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Part 1: High-Level Description of Possible Significant Change

The table below provides high-level information about the possible significant change, as submitted.

Tracking #	2027-028
Q6. Provide a short name for possible change	Caring Contacts: BH Crisis ED discharge
Q1. Which CCO Contract(s) will be impacted?	(a) All 3 contracts
Q2. High-level description of possible change	The change is making caring contacts a billable service. Pursuant to ORS 441.053, a hospital must adopt and implement policies for the release of a patient from the ED who presented with a behavioral health crisis. This includes providing caring contacts defined as a brief communication with a patient that starts during care transition such as discharge or release from treatment and is required to be provided within 48 hours of ED discharge for a patient who presented with a behavioral health crisis and identified to experienced/experiencing suicide attempt or suicide ideation. Caring contacts will be billed through procedure code T1016 "Case Mang., per 15 mins" at $31.36/15 minutes. Completing this process has been prioritized by the OHA Director's Office.
Q3. Which prioritized restatement category applies?	(d) Non-Discretionary Federal and State Changes
Explain how change fits into "Non-Discretionary Federal & State Changes" category	Caring contacts are required pursuant to ORS 441.053. This is based on HB 3090 and HB 3091 passed in the 2017 Oregon legislative session. HB 3091 specifically requires CCOs to provide this service to its members.
Q4. Could entire change be deferred to later contract year?	No
Consequence(s) if not included in 2027 contract	People in Oregon discharging from the ED for a behavioral health crisis need the evidence-based intervention of caring contacts to support them and it is required for hospitals to provide. Hospitals have been struggling to provide this service due to lack of reimbursement which is required by HB 3091 (2017). We need to act with urgency so that care does not continue to be delayed to patients that need this intervention. The Oregon Alliance to Prevent Suicide, a statutorily required advisory committee to OHA, has been tracking billing of Caring Contacts since HB 3090 and HB 3091 passed in 2017. They have continued to request this from OHA in yearly reports and recommendations to OHA. The Hospital Association of Oregon and Oregon hospitals have also continued to ask for a Caring Contacts billing mechanism to be established as was written in the legislation. Completing this process has been prioritized by the OHA Director's Office.
Q5. Could change be reduced to smaller components so it's phased in over multiple contract years?	No
Which component(s) could be in later contract year(s)?	
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Q8. Executive Sponsor Name	Chelsea Holcomb
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Executive Sponsor OHA Division/Program/Unit	BHD/Child, Family and Lifespan Services

Part 2: Information for Engagement

This should be completed by the responsible OHA unit. **Be specific yet clear and concise in your responses; use bullet points.**

Tracking #	2027-028
Short name	Caring Contacts: BH Crisis ED discharge

1. What is the specific issue that will be addressed by this change?

This should explain the current state and why it's an issue to be addressed.

Pursuant to ORS 441.053, a hospital must adopt and implement policies for the release of a patient from the emergency department who presented with a behavioral health crisis. This includes providing caring contacts defined as "a brief communication with a patient that starts during care transition such as discharge or release from treatment" and is required to be provided within 48 hours of ED discharge for a patient who presented with a behavioral health crisis. HB 3090 and HB 3091 (2017) directs OHA to establish a payment mechanism for hospitals to be reimbursed for providing "caring contacts". Caring contacts offers a valuable, highly effective suicide prevention strategy that will result in improved health outcomes and long-term savings to the Oregon Health Plan and health system by reducing return trips to the Emergency Department, reducing additional utilization of crisis services, avoiding placement in higher levels of care, and reducing overall strain on the health care system. This service adds value not only to the members we serve by emphasizing prevention and well-being but can create savings to the system and to Medicaid in terms of reducing additional interactions with costly services and higher levels of care. Additionally, this service is supported by the Oregon Alliance to Prevent Suicide and the Hospital Association of Oregon and is nationally recognized as an effective suicide prevention strategy.

2. What is the preliminary suggestion for how to address the issue?

This should align with the high-level description submitted for the change. Refer to Part 1: High-Level Description of Possible Significant Change. The final proposed change may differ from the preliminary suggestion as a result of OHA and CCO engagement.

Caring contacts will be billed through procedure code T1016 "Case Mang., per 15 mins" at $31.36/15 minutes.

3. What knowledge and/or skills should CCOs consider when deciding which staff to work with OHA on this issue?

CCOs should consider staff who have expertise in behavioral health billing and partnering with hospitals on services billing.

4. Is there an existing meeting where OHA and CCOs can work – or are already working – on this issue? If so, identify the meeting and its schedule.

This work may require regular OHA-CCO engagement over a few weeks, possibly up to a couple months. If there is not a suitable existing forum, then OHA will hold a dedicated work session/s specifically for this purpose.

It has been determined there is not an existing meeting to discuss caring contacts. OHA has schedule two dedicated work sessions to engage with CCOs. Meetings are scheduled for March 30 from 1-2pm and April 6 from 11am – 12pm.