



PERMANENT ADMINISTRATIVE ORDER

DMAP 48-2020

CHAPTER 410
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

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FILING CAPTION: Adds Telehealth Option to Align with Updated Practice Guidelines, Respond to Outbreaks of Infectious Diseases

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AMEND: 410-170-0080

REPEAL: Temporary 410-170-0080 from DMAP 31-2020

RULE TITLE: Services

NOTICE FILED DATE: 07/13/2020

RULE SUMMARY: The Health Evidence Review Commission (HERC) has updated guidelines for coverage of telehealth services. These updates support appropriate response to an outbreak or epidemic of an infectious disease through increased access to appropriate healthcare resources. This rule amendment authorizes the Authority and Division to operationalize the intent of the revisions to telehealth services.

RULE TEXT:

- (1) The BRS contractor shall, and require that its BRS provider, provide services to the BRS client in accordance with the BRS client's service plan.
- (2) BRS contractor staff shall, and require that its BRS provider, staff structure and directly supervise all services.
- (3) Types of Services:
 - (a) Milieu Therapy:
 - (A) The BRS contractor shall, and require that its BRS provider, provide the BRS client structured activities and planned interventions designed to normalize psycho-social development, promote safety, stabilize environment, and assist in responding in developmentally appropriate ways;
 - (B) The program's staff shall monitor the BRS client in these activities, which include developmental, recreational, academic, rehabilitative, or other productive work;
 - (C) Milieu therapy occurs in concert with one of the other types of services. Because milieu therapy must occur in concert with another BRS service, the BRS contractor may not and shall ensure that its BRS provider does not count milieu therapy in the number of hours of BRS services provided to the BRS client per week.
 - (b) For crisis counseling, the BRS contractor shall, and require that its BRS provider, provide the BRS client counseling on a 24-hour basis to stabilize the client's behavior until the problem can be resolved or assessed and treated by a qualified mental health professional or licensed medical practitioner;

(c) For individual and group counseling, the BRS contractor shall, and require that its BRS provider, provide face-to-face individual or group counseling sessions to the BRS client that are designed to remediate the problem behaviors identified in the client's service plan;

(d) For parent training, the BRS contractor shall, and require that its BRS provider, provide planned activities or interventions (face-to-face or by telephone) to the BRS client's family or identified aftercare resource family. Parent training is designed to assist the family in identifying the specific needs of the BRS client, support the client's efforts to change, and improve and strengthen parenting knowledge or skills indicated in the service plan as being necessary for the client to return home or to another community living resource;

(e) For skills-training, the BRS contractor shall, and require that its BRS provider, provide the BRS client planned individual or group sessions using evidence-based or evidence-informed approaches or models designed to improve specific areas of functioning in the client's daily living as identified in the service plan. Skills-training may be designed to develop appropriate social and emotional behaviors, improve peer and family relationships, improve self-care, encourage conflict resolution, reduce aggression, improve anger control, and reduce or eliminate impulse and conduct disorders.

(f) For Face-to-face services described in sections (3)(c-d) of this rule the BRS contractor shall, and require it's BRS provider to, provide them in accordance with the definition standards described in OAR 410-170-0020(30). Any barriers BRS contractors or their BRS providers encounter when attempting to meet these standards including, but not limited to, temporary technical issues, health and safety precautions, or client preference should be documented in service notes and attempts should be made to mitigate barriers as they arise.

(4) Telehealth for Behavior Rehabilitation Services:

(a) To utilize telehealth for services required by the BRS program, the BRS contractor and BRS providers shall:

(A) Comply with Telehealth for Behavioral Health requirements described in OAR 410-172-0850;

(B) Comply with prioritized list of health services guidelines for telephone and e-mail consultation described in OAR 410-141-3830; and

(C) Comply with agency specific BRS Telehealth program rules and policies.

(b) The BRS contractor and BRS providers shall develop written telehealth policy that complies with section (4)(a)(A-C) of this rule. At minimum, the policy shall describe:

(A) The circumstances the provider may provide BRS services via telehealth;

(B) The telecommunication technologies the BRS contractor or BRS provider has implemented to deliver services via telehealth; and

(C) The process to obtain an individual's informed consent in accordance with ORS 107.154, 179.505, 179.507, 192.515, including a sample form.

(c) The BRS contractor and BRS providers may utilize telehealth for services that require a face-to-face setting when there is a documented barrier to providing in-person services, as follows:

(A) Services via telehealth shall be provided by a qualified program staff within their scope of position;

(B) Service notes for phone, individual or group counseling shall follow the same criteria as face-to-face counseling and identify the session was conducted by telehealth and the reason for the use of telehealth; and

(C) Individual or group counseling via telehealth shall meet HIPAA and 42 CFR Part 2 standards for privacy; and

(D) Any barriers to meeting the standards set in the face-to-face definition found in OAR 410-170-0020(30), including but not limited to temporary technical issues, health and safety precautions, or client preference should be documented in service notes and attempts should be made to mitigate barriers as they arise.

(5) The BRS contractor shall, and require that its BRS provider:

(a) Provide a combination of services necessary to comply with the BRS client's service plan and the requirements in OAR 410-170-0090 for the appropriate BRS type of care;

(b) Create and maintain written documentation describing the services provided to each BRS client that includes at a minimum the following information:

(A) Name of the BRS client;

- (B) Date of service;
 - (C) Name and position of the staff member providing the service to the BRS client;
 - (D) Length of time staff spent providing the service to the BRS client;
 - (E) Description of the service provided; and
 - (F) Description of the BRS client's participation in the service.
- (c) Create and maintain a written weekly record in each BRS client's case file with the total number of service hours provided each day to the client and a breakdown of the number of hours spent providing each type of service described in section (3) of this rule; and
- (d) Ensure that social service staff review the documentation described in this section each week for quality, content, and appropriateness with the BRS client's service plan.

STATUTORY/OTHER AUTHORITY: ORS 413.042, ORS 414.065, ORS 743A.058

STATUTES/OTHER IMPLEMENTED: ORS 414.065