

Health Systems Division: Behavioral Health Services - Chapter 309

July 31, 2019

Round 2 Redline

Division 14. COMMUNITY MENTAL HEALTH PROGRAMS; CENTRAL OREGON HEALTH COUNCIL

309-014-0000 CMHP: Purpose and Statutory Authority Scope

~~(1) Purpose:~~ These rules at OAR 309-014-0000 through 309-014-0040 prescribe general administrative standards for Division community mental health programs (CMHPs), which. ~~The purpose of a CMHP is to provide a system of appropriate, accessible, coordinated, effective, efficient safety net services to meet the mental health needs of the citizens of the community.~~

~~(2) Certificate Required: To receive a certificate for the provision of behavioral health treatment services a Community Mental Health Program must meet the criteria under OAR 309-008-0100 to 309-008-1600; in addition, the Opioid Treatment Program must:~~

~~(3) Renewal: The renewal of a Certificate shall be governed by OAR 309-008-0100 to 309-008-1600.~~

~~(4) Denial, Revocation, Nonrenewal, Suspension: The denial, revocation, nonrenewal, or suspension of a letter of approval or license for an opioid treatment program may be based on any of the grounds set forth in OAR 309-008-1100.~~

Statutory/Other Authority: ORS 413.042 & 430.640

Statutes/Other Implemented: ORS 430.610 – 430.695

History:

MHS 23-2016, f. & cert. ef. 12-1-16

MHD 39, f. 5-20-76, ef. 6-11-76; MHD 14-1982, f. & ef. 7-7-82, Sections (3) thru (13) Renumbered to 309-014-0005 thru 309-014-0040; MHD 13-2000, f. 9-15-00, cert. ef. 9-16-00

309-014-0005 CMHP: Definitions

In addition to the definitions listed in OAR 309-001-0100, the following definitions apply to OAR 309-014-0000 through 309-014-0040. As used in these rules:

~~(1) "Certificate" means the document or documents issued by the Division, which identifies and declares certification of a provider pursuant to OAR 309-008-0100 to 309-008-1600. A letter accompanying issuance of the certificate will detail the scope and approved service delivery locations of the certificate.~~

~~(2) "Chief Officer" means the Chief Health Systems Officer of the Oregon Health Authority, or his or her designee.~~

~~(13) "Community Mental Health Program (CMHP)" has the meaning defined in OAR 309-001-0100. means "Community Mental Health Program": an entity that is responsible for planning and delivery of safety net services for persons with mental or emotional disturbances, drug abuse problems, and alcoholism and alcohol abuse in a specific geographic area of the state under a contract with the Division or a local mental health authority.~~

~~(24) "CMHP Program Area" means the organization of all services in a specific geographic area of the state under a contract with the Division for a defined subset of the issues for which a CMHP may be responsible (e.g., persons with either mental or emotional disturbances, drug abuse problems, or alcoholism and alcohol abuse problems), operated by, a local mental health authority, operated in a specific geographic area of the state under a contract with the Division.~~

~~(5) "CMHP Director" means the director of a CMHP who operates or contracts for all services for persons with mental or emotional disturbances, drug abuse problems, and alcoholism and alcohol abuse problems under the omnibus contract with the Division.~~

~~(6) "Community Mental Health Advisory Committee" means the advisory committee to a local mental health authority.~~

~~(7) "Division" means the Health Systems Division of the Oregon Health Authority.~~

~~(38) "Individual" means a person receiving services under these rules. (9) "Local Mental Health Authority" means the county court or board of county commissioners of one or more counties who operate a community mental health program, or in the case of a Native American reservation, the tribal council, or if the county declines to operate or contract for all or part of a community mental health program, the board of directors of a public or private corporation.~~

~~(9) "Local Revenues" means all money, other than state or federal grant or contract funds, expended by a local mental health authority and any of its subcontractors for community mental health services and included in the approved community mental health contractor plan and budget. However, federal funds expended for alcoholism treatment and rehabilitation services provided under ORS 430.345 to 430.380 in accordance with ORS 430.359(3) by community mental health contractors shall be considered local revenues.~~

~~(410) "Omnibus Contract" means the Financial Assistance Grant Agreement or contract between the Health Systems Division and a local mental health authority for all services for persons with mental or~~

emotional disturbances, drug abuse problems, and alcoholism and alcohol abuse problems, operated in a specific geographic area.

~~(11) "Quality Assurance" means a systematic procedure for assessing the effectiveness, efficiency, and appropriateness of services provided by the community mental health contractor.~~

~~(512)~~ "Service Element" means a distinct service or group of services for person with mental or emotional disturbances, drug abuse problems, and alcoholism and alcohol abuse problems, operated in the community under a contract with the Health Systems Division, or under contract with a local mental health authority.

~~(613)~~ "Service Provider" means an entity or person that delivers service elements ~~funded wholly or in part by the Division under a contract with the Division.~~

~~(14) "State Institution" means Oregon State Hospital in Junction City and Salem.~~

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 430.610 – 430.640

History:

MHS 23-2016, f. & cert. ef. 12-1-16

MHD 39, f. 5-20-76, ef. 6-11-76; Renumbered from 309-014-0000(3), MHD 14-1982, f. & ef. 7-7-82; MHD 8-2000(Temp), f. 3-20-00, cert. ef. 3-21-00 thru 9-16-00; MHD 13-2000, f. 9-15-00 cert. ef. 9-16-00

309-014-0010 Purpose of a Community Mental Health Program

~~The purpose of a CMHP is to provide a system of appropriate, accessible, coordinated, effective, efficient safety net services to meet the mental health needs of the citizens of the community.~~

~~Statutory/Other Authority: ORS 413.042 & 430.640~~

~~Statutes/Other Implemented: ORS 430.610 – 430.640~~

~~History:~~

~~MHS 23-2016, f. & cert. ef. 12-1-16~~

~~MHD 39, f. 5-20-76, ef. 6-11-76; Renumbered from 309-014-0000(4), MHD 14-1982, f. & ef. 7-7-82; MHD 13-2000, f. 9-15-00, cert. ef. 9-16-00~~

309-014-0015 CMHP: Division Responsibility for Community Behavioral Addictions and Mental Health

The Division shall assist the local mental health authority in establishing and operating community mental-behavioral health services and shall integrate such services with other mental-behavioral health system components in the state by:

- (1) Assessing needs for community mental-behavioral health services in the state.
- (2) Identifying priorities among needs and preparing state plans for community mental-behavioral health disability services.
- (3) Conducting the Division's activities in the least costly and most efficient manner so that delivery of services to people with behavioral health needs the mentally or emotionally disturbed, alcohol abuser, alcoholic, drug abuser and drug-dependent persons shall be effective, coordinated, and integrated with other services within the Oregon Health Authority.
- (4) Obtaining resources and contracting with local mental health authorities for the operation of community mental-behavioral health safety net service.
- (5) Subject to the availability of funds, providing public information, program consultation, technical assistance, and training concerning community mental-behavioral health services.

Statutory/Other Authority: ORS 413.042 & 430.640

Statutes/Other Implemented: ORS 430.610 – 430.640

History:

MHS 23-2016, f. & cert. ef. 12-1-16

MHD 39, f. 5-20-76, ef. 6-11-76; Renumbered from 309-014-0000(4) & (7), MHD 14-1982, f. & ef. 7-7-82;

MHD 13-2000, f. 9-15-00, cert. ef. 9-16-00

309-014-0020 CMHP: Program Director Qualifications

(1) The CMHP Director shall be a full-time employee of the local mental health authority or the public or private corporation operating the community mental health program.

(2) The CMHP Director shall meet the following requirements:

(a) Hold at least a master's degree in a field related to behavioral health, social work, health science, special education, public administration, or human service administration; ~~and~~

(b) Have a minimum of five years of experience in human services programs, two of which are in community mental-behavioral health and two of which ~~are~~ involve program managerial experience ~~in human services~~; and

(c) Present references documenting experience, training, and ability to manage a community mental health program.

(3) When the position of community mental health program director becomes vacant, an interim director shall be appointed to serve until a permanent director is appointed.

Statutory/Other Authority: ORS 413.042 & 430.640

Statutes/Other Implemented: ORS 430.610 – 430.640

History:

MHS 23-2016, f. & cert. ef. 12-1-16

MHD 39, f. 5-20-76, ef. 6-11-76; Renumbered from 309-014-0000(5), (6), (9), (10) & (12), MHD 14-1982, f. & ef. 7-7-82; MHD 8-2000(Temp), f. 3-20-00, cert. ef. 3-21-00 thru 9-16-00; MHD 13-2000, f. 9-15-00, cert. ef. 9-16-00

309-014-0021 CMHP: Developmental Disability Services~~Management Functions~~

(1) In addition to other duties as may be assigned in the area of developmental disability services, the CMHP shall, at a minimum, assure that the following duties are performed:

(a) Develop plans as may be needed to provide a coordinated and efficient use of resources available to serve people with developmental disabilities;

(b) Develop positive and cooperative working relationships with families, advocates, service providers, the Division, and other state and local agencies with an interest in developmental disability services; and

(c) Assure collection and timely reporting of information as may be needed to conduct business with the Division, including but not limited to information needed to license foster homes, to collect federal funds supporting services, and to investigate complaints related to services or suspected individual abuse; and.

(2) Management Plan. The CMHP shall:

(a) ~~m~~Maintain a plan assigning responsibility for the management functions and duties described in this section; and ~~The community mental health program shall~~

(b) ~~a~~Assure that the functions and duties are assigned to people who have the knowledge and experience necessary to perform them.

Statutory/Other Authority: ORS 413.042 & 430.640

Statutes/Other Implemented: ORS 430.610 – 430.640

History:

MHS 23-2016, f. & cert. ef. 12-1-16

309-014-0022 CMHP: Model Contract Terms

~~(1) In keeping with the principles of family support expressed in ORS 417.342, and notwithstanding 430.670(2) or 291.047(3), an entity operating a CMHP may purchase services for an individual from a service provider without first providing an opportunity for competition among other service providers if the service provider is selected by the individual, the individual's family or the individual's guardian, as long as the service provider has been approved by the Division to provide such service.~~

~~(2) Limit on contract requirements.~~ (1) When a CMHP contracts with a public agency or private corporation for delivery of ~~developmental disability~~ service elements, the CMHP shall include in the contract only terms that are substantially similar to model contract terms established by the Division. Except as otherwise specified in these rules, ~~the~~ CMHP may not add contractual requirements, including qualifications for contractor selection, which are nonessential to the service element(s) being provided under the contract.

(2) The CMHP shall specify in contracts with service providers that disputes, which arise from these limitations, shall be resolved according to procedures contained in these rules.

(3) ~~For purposes of this section, t~~he following definitions apply with respect to CMHP contracts that are governed by these rules:

(a) "Model contract terms established by the Division" means all applicable material terms and conditions of the omnibus contract, as modified to appropriately reflect a contractual relationship between the service provider and the CMHP, and any other requirements approved by the Division as local options under procedures established in these rules.

(b) "Substantially similar to model contract terms" means that the terms developed by the CMHP and the model contract terms require the service provider to engage in approximately the same type activity and expend approximately the same resources to achieve compliance.

(c) "Nonessential to the service element(s) being provided" means requirements that are not substantially similar to model contract terms developed by the Division.

(4) Exception to Facility Requirements. The CMHP may add contract requirements that the CMHP considers necessary to ensure the siting and maintenance of residential facilities in which individual care is provided. These requirements shall be consistent with all applicable state and federal laws and regulations related to housing.

Statutory/Other Authority: ORS 413.042 & 430.640

Statutes/Other Implemented: ORS 430.610 – 430.640

History:

MHS 23-2016, f. & cert. ef. 12-1-16

309-014-0023 CMHP: The Appeals Process Regarding Model Contract Terms

(1) Notice of Appeal.

(a) If a service provider believes that the contract offered by the CMHP contains terms or conditions that are not substantially similar to those established by the Division in the model contract, the service provider may appeal imposition of the disputed terms or conditions by sending a written notice of appeal to the ~~Division's~~ Chief Officer within 30 calendar days after the effective date of the contract requirement. The notice of appeal shall include:

(A) A copy of the contract and any pertinent contract amendments;

(B) Identification of the specific term(s) that are in dispute; and

(C) A complete written explanation of the dissimilarity between the disputed terms and the model contract.

(D) The service provider shall send a copy of its notice of appeal to the CMHP. Upon receipt of this notice, the CMHP shall suspend enforcement of compliance with any contract requirement under appeal by the contractor until the appeal process is concluded.

(2) The Chief Officer or designee, shall offer to meet with both to mediate a solution. If a solution cannot be mediated, the Chief Officer shall declare an impasse through written notification to all parties and immediately appoint a mediation panel to consider arguments from both parties.

~~(3)~~(a) ~~The Mediation Panel~~ The panel shall include, at a minimum, a representative from the Division, a representative from another CMHP, and a representative from another service provider organization.

(b) The panel shall meet with the parties, consider their respective arguments, and send written recommendations to the Chief Officer of the Division within 45 business days after an impasse was declared.

(c) If an appeal requiring panel consideration has been received from more than one contractor, the Division may organize materials and discussion in any manner it deems necessary, including combining appeals from multiple contractors, to assist the panel in understanding the issues and operating efficiently.

(d) The Chief Officer shall notify all parties of his/her decision within 15 business days after receipt of the panel's recommendations. The decision of the Administrator is final. The CMHP shall take immediate action to amend contracts as needed to comply with the Administrator's decision.

(3)~~(a)~~ Expedited Appeal Process.

(a) The CMHP or the contractor may request an expedited appeal process that provides a temporary resolution, if it can be shown that the time needed to follow procedures to reach a final resolution would cause imminent risk of serious harm to individuals or organizations.

(b) The request shall be made in writing to the Division's Chief Officer. It shall describe the potential harm and level of risk that ~~will~~ would be incurred by following the appeal process. The Division shall notify all parties of its decision to approve an expedited appeal process within two business days.

(c) If an expedited process is approved, the Chief Officer shall notify all parties of his/her decision concerning the dispute within three additional business days. The Chief Officer's decision resulting from an expedited appeal process shall be binding, but temporary, pending completion of the appeal process. All parties shall act according to the Chief Officer's temporary decision until notified of a final decision.

(4) Disputes regarding subjects other than model contract terms, as described in this rule, are governed by OAR 309-014-0037 (Dispute Resolution).

~~(4) Exception to Facility Requirements. The CMHP may add contract requirements that the CMHP considers necessary to ensure the siting and maintenance of residential facilities in which individual care is provided. These requirements shall be consistent with all applicable state and federal laws and regulations related to housing.~~

~~(5) Needs Assessment and Planning. The CMHP shall assess local needs for services to persons with mental or emotional disturbances, drug abuse problems, mental retardation or other developmental disabilities, and alcoholism and alcohol abuse problems. The CMHP shall plan for meeting those needs within the constraints of resources available. The local mental health authority shall review and approve the plan before it is submitted to the Division.~~

~~(6) Monitoring. The local mental health authority shall monitor all CMHP service elements to assure that:~~

~~(a) Service elements are provided as specified in the contract with the Division; and~~

~~(b) Service elements are in compliance with these rules and other applicable Division administrative rules.~~

Statutory/Other Authority: ORS 413.042 & 430.640

Statutes/Other Implemented: ORS 430.610 – 430.640

History:

MHS 23-2016, f. & cert. ef. 12-1-16

309-014-0025 CMHP: Management of Community Mental Health General Standards for CMHPs and Program Area Contractors

Each CMHP, ~~and each~~ contractor ~~that takes on responsibility for one or more providing a community mental health CMHP program areas~~ under a contract with the Division, is required to meet the following standards ~~for management~~:

(1) The processes for CMHP certification and certificate renewal are governed by OAR chapter 309, division 008.

~~(2)~~ Organization:

(a) Each CMHP and program area contractor shall have an up-to-date organization chart showing the line of authority and responsibility from the local mental health authority to the CMHP area director and to each of the components of the CMHP area contractor;

(b) For all components of the community mental health CMHP program area contractor operated by agencies other than the local mental health authority LMHA, there shall be a contract between the local mental health authority LMHA and the subcontract agency specifying the authorities and responsibilities of each party and conforming to the requirements of any Division rule pertaining to contracts.

~~(3)~~ Needs Assessment and Planning:

(a) When the Division contracts for a CMHP program area, the CMHP or contractor shall:

(A) assess local needs for services to persons within that program area;

(B) and shall plan to effectively and efficiently meet those needs within the constraints of available resources.

(b) The local mental health authority LMHA shall review and approve the plan before it is submitted to the Division.

~~(4)~~ Monitoring: The local mental health authority LMHA shall monitor all community mental health service elements within the program area to assure that:

(a) Service elements are provided as specified in the contract with the Division; and

(b) Service elements are in compliance with these rules and other applicable Division administrative rules.

(5) Each CMHP or CMHP program area contractor shall maintain a written agreement with the Oregon State Hospital, which shall be reviewed and renewed at least annually. The agreement shall include, but need not be limited to:

(A) The procedures to be followed to assure necessary communication between the Oregon State Hospital and the CMHP or CMHP program area contractor when a client is admitted to, receiving services from, or discharged from, the Oregon State Hospital;

(B) The type of client information which will be shared by the CMHP program area contractor and the Oregon State Hospital, the manner in which the information will be transmitted, and the times when such information will be provided; and

(C) The names of the staff members from the Oregon State Hospital and the CMHP program area contractor who will have principal responsibility for liaison and implementation of the agreement.

(6) CMHPs and program area contractors shall, as applicable, comply with the requirements of OAR 309-019-0150 (Community Mental Health Programs Crisis Services).

Statutory/Other Authority: ORS 413.042 & 430.640

Statutes/Other Implemented: ORS 430.610 – 430.640

History:

MHS 23-2016, f. & cert. ef. 12-1-16

MHD 39, f. 5-20-76, ef. 6-11-76; Renumbered from 309-014-0000(5) & (6), MHD 14-1982, f. & ef. 7-7-82;

MHD 13-2000, f. 9-15-00, cert. ef. 9-16-00

309-014-0030 CMHP: Service Provider Standards~~Management of All Service Elements~~

All ~~service providers~~ ~~contractors~~ providing ~~community mental health~~ service elements under a contract with the Division are required to meet the following standards for management:

(1) Fee Policy. For all ~~community mental health~~ service elements, except local administration and those provided by a public education district, the ~~agency providing the service element~~ service provider shall:

(a) Determine the cost of each type of service element provided;

(b) Establish a schedule of fees ~~for service elements~~ based on the costs of the service elements, adjusted on the basis of the client's ability to pay;

(c) At the time ~~the any~~ service elements is initiated, inform the client of the ~~agency~~ service provider's fee policy, the ~~agency~~ fee schedules, and the fee rate to be collected from the client in the event that third-party payments do not cover the cost of the client's service elements;

(d) Billings for Title XIX funds shall in no case exceed the customary charges to private clients for any ~~like~~ item or service substantially similar to those charged ~~by as part of~~ the service element; and

(e) Service providers shall c~~h~~arge fees for service elements as follows:

(A) Except where expressly prohibited by federal law or regulation, when third-party payments do not cover the full fee for the service elements provided, the service provider shall charge the client, or those legally responsible for the cost of the client's care, in an amount which is the lesser of:

(i) The balance of the fee charged to but not paid by the third-party payor(s); or

(ii) A fee adjusted on the basis of the client's ability to pay.

(B) The service provider shall c~~h~~arge any third-party payor in the amount of the full fees for the service elements provided. Should the sum of any third-party payments and client payments exceed the fee, a refund of the excess payment shall be given to the client.

(2) Individual Rights. Each service provider shall have written policies and procedures to assure:

(a) The protection of statutory rights of persons receiving mental health services, in accordance with ORS 430.210 and ORS 426.385;

(b) Protection of individual privacy and dignity;

(c) Confidentiality of records consistent with state and federal statutes and regulations;

(d) Involvement of the individual in planning services through the provision of information, presented in a manner designed to facilitate the individual's understanding, which explains the following:

(A) The treatment to be undertaken;

(B) Alternative treatment methods available, if any; and

(C) Risks that may be involved in the training or treatment, if any.

(e) The individual's right to refuse service unless otherwise ordered by a court; and

(f) The individual is provided with information, presented in a manner designed to facilitate the individual's understanding, concerning the agency fee policies.

(32) Quality Assurance. Each ~~service provider of community mental health and developmental disability service elements~~ shall implement and maintain a quality assurance program, meaning a systematic procedure for assessing the following:

(a) Outcomes associated with:

(A) Crisis stabilization and mobile crisis services;

(B) Suicide prevention services;

(C) Linkage to housing;

(D) Secure and nonsecure extended psychiatric care;

(E) PSRB services;

(F) Residential services;

(G) Medication monitoring;

(H) Preventative mental health services for children

(I) Family and peer support and self-help services;

(J) Mental health services to children;

(K) Mental health services to adults;

(L) Outpatient, residential, and withdrawal management services to persons with substance use disorders;

(M) Medication-assisted treatment to persons with substance use disorders;

(N) Services to persons with co-occurring disorders;

(O) Services to persons with gambling disorders;

(b) Health equity gaps;

(c) Quality of community partnerships and coordination;

(d) Consumer satisfaction;

(e) Employee attrition and retention; and

(f) Self assessment of implementation of trauma informed care training and services using tools available through Trauma Informed Oregon.

~~(43)~~ Internal Management. Each service provider ~~of CMHP service elements funded by the Division~~ shall meet the following internal management standards:

(a) There shall be an up-to-date organization chart showing lines of authority and responsibility for the services within the agency;

(b) There shall be up-to-date, written position descriptions for all staff ~~providing community mental health and developmental disability~~ services as part of a service element;

(c) If the service provider has four or more staff ~~providing~~ provide CMHP services, the ~~provider~~ shall ~~be~~ maintain written personnel policies and procedures concerning:

(A) Recruitment and termination of employees;

(B) Compensation plan;

(C) Performance appraisals, promotions and merit increases, and staff development;

(D) Employee benefits; and

(E) Grievance procedures.

(d) Each employee providing CMHP services shall have the opportunity for in-service training with pay;

(e) There shall be up-to-date accounting records for each ~~mental health~~ service element accurately reflecting all revenue by source, all expenses by object of expense, and all assets, liabilities, and equities, consistent with generally accepted accounting principles and conforming to the requirements of OAR 309-013-0120 to 309-013-0220;

(f) There shall be written statements of policy and procedure as are necessary and useful to assure compliance with any administrative rule pertaining to fraud and embezzlement and abuse of patients, residents, and clients; and

(g) There shall be such other written statements of policy and procedure as are necessary and useful to enable the agency to accomplish its ~~mental health~~ service objectives and to meet the requirements of these rules and other applicable standards and rules.

Statutory/Other Authority: ORS 413.042 & 430.640

Statutes/Other Implemented: ORS 430.610 – 430.640

History:

MHS 23-2016, f. & cert. ef. 12-1-16

MHD 39, f. 5-20-76, ef. 6-11-76; Renumbered from 309-014-0000(5) & (6), MHD 14-1982, f. & ef. 7-7-82;

MHD 13-2000, f. 9-15-00, cert. ef. 9-16-00

309-014-0035 CMHP: Delivery of CMHP Service Delivery and Care Coordination Elements

All service providers ~~community mental health contractors~~ providing ~~community mental health~~ service elements under a contract with the Division are required to meet the following general standards for delivery of ~~community mental health~~ CMHP service elements:

(1) Eligibility for Services~~s~~:

(a) In accordance with the Civil Rights Act of 1964, ~~community mental health~~ services shall not be denied any person on the basis of race, color, creed, sex, national origin, or duration of residence.

~~(b) Community mental health contractors~~ Service providers shall ~~also~~ comply with Section 504 of the Rehabilitation Act of 1973, as implemented by 45 CFR 84.4, which states in part, "No qualified handicapped person shall, on the basis of handicap, be excluded from participation in, be denied benefits of, or otherwise be subjected to discrimination under any program or activity which receives ~~or benefits from~~ Federal financial assistance.";

~~(c)~~ No person shall be denied services or be discriminated against on the basis of age or diagnostic or disability category unless predetermined clinical or program criteria ~~for service~~ restrict the service to specific age or diagnostic groups or disability categories;

(d) No person shall be denied services on the basis of sexual orientation, gender identity, or gender presentation, as those terms are defined in OAR 309-019-0105;

~~(e)~~ No person shall be denied ~~community mental health~~ services based on ability to pay;

~~(f)~~ Any person eligible for community mental health services provided by one service provider agency shall also be eligible for other CMHP services provided by any other ~~agency~~ service provider, unless admission to the service is subject to diagnostic or disability category or age restrictions based on predetermined criteria.

(2) In keeping with the principles of family support expressed in ORS 417.342, and notwithstanding 430.670(2) or 291.047(3), an entity operating a CMHP may purchase services for an individual from a service provider without first providing an opportunity for competition among other service providers if the service provider is selected by the individual, the individual's family, or the individual's guardian, as long as the service provider has been approved by the Division to provide such service.

~~(3)~~ Continuity and Coordination~~s~~:

(a) Each service provider agency ~~providing community mental health services~~ shall make pertinent clinical and financial eligibility information concerning a client ~~of the agency~~ readily available to other ~~community mental health~~ service providers ~~agencies~~ responsible for the client's care, consistent with applicable state ~~statutes~~ and federal laws and regulations concerning confidentiality;

(b) In the event that a person seeking or receiving services from one ~~community mental health contractor~~ service provider requires services not provided by ~~that service provider~~ ~~the contractor~~, the person shall be referred to an available appropriate service provider ~~that agency which~~ can provide the needed services;

~~(c) A service provider shall coordinate planning and implementation of services for clients of the community mental health contractor shall be coordinated between with other components of service providers overseen by the applicable CMHP or program area community mental health and developmental disability contractor, and also with other human service agencies, and between components of the community mental health contractor and the Oregon State Hospital state institutions.~~

~~Each CMHP or community mental health program area contractor shall maintain a written agreement with state institutions serving the county. The agreement shall include, but need not be limited to:~~

~~(A) The procedures to be followed to assure necessary communication between the state institution and the community mental health program or CMHP area contractor when a client is admitted to, and discharged from, the state institution and during the period of care, treatment or training;~~

~~(B) The type of client information which will be shared by the CMHP area contractor and the state institution, the manner in which the information will be transmitted and the times when such information will be provided;~~

~~(C) The names of the staff members from the state institution and the CMHP area contractor, who will have principal responsibility for liaison and implementation of the agreement; and~~

~~(D) Each agreement between the state institution and a CMHP, or program area contractor, shall be reviewed and renewed at least once a year.~~

Statutory/Other Authority: ORS 413.042 & 430.640

Statutes/Other Implemented: ORS 430.610 – 430.640

History:

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MHD 39, f. 5-20-76, ef. 6-11-76; Renumbered from 309-014-0000(8) & (11), MHD 14-1982, f. & ef. 7-7-82 ; MHD 13-2000, f. 9-15-00, cert. ef. 9-16-00

309-014-0036 CMHP: Records

(1) Service Records. CMHPs, program area contractors, and service providers shall maintain a record shall be maintained for each client who receives direct treatment training and/or care services. The record shall contain client identification, problem assessment, treatment, training and/or care plan, medical information when appropriate; and progress notes.

(2) Retention of Records. Records shall be retained in accordance with OAR 166-005-0000 through 166-0140-00190 (State Archivist). Financial records, supporting documents, statistical records, and all other records (except client records) shall be retained for a minimum of three years after the close of the contract period, or until audited. Client records shall be kept for a minimum of seven years.

(3) Confidentiality of Client Records. Client records shall be kept confidential in accordance with ORS 179.505, 45 CFR 205.50 and 42 CFR Part 2, any Division administrative rule pertaining to client records, and the most current edition of the Division Handbook on Confidentiality.

~~(4) Client Rights. Each agency providing any community mental health service shall have written procedures to assure:~~

~~(a) Protection of client privacy and dignity;~~

~~(b) Confidentiality of records consistent with state statutes and federal statutes and regulations;~~

~~(c) Involvement of the client in planning the service through the provision of information, presented in general terms, which explains the following:~~

~~(A) The treatment to be undertaken;~~

~~(B) Alternative treatment methods available, if any; and~~

~~(C) Risks that may be involved in the training or treatment, if any.~~

~~(d) Client's right to refuse service unless otherwise ordered by a court; and~~

~~(e) Client is provided with information, presented in general terms, concerning the agency fee policies.~~

Statutory/Other Authority: ORS 413.042 & 430.640

Statutes/Other Implemented: ORS 430.610 – 430.640

History:

MHS 23-2016, f. & cert. ef. 12-1-16

309-014-0037 CMHP: Dispute Resolution

(1) ~~This rule applies to~~ The CMHP shall adopt a dispute resolution policy that pertains to disputes that may arise between a county, CMHP, or CMHP program area contractor and from contracts with service providers that deliver Division-funded services ~~funded by the Division for the CMHP~~. These disputes may involve the terms of a contract or the interpretation of an Division administrative rule relating to Division programs under ORS Chapter 430. This rule does not, however, apply to disputes governed by OAR 309-014-0023 (Appeals Regarding Model Contract Terms).

(2) The CMHP shall adopt a local dispute resolution policy that governs the disputes described in section (1). Procedures implementing this policy shall be included in the contract with any ~~such~~ service provider.

~~(3)~~ When a dispute exists ~~between a county or a CMHP and a service provider regarding the terms of their contract or the interpretation of an administrative rule of the Division relating to Division programs under ORS Chapter 430,~~ and local dispute resolution efforts have been unsuccessful, either party may request assistance from the Division in mediating the dispute.

(a) Procedure. The parties shall demonstrate a spirit of cooperation, mutual respect, and good faith in all aspects of the mediation process. Mediation shall be conducted as follows:

(A) Request. The party requesting mediation shall send a written request to the Division Chief Officer, the CMHP director, and the service provider ~~agency~~ director, unless other persons are named as official contact persons in the specific rule or contract under dispute. The request shall describe the nature of the dispute and identify the specific rule or contract provisions that are central to the dispute.

(B) Arrangements. The Chief Officer or designee, shall arrange the first meeting of the parties at the earliest possible date. The agenda for the first meeting should include:

(i) Consideration of the need for services of an outside mediator. If such services are desired, agreement should be made on arrangements for obtaining these services.

(ii) Development of rules and procedures that will be followed by all parties during the mediation;

(iii) Agreement on a date by which mediation will be completed, unless extended by mutual agreement.

(C) Cost. Unless otherwise agreed to by all parties:

(i) Each party shall be responsible for the compensation and expenses of their own employees and representatives; and

(ii) Costs that benefit the group, such as services of a mediator, rental of meeting space, purchase of snack food and beverage, etc. shall be shared equally by all parties.

(b) Final Report.

(A) At the conclusion of mediation, the parties and/or the Division shall prepare A written statement documenting the outcome of the mediation ~~shall be prepared~~.

(B) This statement shall consist of:

(i) ~~a~~ A brief ~~written~~ statement signed by all parties;

(ii) ~~or~~ Separate statements from each party declaring their position on the dispute; ~~or at the conclusion of the mediation process.~~

(iii) ~~If any party refuses or fails to contribute or sign a statement, in the absence of written statements from other parties,~~ the Division representative shall prepare the final report, which shall include any statements that were submitted by any party.

(C) The final report on each mediation shall be retained on file at the Division. The Division will, from time to time, or as requested by the legislature or others, prepare summary reports that describe the success of mediation in resolving disputes.

Statutory/Other Authority: ORS 413.042 & 430.640

Statutes/Other Implemented: ORS 430.610 – 430.640

History:

MHS 23-2016, f. & cert. ef. 12-1-16

MHD 13-2000, f. 9-15-00, cert. ef. 9-16-00

MHD 8-2000(Temp), f. 3-20-00, cert. ef. 3-21-00 thru 9-16-00

309-014-0040 CMHP: Variances

(1) Requirements and standards for requesting and granting variances or exceptions are found in OAR 309-008-1600.

~~(2) Division Review and Notification: The Division must approve or deny the request for a variance to these rules within the scope and authority. The Division must be made in writing using the Division approved variance request form and following the variance request procedure compliant with OAR 309-008-1600.~~

~~(3) Granting a variance for one request does not set a precedent that must be followed by the Division when evaluating subsequent requests for variance.~~

~~(4)~~ A variance granted by the Division shall be attached to, and become part, of the contract for that year.

Statutory/Other Authority: ORS 413.042 & 430.640

Statutes/Other Implemented: ORS 430.610 – 430.640

History:

MHS 23-2016, f. & cert. ef. 12-1-16

MHD 39, f. 5-20-76, ef. 6-11-76; Renumbered from 309-014-0000(13), MHD 14-1982, f. & ef. 7-7-82;

MHD 13-2000, f. 9-15-00, cert. ef. 9-16-00

309-014-0300 [COHC](#): Purpose and Scope

These rules [at OAR 309-014-0300 through 309-014-0340](#) relate to the implementation of Chapter 418, Oregon Laws 2011 sections 13 through 20. The scope is limited to the creation of the Central [Oregon Health Council \(COHC or "the Council"\)](#) ~~and the implementation of the Central Oregon Health Improvement Plan~~. [As described in these rules, the Council shall, at a minimum, conduct a regional health assessment and adopt a Regional Health Improvement Plan to serve as a strategic population health and health care system service plan for the region served by the Council.](#)

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: 2011 OL Ch. 418 & Sec. 13-19

History:

MHS 3-2012, f. & cert. ef. 2-23-12

MHS 6-2011(Temp), f. 8-26-11, cert. ef. 9-1-11 thru 2-28-12

~~309-014-0310 Definitions~~

~~(1) "Authority" means the Oregon Health Authority (OHA).~~

~~(2) "Central Oregon Health Council" (COHC) means a council which shall, as a minimum, conduct a regional health assessment and adopt a regional health improvement plan to serve as a strategic population health and health care system service plan for the region served by the council.~~

~~(3) "Commission" means the Commission on Children and Families.~~

~~(4) "Council" means the Central Oregon Health Council (COHC).~~

~~(5) "Plan" means the Regional Health Improvement Plan.~~

~~Statutory/Other Authority: ORS 413.042~~

~~Statutes/Other Implemented: 2011 OL Ch. 418 & Sec. 13-19~~

~~History:~~

~~MHS 3-2012, f. & cert. ef. 2-23-12~~

~~MHS 6-2011(Temp), f. 8-26-11, cert. ef. 9-1-11 thru 2-28-12~~

309-014-0320 [COHC](#): Regional Health Improvement Plan

~~(1) The Regional Health Improvement Plan (RHIP) submitted by the Central Oregon Health Council, defined in OAR 309-014-0300, must include, but need not be limited to the following:~~

- ~~(a) Federally required components;~~
- ~~(b) Health policy;~~
- ~~(c) System design;~~
- ~~(d) Outcome and quality improvement;~~
- ~~(e) Integration of service delivery and~~
- ~~(f) Workforce development.~~

~~(2) Any additional requirements to the RHIP will be agreed upon in advance by the Council, the Authority and the Commission.~~

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: 2011 OL Ch. 418 & Sec. 13-19

History:

MHS 3-2012, f. & cert. ef. 2-23-12

MHS 6-2011(Temp), f. 8-26-11, cert. ef. 9-1-11 thru 2-28-12

309-014-0330 COHC: Council Membership and Authority~~Central Oregon Health Council~~

(1) The eCouncil may not convene until the governing bodies of Crook, Jefferson, and Deschutes counties each ~~county~~ adopts a resolution signifying the body's intention to ~~participate~~~~to~~.

(2) Subsequent to the formation of the eCouncil, a county that is adjacent to Crook, Deschutes, or Jefferson County may join the eCouncil if:

(a) The governing body of the county seeking to join the eCouncil adopts a resolution signifying the body's intention to include a portion of that county in the region served by the eCouncil;

(b) The portion of the county to be included in the region is part of a natural health care referral pattern with the other counties on the eCouncil; and

(c) The ~~a~~Authority and the eCouncil approve.

(3) The COHC shall consist of no more than 11 members, including:

(a) A formative council consisting of:

(A) One member each from the governing bodies of Crook, Deschutes, and Jefferson Counties, appointed by each body;

(B) The chief executive officer, or a designee of the chief executive officer, of the health care system(s) serving the region; and

(C) The chief executive officer, or a designee of the chief executive officer, of the Medicaid managed care contractor(s) serving the region; and

(b) At least three members appointed by the formative council established under paragraph (3)(a)(A) of this rule. Members appointed under this section shall be representatives of:

(A) Consumers of physical and behavioral health services;

(B) Health care professionals;

(C) School districts or educational service districts;

(D) The business community; or

(E) A member from the governing body of each county ~~that joins the council defined listed in section (3)(a)(A) of this rule,~~ and of each county that joins the Council pursuant to section (2).

(4) The term of office of the members of the eCouncil is four years.

(5) A majority of the members of the eCouncil constitutes a quorum for the transaction of business.

(6) The eCouncil shall elect a Council member ~~of the council~~ to serve as the chairperson.

(7) If there is a vacancy for any cause, the ~~appointing authority~~formative council described in section (3)(a)(A) shall make an appointment to the vacated position to become effective immediately.

(8) The eCouncil may enter into necessary contracts, apply for and receive grants, hold and dispose of property, and take other actions necessary to carry out the activities, services and responsibilities assumed by the eCouncil.

(9) The eCouncil may adopt rules necessary for the operation of the eCouncil.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: 2011 OL Ch. 418 & Sec. 13-19

History:

MHS 3-2012, f. & cert. ef. 2-23-12

MHS 6-2011(Temp), f. 8-26-11, cert. ef. 9-1-11 thru 2-28-12

309-014-0340 COHC: Regional Health Improvement Plan ~~Central Oregon Health Improvement Plan (COHIP)~~

~~(1) The COHC shall develop and submit a health improvement plan as detailed in OAR 309-017-0030.~~

~~(1) The Regional Health Improvement Plan (RHIP), submitted by the Central Oregon Health Council, defined in OAR 309-014-0300, must which shall include, but need not be limited to the following:~~

~~(a) Analysis and development of public and private resources, capacities and metrics based on ongoing regional health assessment activities and population health priorities Federally required components;~~

~~(b) Health policy;~~

~~(c) System design;~~

~~(d) Outcome and quality improvement;~~

~~(e) Integration of service delivery and~~

~~(f) Workforce development.~~

~~(e2) Any additional components requirements to the RHIP will be agreed upon in advance by the Council, the Authority and the Commission.~~

~~(2) The COHIP RHIP will replace all prior plans required by the Authority in under ORS 430.630, 430.640, 431.417 (formerly numbered as ORS 431.385), and 624.510, and as well as any plans required by the State Commission on Children and Families under ORS 417.705 through 417.801.~~

~~(3) The COHC will submit the plan RHIP no later than March 1, 2012 to the Authority.~~

~~(4) The Authority shall have 45 days from the date the plan RHIP is submitted to review the plan and return it to the Council either approved or with suggested modifications.~~

~~(a) If modifications are suggested the Council will have 45 days to respond to the suggestions and resubmit the plan RHIP.~~

~~(b) The Authority will have a final 30 days to review the plan RHIP.~~

~~(5) The initial plan RHIP is effective July 1, 2012.~~

~~(6) New plans RHIPs must be submitted every four years if the sunset in the enabling legislation is removed by the Legislative Assembly.~~

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: 2011 OL Ch. 418 & Sec. 13-19

History:

MHS 3-2012, f. & cert. ef. 2-23-12

MHS 6-2011(Temp), f. 8-26-11, cert. ef. 9-1-11 thru 2-28-12