrictions based on geographic location, facility type, or provider specialty
- Fail-first policies or step therapy protocols
- Exclusions based on failure to complete a course of treatment

The rule holds that no NQTL can be applied to MH/SUD benefits and services that is not comparable to or is more stringent than those applied to M/S benefits and services in each classification regarding processes, strategies, evidentiary standards, or other factors. This rule was applied to NQTL policies and procedures as written and operational processes with comparability assessed by classification (e.g., inpatient, outpatient, etc.) of services. The 2018 MH Parity Analysis compared NQTLs for services that address MH/SUD diagnoses with services that address M/S diagnoses. Comparability was evaluated as to the reason an NQTL was used, the evidence that supported its use, and the process for its implementation. The stringency criterion evaluated the rigor of the review process, the evidence for the level of stringency, and the consequences when a limitation is applied. Comparability and stringency are highlighted in Figure 1-1.

Figure 1-1—Comparability and Stringency in MH Parity Analysis



Initial Mental Health Parity Analysis Evaluation Components

As previously identified, the initial MH Parity Analysis conducted in 2018 used CMS guidance to evaluate MH Parity and implement corrective action plans to ensure compliance with MH Parity requirements, including Oregon-specific MH Parity requirements. However, for the Oregon-specific analysis, the four classifications of services were expanded to include six specific categories of NQTLs in the OHP delivery system in which comparability and stringency were applied:

- **Section I—Utilization Management Limits Applied to Inpatient Services:** Utilization management (UM) processes implemented through prior authorization, concurrent review, and retrospective review (RR) may be used to ensure medical necessity for MH/SUD and M/S services. UM processes may be analyzed separately for inpatient and outpatient services.
- **Section II—Utilization Management Limits Applied to Outpatient Services:** UM processes may also be applied to outpatient MH/SUD and M/S services through prior authorization, concurrent review, and RR to ensure medical necessity.
- **Section III—Prior Authorization for Prescription Drug Limits:** Prior authorization is a means of determining whether particular medications will be dispensed. Prior authorization of prescription drugs limits the availability of specific medications.
- **Section IV—Provider Admission—Closed Network:** Closed networks impose limits to providers seeking to join a panel of approved providers.
- **Section V—Provider Admission—Network Credentialing:** Imposing network enrollment/credentialing and requirements, including state licensing requirements and exclusions of specific provider types, is an example of provider admission limitations that may result in MH Parity issues.

- **Section VI—Out-of-Network/Out-of-State Limits:** Out-of-network and out-of-state limits affect how members access out-of-network and out-of-state providers and address how OHA and the CCOs ensure necessary access to providers not eligible to be reimbursed or not in a CCO's network.

The initial MH Parity Analysis determined whether each CCO's MH/SUD and M/S NQTLs in the six categories were applied using comparable methods and similar levels of evidence in support of applying the limit and specific rationales and evidence for how stringently the limit is applied. More specifically, NQTLs were analyzed in accordance with comparability and stringency standards identified and described in Table 1-1. Each CCO's NQTLs were additionally assessed against OHP FFS MH/SUD and M/S NQTLs.

Table 1-1—Comparability and Stringency Standards

Comparability and Stringency Standard	Question Description
Benefits in Which NQTLs Apply	**To which benefits is an NQTL Assigned?** *Purpose: To describe the NQTL assigned to MH/SUD and M/S benefits (e.g., prior authorization, scope of services, time frames, etc.).*
Comparability of Strategy	**Why is the NQTL assigned to these benefits?** *Purpose: To describe for what reasons or purpose the NQTL is assigned (e.g., ensure medical necessity, prevent overutilization, comply with state and federal requirements, etc.).*
Comparability of Evidentiary Standard	**What evidence supports the rationale for the assignment?** *Purpose: To describe the evidence to support the rationale (e.g., benchmarks, standards that form the basis of the rationale, state and federal requirements, etc.).*
Comparability of Processes	**What are the NQTL procedures?** *Purpose: To describe the NQTL process and evidence needed to support NQTL determinations (e.g., documentation requirements, timelines, steps for the CCO and members/providers, etc.).*
Stringency of Strategy	**How frequently or strictly is the NQTL applied?** *Purpose: To describe the frequency of application, frequency of medical necessity and appropriateness reviews, level of discretion in how the NQTL is applied, triggers for review and re-review, etc.*
Stringency of Evidentiary Standard	**What standard supports the frequency or rigor with which the NQTL is applied?** *Purpose: To describe standards that the CCO uses to determine the frequency or rigor of NQTL procedures.*

2. 2020 Mental Health Parity Analysis Process

Overview

Building from the initial MH Parity Analysis conducted in 2018, HSAG will work with OHA and the CCOs to conduct a follow-up MH Parity Analysis that will assess changes to benefits administration and operations that impact parity. The analysis will similarly identify and address inequalities between the policies and standards governing limitations on MH/SUD services as compared to M/S services. To meet the requirements of the law, OHA and the CCOs must continue to show that NQTLs (such as day limits, prior authorization requirements, or network admission standards) for MH/SUD services are comparable to and applied no more stringently than those for M/S services. Any differences in how limits are applied to MH/SUD services as compared to M/S services must ensure compliance with MH Parity regulations improves access to evidence-based, quality MH/SUD care.

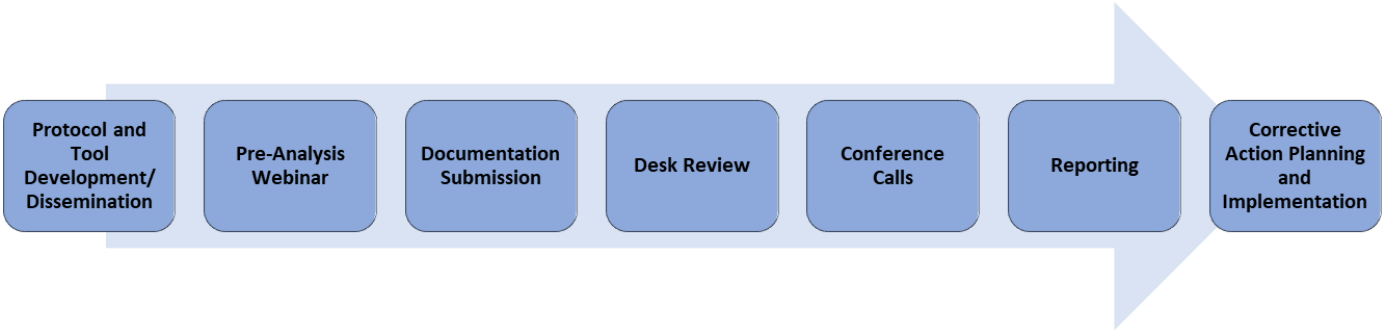
Analysis Activities for 2020

The 2020 MH Parity Analysis activities are identified below and represented in Figure 2-1. The activities are as follows.

1. **Protocol and Tool Development and Dissemination:** HSAG will develop and disseminate an MH Parity Analysis Protocol that will provide details and guidance to OHA and the CCOs and include MH Parity Analysis Tools in which to conduct the 2020 MH Parity Analysis Activity. The MH Parity Analysis Tools include:
   a. An MH Parity Evaluation Questionnaire for both OHA and the CCOs to determine whether changes have been made in areas that may impact parity.
   b. An MH Parity Reporting Template for OHA and the CCOs to document changes and additions within benefit classifications and operations in which NQTLs apply.
2. **Pre-Analysis Webinar:** HSAG will conduct a pre-analysis webinar in July 2020 with OHA and the CCOs to provide an overview of MH Parity regulations, highlight details of the protocol and tools, ensure awareness of the analysis timeline, and provide examples of MH Parity scenarios for reference.
3. **Documentation Submission:** OHA and the CCOs will be required to submit documentation that includes responses to the MH Parity Evaluation Questionnaire and a completed MH Parity Reporting Template, along with any required general documentation and supporting documentation necessary, by **August 31, 2020**.
4. **Desk Review:** HSAG will conduct a desk review of all submitted MH Parity Evaluation Questionnaires, the MH Parity Reporting Template, general required documentation, and supporting documentation (e.g., policies and procedures, benefit schedules, etc.) to analyze CCO policies and operational practices that impact MH Parity and determine preliminary analysis findings.

5. **Conference Calls:** HSAG will follow up with OHA and the CCOs via scheduled conference calls to discuss preliminary analysis findings and areas that may need clarification. Additional information and documentation may be requested by HSAG and/or provided by OHA and CCOs at that time, as necessary to support MH Parity.
6. **Reporting:** HSAG will compile analysis results and document MH Parity determinations for each CCO and as compared to OHP FFS, identifying areas in which MH Parity has not been achieved and corrective actions required to ensure future parity. OHA and each CCO will have an opportunity to review report drafts prior to finalizing the reports.
7. **Corrective Action Planning and Implementation:** HSAG will work with OHA and the CCOs to develop and implement corrective action plans to achieve compliance with MH Parity requirements.

Figure 2-1—2020 MH Parity Analysis Activities



Mental Health Parity Analysis Timeline

HSAG will conduct the MH Parity Analysis activities in accordance with the timeline below.

Table 2-1—MH Parity Analysis Timeline

Activity	Timing
Development of MH Parity Analysis Protocol and Tools	January–June 2020
Pre-Analysis Webinar (Analysis Documents Distributed)	July 2020
Documentation Submission (OHA and CCOs)	August 31, 2020
MH Parity Analysis Desk Review and Conference Calls	September–October 2020
Reporting of Draft Analysis Results to CCOs and OHA	November 2020
Final MH Parity Analysis Reports to CCOs and OHA	December 2020
CCO Corrective Action Plans Due to HSAG and OHA	January 2021
Review and Approval of Corrective Action Plans	February 2021
Quarterly Corrective Action Plan Follow-Up Begins	April 2021

3. Mental Health Parity Analysis Tools and Documentation

Mental Health Parity Analysis Tools

HSAG will review MH Parity Analysis Tools, required general documentation, and supporting documentation submitted by both OHA and the CCOs that will assist reviewers in understanding and evaluating changes to previously reported NQTLs. The tools are based on OHA's initial analysis of MH Parity, which were developed using guidance outlined in the CMS *Parity Compliance Toolkit Applying Mental Health and Substance Use Disorder Parity Requirements to Medicaid and Children's Health Insurance Programs*. HSAG will be available to provide technical assistance on tool completion and documentation submission. The tools include:

- An MH Parity Evaluation Questionnaire
- An MH Parity Reporting Template

Mental Health Parity Evaluation Questionnaire

The MH Parity Evaluation Questionnaire contains a series of questions that will assist both OHA and the CCOs in identifying changes or additions to benefits administration and operations that may impact MH Parity. The MH Parity Evaluation Questionnaire will serve as a guide for OHA and the CCOs in that responses should be used to identify and further document such changes and additions in the MH Parity Reporting Template described below. Questions are organized into the following four categories, referencing the six categories of NQTLs that were included as Sections I through VI in the initial MH Parity Analysis reported in August 2018.

Questions That Correspond to the NQTL Categories

- General Questions
- UM (Inpatient, Outpatient, and Prescription Drug) Changes—MH Parity Analysis Sections I, II, and III
- Provider Network Admission Changes—MH Parity Analysis Sections IV and V
- Out-of-Network/Out-of-State Limit Changes—MH Parity Analysis Section VI

Instructions

1. Complete the MH Parity Evaluation Questionnaire identifying changes made after the date of August 1, 2018, the month of the initial MH Parity Analysis Report, including implemented corrective actions and based on any regulatory or operational changes that have impacted benefits administration and operations.
2. Gather required general documentation as identified in the MH Parity Evaluation Questionnaire, which will assist reviewers in understanding and evaluating operational processes. General required documentation is also identified below under **Required Documentation**.

3. Ensure that any changes or additions are transferred to the MH Parity Reporting Template in each of the six categories of NQTLs in which it applies. Instructions for completing the MH Parity Reporting Template are provided below.

Mental Health Parity Reporting Template

OHA and the CCOs are required to use the MH Parity Reporting Template to document changes and additions in the six categories of NQTLs. In alignment with the August 2018 MH Parity Analysis, the six categories being evaluated, also identified in above in **Section 1. Mental Health Parity Analysis Background**, include:

- Section I—Utilization Management Limits Applied to Inpatient Services
- Section II—Utilization Management Limits Applied to Outpatient Services
- Section III—Prior Authorization for Prescription Drug Limits
- Section IV—Provider Admission—Closed Network
- Section V—Provider Admission—Network Credentialing
- Section VI—Out-of-Network/Out-of-State Limits

Instructions

For each area being evaluated, OHA and the CCOs must clearly identify changes to NQTLs previously reported in the initial August 2018 MH Parity Analysis and additional NQTLs not previously reported. OHA and the CCOs should refer to the Oregon Benefit Mapping Guide for the identification of benefits within inpatient, outpatient, prescription drug, and emergency care classifications. Below is an excerpt of the template including how changes and additions should be documented (refer to **Section 1. Mental Health Parity Analysis Background** above for the methodology related to the purpose of each question asked in the template).

Table 3-1—MH Parity Reporting Template Sample

Section I—Inpatient Utilization Management **NQTL:** Utilization Management (UM) inclusive of prior authorization, concurrent review, and retrospective review **Benefit Package:** A, B, E, and G for Adults and Children **Classification:** Inpatient (IP)	
1. To which benefit is the NQTL assigned?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1. List changes or additions. Instructions • **Changes**: Identify changes to NQTLs previously reported in the August 2018 MH Parity Analysis in	**Description of Changes:** 1.

Section I—Inpatient Utilization Management **NQTL:** Utilization Management (UM) inclusive of prior authorization, concurrent review, and retrospective review **Benefit Package:** A, B, E, and G for Adults and Children **Classification:** Inpatient (IP)	
red text and include the previously reported strategy number. • **Additions**: List newly added NQTLs, identifying existing related strategy numbers that apply to the NQTL. If the added NQTL will use an added strategy (to be documented under **Question #2: Comparability of Strategy**), please also identify the connection.	
Supporting Documentation: 1. List supporting documentation that will be provided to support/describe the change/addition corresponding with the number of the change/addition above.	**Supporting Documentation:** 1.

Required Documentation

For each NQTL change or addition, OHA and the CCOs must submit documentation capturing the NQTL and supporting processes. There are two types of documentation required to be submitted: 1) general documentation (identified in the MH Parity Evaluation Questionnaire) and 2) supporting documentation needed to identify and validate changes and additions to NQTLs previously reported. The template included in **Appendix A. MH Parity Tools and Templates** must be used for reporting data related to the required general documentation in order to ensure consistency and clarity for reporting and evaluation. Instructions for documentation submission are included in **Section 4. Documentation Submission**.

General Documentation

- **Delegation Documentation:** Contractual requirements (e.g., scope of work) for all currently delegated administrative functions. This could include administrative functions pertaining to benefit administration, UM, and provider admission.
- **Inpatient and Outpatient Requests/Denials:** The number of coverage requests, denials, appeals, appeal overturns, hearings, and hearing overturns from January 1, 2020 through June 30, 2020 reported separately for MH/SUD and M/S for inpatient and outpatient classifications.
- **Prescription Drug Requests/Denials:** The number of coverage requests, denials, appeals, appeal overturns, hearings, and hearing overturns from January 1, 2020 through June 30, 2020, including the identification of the number of prescription drugs subject to prior authorization.
- **Enrollment/Credentialing Decisions:** The number and percent of providers denied enrollment/credentialing (relative to those seeking enrollment/credentialing, including the number of applications not accepted) or terminated from enrollment/credentialing and provide the

enrollment/credentialing determination. This data should be reported from January 1, 2020 through June 30, 2020. OHA is responsible for enrollment details and outcomes, whereas CCOs are responsible for credentialing details and outcomes.

Supporting Documentation

Supporting documentation is required to validate and further clarify reported changes and additions to NQTLs. Supporting documentation can include, but is not limited to:

- UM policies
- Prior authorization approval/denial examples
- Desktop protocols
- Workflow diagrams
- Program descriptions
- UM committee agendas and notes
- Prescription drug formularies and policies
- Network admission/credentialing policies
- Single case agreement template for out-of-network providers

4. Documentation Submission

Summary of All Documentation to Be Submitted

OHA and the CCOs must submit the following documentation to HSAG by August 31, 2020:

- Completed MH Parity Evaluation Questionnaire
- Completed MH Parity Reporting Template
- Required general and supporting documentation

Submitting Documents to HSAG

Submittals must be done using HSAG's SAFE site accessible at https://safe.hsag.com/. Instructions for using the site and uploading documents will be provided to identified CCO representatives.

When submitting documents, please:

- Upload documents to the appropriate folders.
- Limit the length of the filename of uploaded documents.
- Ensure document file names reflect the content.

Difficulties accessing the SAFE site and folders and questions regarding posting documents can be directed to either of the following HSAG personnel:

Crystal Brown
602.616.0677
cbrown@hsag.com

Melissa Isavoran
503.839.9070
misavoran@hsag.com

5. Mental Health Parity Analysis Reporting and Corrective Actions

Evaluation and Reporting of Results

As identified above in **Section 2. 2020 Mental Health Parity Analysis Process**, HSAG's analysis will include a desk review of submitted MH Parity Analysis Tools and required general and supporting documentation and follow-up conference calls to further clarify reported changes and additions to previously reported NQTLs from the initial MH Parity Analysis conducted in 2018. More specifically, HSAG will evaluate responses to the MH Parity Evaluation Questionnaire to identify changes to benefits administration and operations within OHA and each CCO that may impact MH Parity, cross-referencing it with changes and additions reported in the MH Parity Reporting Template and required general and supporting documentation submitted by OHA and the CCOs. Information obtained via scheduled conference calls will also be assessed in relation to changes and additions reported. The results of the analysis will be incorporated into the draft MH Parity Analysis Reports that will include an analysis across each CCO's and the FFS NQTLs. The reports will describe corrective actions required to ensure compliance with MH Parity requirements.

OHA and each CCO will have an opportunity review draft MH Parity Analysis Reports and provide feedback prior to the reports being finalized and published on OHA's MH Parity website.[5-1] The review period will be a duration of two weeks and coordinated using HSAG's SAFE site. OHA and the CCOs will be notified via email when draft MH Parity Analysis Reports are available on the SAFE site and when feedback is due.

Corrective Action Planning and Implementation

Final 2020 MH Parity Analysis Reports will incorporate a corrective action template to be completed by OHA and each CCO based on analysis results and identified required actions for compliance with MH Parity regulations. Corrective action plans will be due one month from the date of the final MH Parity Analysis Report and should include the actions OHA and the CCOs will take to ensure compliance with MH Parity regulations and the anticipated date of completion for each action.

Once corrective actions plans are received, HSAG will review them and work with OHA and the CCOs to approve all planned corrective actions. Quarterly check-ins on corrective action plan progress will be conducted with each CCO via desk reviews and conference calls as necessary. HSAG will continue to be available for technical assistance through the development and implementation of corrective action plans.

[5-1] OHA's MH Parity website is accessible at: https://www.oregon.gov/OHA/HSD/OHP/Pages/MH-Parity.aspx.

6. Technical Assistance

As a component of the 2020 MH Parity Analysis, HSAG will conduct a pre-analysis webinar with OHA and the CCOs to provide an overview of MH Parity regulations, highlight details of the MH Parity Analysis Protocol and Tools, ensure awareness of the analysis timeline, and provide examples of MH Parity scenarios for reference. HSAG will additionally be available to provide technical assistance to OHA and the CCOs throughout the MH Parity Analysis process and through corrective action planning and implementation. This can include assistance in understanding the MH Parity Analysis process, completion of the MH Parity Tools, understanding required general and supporting documentation, and corrective action planning and implementation.

Technical assistance needs can be directed to HSAG staff identified below via email or by telephone. Conference calls can also be scheduled as needed and requested.

Melissa Isavoran
503.839.9070
misavoran@hsag.com

Barbara McConnell
303.717.2105
bmcconnell@hsag.com

Appendix A. MH Parity Tools and Templates

This appendix includes the following MH Parity tools and templates:

1. OHA and OHP 2020 Mental Health Parity Evaluation Questionnaire
2. CCO 2020 Mental Health Parity Analysis
3. 2020 Mental Health Parity Analysis Reporting Template
4. 2020 Mental Health Parity Required General Documentation Template

Oregon Health Authority
2020 Mental Health Parity Evaluation Questionnaire
OHA and Oregon Health Plan Fee-For-Service

General Questions for OHA		
Question		**Yes/No**
1.	Has OHA added, removed, or modified OHP authorities that would impact the delivery of MH/SUD or M/S benefits (e.g., changes to OHP waivers that impact benefits administration, including UM and provider admission)?	☐ Yes ☐ No
2.	Has OHA added or discontinued coverage of any benefits (e.g., adjustments to essential health benefits or changes that would impact the Oregon Mapping Guide)?	☐ Yes ☐ No
3.	Has OHA modified Medicaid-specific State rules such that benefit administration is impacted (e.g., limits in scope or duration of MH/SUD or M/S benefits or UM frequencies)?	☐ Yes ☐ No
4.	Has OHA modified HERC Priority List or guidelines notes for MH/SUD or M/S benefits (e.g., added guidelines regarding frequency of review, changing/adding medical necessity criteria)?	☐ Yes ☐ No
5.	Has Oregon added or changed an MH/SUD and M/S provider license or certification requirement (e.g., special training or experience, an MH practitioner newly being required to be licensed)?	☐ Yes ☐ No
6.	Did OHA add, change, or delete delegated OHP FFS administrative functions to a new or for an existing subcontractor (e.g., UM, provider admission, etc.)? ***Documentation Required:*** *Provide contractual requirements (e.g., scope of work) for all delegated administrative functions. This could include administrative functions pertaining to benefit administration, UM, and provider admission.*	☐ Yes ☐ No
7.	Did OHA add or exclude any specific classifications of drugs from its formulary?	☐ Yes ☐ No

Utilization Management (IP, OP, and Rx) Changes for OHP FFS—MH Parity Analysis Sections I, II, and III		
Question		**Yes/No**
1.	Did OHP FFS change payment arrangements with some/all providers (e.g., FFS to sub-capitation, per diem to DRG, reduction in payment levels to specific provider types or for specific benefits)?	☐ Yes ☐ No
2.	Did OHP FFS add or remove numerical limits (e.g., number of units) to MH/SUD or M/S benefits?	☐ Yes

		☐ No
3.	Did OHP FFS add or remove non-numerical benefit limits (e.g., scope or duration of benefits, medical necessity criteria, etc.) to MH/SUD or M/S benefits?	☐ Yes ☐ No
4.	Did OHP FFS change timelines for authorization requests for MH/SUD or M/S benefits?	☐ Yes ☐ No
5.	Did OHP FFS change documentation requirements for UM requests for MH/SUD or M/S benefits (e.g., evidence of medical necessity, documentation submission requirements)?	☐ Yes ☐ No
6.	Did OHP FFS change qualifications for reviewers that can authorize or deny requests?	☐ Yes ☐ No
7.	Did OHP FFS develop or add medical necessity/level of care criteria for MH/SUD or M/S benefits?	☐ Yes ☐ No
8.	Did OHP FFS change the method for monitoring consistency of MNC application for MH/SUD or M/S benefits (e.g., standards for consistency of MNC, reliability adherence criteria)?	☐ Yes ☐ No
9.	Did OHP FFS change/modify penalties for failure to request/receive authorization for MH/SUD or M/S benefits (e.g., payment reductions, exceptions or waivers of penalties)?	☐ Yes ☐ No
10.	Did OHP FFS change frequency, time frames, or conditions of utilization review for MH/SUD or M/S benefits (e.g., RR or CR time frames or conditions)?	☐ Yes ☐ No
11.	What is the number of coverage requests, denials, appeals, appeal overturns, hearings, and hearing overturns experienced during the last full calendar year separately for MH/SUD and M/S for each classification (IP, OP, and Rx)? ***Documentation Required:*** *Provide lists that identify the number of coverage requests, denials, appeals, appeal overturns, hearings, and hearing overturns for the last full calendar year separately for MH/SUD and M/S for each classification (i.e., IP, OP, and Rx). For Rx include a list identifying the number of Rx subject to PA.*	☐ Yes ☐ No

Provider Network Admission Changes for OHP FFS—MH Parity Analysis Sections IV and V		
Question		**Yes/No**
1.	Were any providers denied enrollment due to network closure (if applicable) or based on enrollment requirements? ***Documentation Required:*** *Provide a list of the number and percentage of providers denied enrollment (relative to those seeking enrollment, including the number of applications not accepted) or terminated from enrollment and provide the enrollment determination.*	☐ Yes ☐ No
2.	Did OHP FFS add, remove, or change provider admission requirements (e.g., special training, education, experience), including as a result of State licensing changes, for any MH/SUD or M/S providers?	☐ Yes ☐ No
3.	Did OHP FFS add or remove any MH/SUD or M/S provider types that are eligible for enrollment/reimbursement for services?	☐ Yes ☐ No
Out-of-Network/Out-of-State Limit Changes for OHP FFS—MH Parity Analysis Section VI		
Question		**Yes/No**
1.	Did OHP FFS change processes for accessing OON/OOS coverage for MH/SUD or M/S benefits? ***Documentation Required:*** *Provide the number and percentage of OON/OOS requests, denials, etc. received during the last calendar year.*	☐ Yes ☐ No
2.	Did OHP FFS change its standards for providing OON/OOS coverage for MH/SUD or M/S benefits?	☐ Yes ☐ No

Key Acronyms

CMS ..... Centers for Medicare & Medicaid Services
CCO ..... Coordinated Care Organization
CR ..... Concurrent Review
DRG ..... Diagnosis-Related Group
DME ..... Durable Medical Equipment
EC ..... Emergency Care
FFS ..... Fee-For-Service
HCBS ..... Home and Community Based Services
HERC ..... Health Evidence Review Commission
IP ..... Inpatient
IRR ..... Interrater Reliability
LOC ..... Level of Care
MH ..... Mental Health
MNC ..... Medical Necessity Criteria
M/S ..... Medical/Surgical
NQTL ..... Non-Quantitative Treatment Limitation
OHA ..... Oregon Health Authority
OON ..... Out of Network
OOS ..... Out of State
OP ..... Outpatient
PA ..... Prior Authorization
QTL ..... Quantitative Treatment Limitation
RR ..... Retrospective Review
Rx ..... Prescription Drug
SUD ..... Substance Use Disorder
UM ..... Utilization Management

Oregon Health Authority
2020 Mental Health Parity Evaluation Questionnaire
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General Questions for CCOs		
Question		**Yes/No**
1.	Did the CCO add, change, or eliminate delegated administrative functions to a new or for an existing subcontractor (e.g., UM, provider admission, etc.)? ***Documentation Required:*** *Provide contractual requirements (e.g., scope of work) for delegated administrative functions.*	☐ Yes ☐ No
2.	Did the CCO add or exclude any specific classifications of drugs from its formulary?	☐ Yes ☐ No

Utilization Management (IP, OP, and Rx) Changes in CCO—MH Parity Analysis Sections I, II, and III		
Question		**Yes/No**
1.	Did the CCO change payment arrangements with some/all providers (e.g., FFS to sub-capitation, per diem to DRG, reduction in payment levels to specific provider types or for specific benefits)?	☐ Yes ☐ No
2.	Did the CCO add or remove numerical limits (e.g., number of units) to MH/SUD or M/S benefits?	☐ Yes ☐ No
3.	Did the CCO add or remove non-numerical benefit limits (e.g., scope or duration of benefits, medical necessity criteria, etc.) to MH/SUD or M/S benefits?	☐ Yes ☐ No
4.	Did the CCO change timelines for authorization requests for MH/SUD or M/S benefits?	☐ Yes ☐ No
5.	Did the CCO change documentation requirements for UM requests for MH/SUD or M/S benefits (e.g., evidence of medical necessity, documentation submission requirements)?	☐ Yes ☐ No
6.	Did the CCO change qualifications for reviewers that can authorize or deny requests?	☐ Yes ☐ No
7.	Did the CCO develop or add medical necessity/level of care criteria for MH/SUD or M/S benefits?	☐ Yes ☐ No

8.	Did the CCO change the method for monitoring consistency of MNC application for MH/SUD or M/S benefits (e.g., standards for consistency of MNC, reliability adherence criteria)?	☐ Yes ☐ No
9.	Did the CCO change/modify penalties for failure to request/receive authorization for MH/SUD or M/S benefits (e.g., payment reductions, exceptions or waivers of penalties)?	☐ Yes ☐ No
10.	Did the CCO change frequency, time frames, or conditions of utilization review for MH/SUD or M/S benefits (e.g., RR or CR time frames or conditions)?	☐ Yes ☐ No
11.	What is the number of coverage requests, denials, appeals, appeal overturns, hearings, and hearing overturns experienced during the last full calendar year separately for MH/SUD and M/S for each classification (IP, OP, and Rx)? ***Documentation Required:*** *Provide lists that identify the number of coverage requests, denials, appeals, appeal overturns, hearings, and hearing overturns for the last full calendar year separately for MH/SUD and M/S for each classification (i.e., IP, OP, and Rx). For Rx, include a list identifying the number of Rx subject to PA.*	☐ Yes ☐ No
Provider Network Admission Changes in CCO—MH Parity Analysis Sections IV and V		
Question		**Yes/No**
1.	Did the CCO change its network status from open (accepting new provider applications) to closed (not accepting new provider applications for certain provider types or in specific service areas) or from closed to open?	☐ Yes ☐ No
2.	Did the CCO add, remove, or change provider admission requirements (e.g., special training, education, experience), including as a result of State licensing changes, for any MH/SUD or M/S providers?	☐ Yes ☐ No
3.	Were any of the CCO's providers denied credentialing due to network closure (if applicable) or based on credentialing requirements? ***Documentation Required:*** *Provide a list of the number and percentage of providers denied credentialing (relative to those seeking credentialing, including the number of applications not accepted) or terminated from credentialing and provide the credentialing determination.*	☐ Yes ☐ No
4.	Did the CCO add or remove any MH/SUD or M/S provider types that are eligible for credentialing/reimbursement for services?	☐ Yes ☐ No

Out-of-Network/Out-of-State Limit Changes in CCO—MH Parity Analysis Section VI		
Question		**Yes/No**
1.	Did the CCO change processes for accessing OON/OOS coverage for MH/SUD or M/S benefits? ***Documentation Required:*** *Provide the number and percentage of OON/OOS requests, denials, etc. received during the last calendar year.*	☐ Yes ☐ No
2.	Did the CCO change its standards for providing OON/OOS coverage for MH/SUD or M/S benefits?	☐ Yes ☐ No

Key Acronyms

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UM ..... Utilization Management

Oregon Health Authority
2020 Mental Health Parity Analysis Reporting Template
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Section I—Inpatient Utilization Management **NQTL:** Utilization Management (UM) Inclusive of Prior Authorization (PA), Concurrent Review (CR), and Retrospective Review (RR) **Benefit Package:** A, B, E, and G for Adults and Children **Classification:** Inpatient (IP)	
1. To which benefit is the NQTL assigned (e.g., PA, scope of services, time frames, requirements, etc.)?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1. List changes or additions. Instructions • **Changes**: Identify changes to NQTLs previously reported in the August 2018 MH Parity in red text and include the previously reported strategy number. • **Additions**: List newly added NQTLs, identifying existing related strategy numbers that apply to the NQTL. If the added NQTL will use an added strategy (to be documented under **Question #2: Comparability of Strategy**), please also identify the connection.	**Description of Changes:** 1.
Supporting Documentation: 1. List supporting documentation that will be provided to support/describe the change/addition corresponding with the number of the change/addition above.	**Supporting Documentation:** 1.
2. Comparability of Strategy—Why is the NQTL assigned to these benefits (ensure medical necessity, prevent overutilization, comply with state/federal requirements, etc.)?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1. List changes or additions. Instructions	**Description of Changes:** 1.

Section I—Inpatient Utilization Management **NQTL:** Utilization Management (UM) Inclusive of Prior Authorization (PA), Concurrent Review (CR), and Retrospective Review (RR) **Benefit Package:** A, B, E, and G for Adults and Children **Classification:** Inpatient (IP)	
• **Changes**: Identify changes to previously reported strategies in the August 2018 MH Parity in red text and include the previously reported strategy number. • **Additions**: For added strategies, simply list the strategies. HSAG will assign a new strategy number to added strategies.	
Supporting Documentation: 1. List supporting documentation that will be provided to support/describe the adjustment/addition corresponding with the number of the adjustment above.	**Supporting Documentation:** 1.
3. Comparability of Evidentiary Standard—What evidence supports the rationale for the assignment (e.g., benchmarks, standards that form the basis of the rationale, state and federal requirements, etc.)?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1. List changes or additions. Instructions • **Changes**: Identify changes to previously reported evidentiary standards in the August 2018 MH Parity in red text and include the previously reported strategy number. • **Additions**: For added evidentiary standards, simply list the evidentiary standard. HSAG will assign a strategy number to newly added strategies.	**Description of Changes:** 1.

Section I—Inpatient Utilization Management **NQTL:** Utilization Management (UM) Inclusive of Prior Authorization (PA), Concurrent Review (CR), and Retrospective Review (RR) **Benefit Package:** A, B, E, and G for Adults and Children **Classification:** Inpatient (IP)	
Supporting Documentation: 1. List supporting documentation that will be provided to support/describe the adjustment/addition corresponding with the number of the adjustment above.	**Supporting Documentation:** 1.
4. Comparability of Processes—Describe the NQTL procedures (e.g., documentation requirements, timelines, steps for the CCO and members/providers, etc.).	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1. List changes or additions. Instructions • **Changes**: Identify changes to previously reported processes in the August 2018 MH Parity in red text. • **Additions**: For added processes, simply list the process.	**Description of Changes:** 1.
Supporting Documentation: 1. List supporting documentation that will be provided to support/describe the adjustment/addition corresponding with the number of the adjustment above.	**Supporting Documentation:** 1.
5. Stringency of Strategy—How frequently or strictly is the NQTL applied (e.g., frequency of NQTL application, level of discretion in application, triggers for re-review, etc.)?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1. List changes or additions. Instructions	**Description of Changes:** 1.

Section I—Inpatient Utilization Management **NQTL:** Utilization Management (UM) Inclusive of Prior Authorization (PA), Concurrent Review (CR), and Retrospective Review (RR) **Benefit Package:** A, B, E, and G for Adults and Children **Classification:** Inpatient (IP)	
• **Changes**: Identify changes to previously reported stringency details in the August 2018 MH Parity in red text. • **Additions**: For added stringency details, simply list the stringency details.	
Supporting Documentation: 1. List supporting documentation that will be provided to support/describe the adjustment/addition corresponding with the number of the adjustment above.	**Supporting Documentation:** 1.
6. Stringency of Evidentiary Standard—What standard supports the frequency or rigor with which the NQTL is applied (e.g., medical necessity, type of benefit, etc.)?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1. List changes or additions. Instructions • **Changes**: Identify changes to previously reported stringency evidence in the August 2018 MH Parity in red text. • **Additions**: For added stringency evidence, simply list the stringency evidence.	**Description of Changes:** 1.
Supporting Documentation: 1. List supporting documentation that will be provided to support/describe the adjustment/addition corresponding with the number of the adjustment above.	**Supporting Documentation:** 1.

Section II—Outpatient Utilization Management **NQTL:** Utilization Management (UM) (PA, CR, and RR) **Benefit Package:** A, B, E, and G for Adults and Children **Classification:** Outpatient (OP)	
1. To which benefit is the NQTL assigned?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.
2. Comparability of Strategy—Why is the NQTL assigned to these benefits?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.
3. Comparability of Evidentiary Standard—What evidence supports the rationale for the assignment?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.

Section II—Outpatient Utilization Management **NQTL:** Utilization Management (UM) (PA, CR, and RR) **Benefit Package:** A, B, E, and G for Adults and Children **Classification:** Outpatient (OP)	
4. Comparability of Processes—Describe the NQTL procedures (e.g., documentation requirements, timelines, steps for the CCO and members/providers, etc.).	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.
5. Stringency of Strategy—How frequently or strictly is the NQTL applied?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.
6. Stringency of Evidentiary Standard—What standard supports the frequency or rigor with which the NQTL is applied?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.

Section III—Prior Authorization for Prescription Drugs **NQTL:** Prior Authorization for Prescription Drugs **Benefit Package:** A and B for Adults and Children **Classification:** Prescription Drugs	
1. To which benefit is the NQTL assigned?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.
2. Comparability of Strategy—Why is the NQTL assigned to these benefits?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.
3. Comparability of Evidentiary Standard—What evidence supports the rationale for the assignment?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.

Section III—Prior Authorization for Prescription Drugs **NQTL:** Prior Authorization for Prescription Drugs **Benefit Package:** A and B for Adults and Children **Classification:** Prescription Drugs	
4. Comparability of Processes—Describe the NQTL procedures (e.g., documentation requirements, timelines, steps for the CCO and members/providers, etc.).	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.
5. Stringency of Strategy—How frequently or strictly is the NQTL applied?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.
6. Stringency of Evidentiary Standard—What standard supports the frequency or rigor with which the NQTL is applied?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.

Section VI—Provider Admission—Closed Network **NQTL:** Provider Admission—Closed Network (Restriction from admitting new providers [all or a subset thereof] into the CCO's network) **Benefit Package:** A, B, E, and G for Adults and Children **Classification:** IP and OP	
1. To which benefit is the NQTL assigned?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.
2. Comparability of Strategy—Why is the NQTL assigned to these benefits?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.
3. Comparability of Evidentiary Standard—What evidence supports the rationale for the assignment?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.

Section VI—Provider Admission—Closed Network **NQTL:** Provider Admission—Closed Network (Restriction from admitting new providers [all or a subset thereof] into the CCO's network) **Benefit Package:** A, B, E, and G for Adults and Children **Classification:** IP and OP	
4. Comparability of Processes—Describe the NQTL procedures (e.g., documentation requirements, timelines, steps for the CCO and members/providers, etc.).	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.
5. Stringency of Strategy—How frequently or strictly is the NQTL applied?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.
6. Stringency of Evidentiary Standard—What standard supports the frequency or rigor with which the NQTL is applied?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.

Section V—Provider Admission—Network Credentialing **NQTL:** Provider Admission—Network Credentialing **Benefit Package:** A, B, E, and G for Adults and Children **Classification:** IP and OP	
1. To which benefit is the NQTL assigned?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.
2. Comparability of Strategy—Why is the NQTL assigned to these benefits?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.
3. Comparability of Evidentiary Standard—What evidence supports the rationale for the assignment?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.

Section V—Provider Admission—Network Credentialing **NQTL:** Provider Admission—Network Credentialing **Benefit Package:** A, B, E, and G for Adults and Children **Classification:** IP and OP	
4. Comparability of Processes—Describe the NQTL procedures (e.g., documentation requirements, timelines, steps for the CCO and members/providers, etc.).	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.
5. Stringency of Strategy—How frequently or strictly is the NQTL applied?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.
6. Stringency of Evidentiary Standard—What standard supports the frequency or rigor with which the NQTL is applied?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.

Section VI—Out-of-Network (OON)/Out-of-State (OOS) **NQTL:** Out-of-Network (OON)/Out-of-State (OOS) **Benefit Package:** A, B, E, and G for Adults and Children **Classification:** IP and OP	
1. To which benefit is the NQTL assigned?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.
2. Comparability of Strategy—Why is the NQTL assigned to these benefits?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.
3. Comparability of Evidentiary Standard—What evidence supports the rationale for the assignment?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.

Section VI—Out-of-Network (OON)/Out-of-State (OOS) **NQTL:** Out-of-Network (OON)/Out-of-State (OOS) **Benefit Package:** A, B, E, and G for Adults and Children **Classification:** IP and OP	
4. Comparability of Processes—Describe the NQTL procedures (e.g., documentation requirements, timelines, steps for the CCO and members/providers, etc.).	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.
5. Stringency of Strategy—How frequently or strictly is the NQTL applied?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.
6. Stringency of Evidentiary Standard—What standard supports the frequency or rigor with which the NQTL is applied?	
CCO MH/SUD	**CCO M/S**
Description of Changes: 1.	**Description of Changes:** 1.
Supporting Documentation: 1.	**Supporting Documentation:** 1.