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INTRODUCTION

SUMMARY

Oregon receives federal support for residential and shelter programs that qualify as Behavior Rehabilitation Services (BRS) providers. The money is out of the Medicaid (Title XIX) program and matches Oregon’s expenses for services. It is intended to support skill building and counseling, along with a therapeutic environment directed at positive changes in behavior.

BACKGROUND

Oregon’s BRS program grew out of a multi-agency effort to stabilize and improve services in the residential treatment and shelter programs.

This effort resulted in the Oregon Health Authority, Department of Human Resources, and the Oregon Youth Authority working collaboratively with providers and key stakeholders to establish and maintain BRS standards and service expectations.

CAUTIONS

Upon advice of the Oregon Department of Justice Assistant Attorney General,

- The procedure guide does not include new substantive requirements on providers or clients in the procedure guide that are not in the rules. If new requirements were included the procedure guide would be creating an improperly promulgated rule which will create an enforcement problem.
- Clarification or explanation of a properly adopted rule may be an appropriate use of a procedure guide, the agencies should avoid the appearance of providing legal advice or legal summaries of federal or state law (particularly if they are incomplete or inaccurate).

It is also not advisable to describe any perceived non-compliance by the agencies in the past.

HOW TO USE THIS GUIDE . . .

There are four sections to the BRS Rules Guide:

| I. Directory | an enhanced table of contents similar to an index |
| II. Oregon Administrative Rules | verbatim text of published rules maintained by Secretary of State’s office |
| III. Provider Guide Quick Links | clarifying, explanatory information about a section of the rule |
| IV. Appendices | supplemental references |

Tips for online viewing:

- Blue, underlined text indicates a clickable link to a related location in the guide.
- 🖤 computer mouse indicates a clickable link to an external website or page.
- ⌨️ envelope indicates a clickable link to initiate an email.
Navigating the PDF

In addition to navigating pages by using the Page Down and Page Up keyboard buttons, Adobe Acrobat Reader has additional tools.

TIP: A simple Ctrl-F keyboard shortcut opens a Find window to locate specific text, highlighting each occurrence. There is a more advanced Search function, represented by a binocular image on the toolbar, provides but the Ctrl-F method is recommended.

The Previous View and Next View buttons are particularly useful when you want to return to your previous location in the document.

If the tools are not already available on the toolbar, enable them — the following steps are relevant to the Acrobat Reader DC version.

From the View menu, select Show/Hide

Select Toolbar Items

Select Show Page Navigation Tools
SECTION I

PROVIDER GUIDE DIRECTORY
OREGON HEALTH AUTHORITY — DIVISION 170

❖ **Administration of the Behavior Rehabilitation Services (BRS) Program — 410-170-0000**

❖ **Purpose — 410-170-0010**

❖ **Definitions — 410-170-0020**

- Aftercare and Transition Plan
- Age-Appropriate or Developmentally-Appropriate Activities
- Agency
- Approved Proctor Foster Parent
- Assessment and Evaluation Report — Stabilization (AER-S)
- Behavior Rehabilitation Services (BRS) Program
- Billable Care Day
- BRS Client
- BRS Contractor
- BRS Provider
- BRS Type of Care
- Caseworker
- Child or Children
- Child-Caring Agency
- Children’s Health Insurance Program (CHIP)
- Contract Administrator
- Critical Event
- Culture
- Culturally-Sensitive Approach
- Designated LPHA
- Department of Human Services (Department)
- Direct Care Staff
- Gender-Responsive Approach
- Home Visit
- Initial Service Plan (ISP)
- Licensed Practitioner of the Healing Arts (LPHA)
- Master Service Plan (MSP)
- Master Service Plan — Stabilization (MSP-S)
- Master Service Plan — Transition (MSP-T)
- Medicaid
- Oregon Health Authority (Authority)
- Oregon Youth Authority (OYA)
- Physical Restraint
- Placement-Related Activities
- Proctor Care Model
- Program Coordinator or Program Director
- Public Child-Caring Agency
- Residential Care Model
- Respite Care
- Seclusion
- Services
- Social Service Staff
- Total Daily Rate
- Transition Facilitator
- Transitional Visit
- Trauma-Informed Approach

❖ **BRS Contractor and BRS Provider Requirements — 410-170-0030**

(1) **Contractor and Provider requirements**
### Oregon Health Authority

#### OAR Directory

**Requirements include valid licenses, approvals or certifications required to operate a BRS program**

- License required to operate a private child-caring agency
- Comply with OHA provider enrollment requirements
- Have a contract or agreement with an agency

(2) **Compliance with Federal and State Law**

(3) **Confidentiality of Client Records**
   - General Confidentiality
   - HIPAA Compliance
   - Maintenance of Written Records
   - Disclosure of written information to agency and other oversight entities

(4) **Staff Qualifications**
   - Education and experience requirements for direct care staff
   - Training requirements for direct care staff, social service staff and program coordinator
   - Education and experience requirements for Program coordinator or program director
   - Education and experience requirement for Social service staff

(5) **Fitness Determination**
   - Criminal Record and Child Abuse Background checks
   - Supervision requirements prior to completion of background checks
   - Reporting known allegations

(6) **Mandatory Reporting**
   - Training and Reporting requirements

(7) **Communication**
   - Client location and status
   - Access to client file information
   - Verbal notification to the caseworker and agency of a communication outage

(8) **Staffing Requirements**
   - Supervision of BRS clients in its program at all times

**Proctor Care Model**

- Shelter and Independent Living
- Proctor Care, Proctor Enhanced Services, and Assessment and Evaluation
- Notwithstanding section for the purposes of respite care
### OYA BRS Contractors adult to child or young adult ratios

**Residential Care Model** — Applies to OHA, DHS and OYA

Direct Care Staff Ratios
- Shelter and Independent Living Program
- Community Step-Down, Enhanced Structure Independent Living Program, Assessment and Evaluation, Basic Residential and Rehabilitation Services
- Intensive Rehabilitation Residential Services, Intensive Residential, and Short-Term Stabilization Program
- Intensive Behavioral Support Program

#### Calculating direct care staff ratios

#### Requirements for staff availability in the event no BRS clients onsite

#### Supervision plan for BRS clients when temporarily hospitalized

#### Prior written agency approval to deviate from ratios

(9) **Physical Facility**

- General environment standards
- Separate bedrooms for children and persons 18 years or older
- Separate bedrooms for client who has inappropriate sexual behaviors
- Clients with inappropriate sexual behaviors occupy a bedroom individually or in a group
- Separate bedroom for clients and other members of the household
- Separate bedrooms or dormitories for females and males
- Physical separation of BRS clients from individuals housed in detention or youth correction facility
- At least one door in each bedroom is unlocked
- At least one door in each dormitory is unlocked at all times and
- Provide means of egress for BRS clients

(10) **Dormitory settings exceptions for child/adult separation and inappropriate sexual behaviors separation**

(11) **Policies and Procedures**
- List of written policy requirements
- Policy update requirements
- Policy compliance and documentation of compliance requirements

(12) **Documentation Requirements**
Contractors and providers must meet all documentation requirements

Use agency reviewed and approved service plans, daily and weekly service logs and invoice forms

Staff compliance with training, qualifications and licensing requirements – documentation requirements for these items

Client documentation written in easily understood terms

Corrections made must be identified in the documentation

**Incident Reports**

Required information

Notification requirements

Deadlines and requirements for written incident reports

Requirements and penalties for providing documentation to the agency

Providing documentation upon request

Actions agency may take if request is not met

(13) **Overnight Absences**

Initial approval and documentation of special instructions

Notification and information requirements to caseworker and deadlines

Client not permitted to leave the state or the country without prior written approval

(14) **Publicly-Operated Community Residences** limited to a specific number of residents

BRS Contractors ensure providers are not institutions for mental diseases.

(15) **BRS Contractor’s Supervision of BRS Providers**

The definition section distinguishes the roles.

(16) **BRS Contractor’s Supervision of Approved Provider Parent**

Recruit, train, reimburse and support approved proctor foster parent

Conduct Minimum visits for purposes of supervision, monitoring, training and support

Lists support services required

(17) **Conflict of Interest requirements**

Prior Authorization for the BRS Program; Hearing Rights — 410-170-0040

(1) **Prior authorization from the agency is required to serve a BRS client, a referral is not prior authorization**

(2) **Prior authorization criteria**

OHA prior authorization
OYA or DHS prior authorization

(3) Designated LPHA must determine BRS program is medically appropriate

(4) OHA may request LPHA determine type of care

(5) OHA not required to provide prior authorization or make payment under certain circumstances

(6) Retroactive Eligibility and Authorization

Prior authorization after 5 business days

(7) Prior authorization is valid for 12 months

(8) Prior Authorization required before services

(9) Prior Authorization denial and rights for contested case hearing

Program Referrals and Admission to BRS Provider — 410-170-0050

(1) Client Referral

(2) Referral packet requirements from Agency

(3) Providers must make admission decisions based on criteria

(4) Admission shall not be denied if a vacancy exists unless written approval

(5) Admission cannot be denied for specific reasons listed

(6) Caseworker notification within 5 business days of Admission decision

(7) Maintaining documentation of all admission decisions and requirements of the documentation

(8) Intake Procedures

(9) Provider and Agency responsibilities

Discharge from the BRS Contractor or BRS Provider — 410-170-0060

(1) Initiated by BRS contractor, BRS provider or agency

(2) Emergency discharge

(3) Initiated by client – provider develops and follows a process

(4) Discharge from a particular program does not impact prior authorization

(5) Temporary Removal

(6) Storage of client’s personal property

BRS Service Planning — 410-170-0070
| (1)  | Initial Service Plan (ISP)  | 45 |
| (2)  | Assessment and Evaluation Report (AER) | 46 |
| (3)  | Master Service Plan (MSP) | 47 |
| (4)  | Master Service Plan 90 Day Updates | 49 |
| (5)  | Aftercare and Transition Plan (ATP) | 49 |
| (6)  | Discharge Summary | 51 |
| (7)  | Aftercare Summary  |
|      | Aftercare summaries not required in certain types of care |
| (8)  | Master Service Plan — Transition (MSP-T) | 51 |
| (9)  | Master Service Plan — Transition 30-day Updates | 53 |
| (10) | Initial Service Plan — Stabilization (ISP-S) | 53 |
| (11) | Assessment and Evaluation Plan — Stabilization (AER-S) | 54 |
| (12) | Master Service Plan — Stabilization (MSP-S) | 55 |
| (13) | Master Service Plan — Stabilization Updates (MSP-S) | 56 |
| (14) | Aftercare and Transition Plan — Stabilization (ATP-S) | 57 |
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**Services — 410-170-0080**

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| (2)  | All services structured and directly supervised | 59 |
| (3)  | Type of Services  |
|      | Milieu therapy |
|      | Crisis counseling |
|      | Individual and Group counseling |
|      | Parent training |
|      | Skills-training |
| (4)  | Service Documentation Requirements | 60 |
Provide combination of services necessary to comply with service plans
Create and maintain written documentation describing services
Create and maintain written weekly records for each client case file
Social services staff review documentation

❖ BRS Types of Care — 410-170-0090
Descriptions and service hour requirements for each type of care

(1) Shelter, Community Step-Down, and Independent Living Program

(2) Enhanced Structure Independent Living Program

(3) Proctor Care, Proctor Enhanced Services, Assessment and Evaluation Proctor

(4) Basic Residential, Rehabilitation Services, Intensive Residential, Intensive Rehabilitation Services, Assessment and Evaluation Residential, Short-Term Stabilization

(5) Intensive Behavioral Support

❖ Placement Related Activities for the Authority’s BRS Contractors and BRS Providers — 410-170-0100
This section applies to Oregon Health Authority BRS Contractors. DHS and OYA Placement related activities are detailed in DHS 413-095 and OYA 416-335

(1) BRS contractor or provider must provide placement related activities:
   Transportation
   Educational and vocational activities
   Recreational, social, and cultural activities

(2) Non BRS-related Medical Care

❖ Billing and Payment for Services and Placement Related Activities — 410-170-0110
(1) Contractor compensation for a billable care day

(2) Billable care day rates

(3) Billable Care Day does not include runaway status, in detention or an inpatient in a hospital

(4) Home and Transitional Visits

(5) Invoice form
## Oregon Health Authority

### OAR Directory

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- **Compliance Reviews and Sanctions — 410-170-0120**
  1. Cooperation with compliance reviews and audits
  2. Periodic compliance reviews, documentation and onsite inspections
  3. Out of Compliance with contract and remedies
  4. Out of Compliance with state or federal laws and remedies
  5. Sanctions and overpayment recovery
  6. Overpayment
  7. Appeal rights

### Appendix A - BRS Rates Table

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- Absent day
- Babysitting
- Hosting placement
- Proctor foster home
- Sending placement
- Transitional visit

Effective Date and Administration of the BRS Program — 413-095-0010

Purpose — 413-095-0020

BRS Provider Requirements — 413-095-0030

(1) Background, criminal records, and abuse check

Prior Authorization for the BRS Program; Appeal Rights — 413-095-0040

(1) Eligibility

Prior authorization

(2) Appeal rights when prior authorization denied

BRS Placement Related Activities for a Department BRS Contractor and BRS Provider — 413-095-0050

(1) Coordination of placement-related activities

Clothing

Transportation

(2) Non BRS-Related Medical and Mental Health Care

(3) Educational and vocational activities

(4) Other placement-related activities

Recreational, social and cultural activities

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**Appendix A - BRS Rates Table**

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OREGON YOUTH AUTHORITY — DIVISION 335

- **Effective Date and Administration of the BRS Program —**
  416-335-0000

- **Purpose —**
  416-335-0010

- **Definitions —**
  416-335-0020
  - Absent Day
  - Foster home
  - Hosting Placement
  - Juvenile Parole and Probation Officer
  - Sending Placement
  - Transitional Visit
  - Young Person

- **Additional Requirements for OYA BRS Contractors and BRS Providers —**
  416-335-0030
  1. Compliance with Foster Care OAR 416-530 and 416-550
  2. Criminal history checks per OAR 416-800
  3. Supervision of volunteers, employees, etc., who have not yet successfully completed criminal history checks
  4. Medication management policy must comply with OAR 416-340-0000 through 416-340-0070
  5. Proctor Care Model Approved Proctor Foster Parents
     - Meet requirements of OYA’s foster care rules
     - Cooperation on dual-certification process as outlined in the foster care rule
  6. Separate bedrooms for youth 18 years or older

- **Prior Authorization for the BRS Program; Appeal Rights —**
  416-335-0040
  1. BRS Program Eligibility
     - Prior authorization
  2. Appeal rights when prior authorization denied
Placement Related Activities for OYA’s BRS Contractors and BRS Providers — 416-335-0080

(1) Placement Related Activities

- Clothing
- Transportation
- Education and vocational activities
- Recreational, social, cultural activities
- Academic Assistance

(2) Non BRS-Related Medical Care

Administrer and monitor medications

Billing and Payment for Services and Placement Related Activities — 416-335-0090

(1) Billable Care Days

Compensated for billable care day on a fee for service basis

Compensation for overnight transitional visits

(2) Absent Days

(3) Reimbursed only for authorized type of care

(4) Invoice Form

(5) Billable Care Day and Absent Day rates

Compliance Reviews and Remedies — 416-335-0100

(1) Contractor must cooperate with reviews or audits

(2) OYA will conduct compliance reviews

(3) For non-compliance OYA may pursue a combination of actions

Appendix A - BRS Rates Table
SECTION II

OREGON ADMINISTRATIVE RULES
BEHAVIOR REHABILITATION SERVICES PROGRAM

410-170-0000
Administration of the Behavior Rehabilitation Services (BRS) Program

(1) All BRS contractors shall and shall ensure that their BRS providers comply with the BRS program general rules in OAR 410-170-0000 through 410-170-0120:

(a) BRS contractors shall and shall ensure that their BRS providers also comply with OAR 413-095-0000 through 413-095-0080 to provide services or placement-related activities to BRS clients who receive prior authorization from the Department of Human Services;

(b) BRS contractors shall and shall ensure that their BRS providers also comply with OAR 416-335-0000 through 416-335-0070 to provide services or placement-related activities to BRS clients who receive prior authorization from the Oregon Youth Authority.

(2) The Oregon Health Authority may delegate authority to another agency or a unit of government to carry out some of its obligations under these rules.

Stat. Auth.: ORS 413.042 and 414.065
Stats. Implemented: ORS 414.065
410-170-0010

Purpose

The purpose of the Behavior Rehabilitation Services (BRS) Program is to remediate the BRS client’s debilitating psychosocial, emotional, and behavioral disorders by providing such services as behavioral intervention, counseling, and skills-training. Services are delivered in a way that integrates a gender-responsive, culturally-sensitive, trauma-informed, and age-appropriate or developmentally-appropriate approach. These rules describe the general program requirements for the BRS program, prior authorization process, services and placement-related activities, BRS contractor and BRS provider requirements, reimbursement rates, and compliance and oversight activities.

Stat. Auth.: ORS 413.042 & 414.065

Stats. Implemented: ORS 414.065
410-170-0020
Definitions

The following definitions apply to terms used in OAR 410-170-0000 through 410-170-0120.

(1) “Aftercare and Transition Plan — Stabilization (ATP–S)” means the aftercare and transition plan developed in a short-term stabilization program.

(2) “Age-Appropriate or Developmentally-Appropriate Activities” means activities or items that are generally accepted as suitable for children of the same chronological age or level of maturity or that are determined to be developmentally appropriate for a child, based on the development of cognitive, emotional, physical, and behavioral and social capacities that are typical for an age or age group. In the case of a specific child, age-appropriate or developmentally appropriate activities means activities or items that are suitable for the child based on the developmental stages attained by the child with respect to the cognitive, emotional, physical, behavioral and social capacities of the child.

(3) “Agency” means the state agency that has a contract with the BRS contractor to provide services and placement-related activities to the BRS client and provides prior authorization for the BRS client to receive services and activities pursuant to the BRS program general rules and, as applicable, agency-specific BRS program rules. The agency is one of the following state agencies: The Department of Human Services (Department), the Oregon Health Authority (Authority), or the Oregon Youth Authority (OYA).

(4) “Approved Proctor Foster Parent” means an individual who a BRS contractor, a BRS provider, or OYA approved to provide services or placement-related activities to the BRS client in the home of that individual. Approved proctor foster parents who provide services are considered direct care staff and shall meet those qualifications in OAR 410-170-0030. An OYA approved proctor foster parent is certified by OYA and a child-caring agency in accordance with the applicable provisions in OAR 416-530-0000 through 416-530-0200 and 416-550-0000 through 416-550-0080 and is employed by or has a contract or agreement with the child-caring agency to provide some services and placement-related activities to the BRS client in the proctor foster parent’s home.


(6) “Behavior Rehabilitation Services (BRS) Program” means a program that provides services and placement-related activities to the BRS client to address their debilitating psychosocial, emotional, and behavioral disorders in a community placement utilizing either a residential care model or a proctor care model.

(7) “Billable Care Day” means each calendar day the BRS client is in the direct care of the BRS provider at 11:59 p.m. or meets the requirements in OAR 410-170-0110.

(8) “BRS Client” means the person who has prior authorization from an agency to receive services or placement-related activities through the BRS program.
(9) “BRS Contractor” means the entity contracted with an agency to be responsible for providing services and placement-related activities to the BRS client. The BRS contractor may also be the BRS provider if it provides direct services and placement-related activities to the BRS client.

(10) “BRS Provider” means a facility, institution, corporate entity, or other organization that provides direct services and placement-related activities to the BRS client.

(11) “BRS Type of Care” means the type of program model, services, placement-related activities, and staffing requirements and qualifications that are necessary to meet the medical and other needs of the BRS client.

(12) “Caseworker” means the individual who coordinates the services and placement-related activities for the BRS client with the BRS contractor and BRS provider.

(13) “Child or Children” means a person or persons under 21 years of age.

(14) “Child-Caring Agency” means a child-caring agency in ORS 418.205.

(15) “Children’s Health Insurance Program (CHIP)” means the federal and state funded portion of the Oregon Health Plan (OHP) established by Title XXI of the Social Security Act and administered by the Authority.

(16) “Contract Administrator” means the employee or other individual designated in writing by the agency, by name or position description, to conduct the contract administration of a contract or class of contracts.

(17) “Critical Event” means a significant event including incidents described in OAR 413-215-0091(11)(c) occurring in the operation of the BRS contractor’s or BRS provider’s program that is considered likely to cause complaints, generate concerns, or come to the attention of the media, law enforcement agencies, first responders, Child Protective Services, or other regulatory agency.

(18) “Culture” means the sum of attitudes, customs, values, and beliefs that distinguishes one group of people from another.

(19) “Culturally-Sensitive Approach” means to enhance practices with culturally appropriate strategies through the knowledge and interpersonal skills that allow the provider to understand, appreciate, engage, and work with individuals from their culture’s perspective.

(20) “Designated LPHA” means a licensed practitioner of the healing arts who has a contract with, is approved by, or is employed by the agency to make a determination on the medical appropriateness of the BRS program for the BRS client.

(21) “Department of Human Services (Department)” means the agency established in ORS Chapter 409, including such divisions, programs, and offices as may be established therein. For purposes of these rules, it refers to the Child Welfare Programs within the Department.

(22) “Direct Care Staff” means an individual who is employed by or who has a contract or an agreement with the BRS provider and is responsible for assisting social service staff in providing individual and group counseling, skills-training and therapeutic interventions, and monitoring
and managing the BRS client’s behavior to provide a safe, structured living environment that is conducive to treatment.

(23) “Gender-Responsive Approach” means integrating those things that intentionally allow gender identity and development to affect and guide services and service delivery in order to create an environment (physical, social, emotional) that is responsive to the issues and needs of the BRS client being served.

(24) “Home Visit” means planned in-person contact between the BRS client and the BRS client’s immediate family, extended family, prior foster family, or other natural support persons.

(25) “Initial Service Plan (ISP)” means the initial written individualized services plan developed by the BRS contractor or BRS provider identifying the services that must be provided to the BRS client during the first 45 days in its BRS program or until the master service plan is written.

(26) “Licensed Practitioner of the Healing Arts (LPHA)” means a physician or other practitioner licensed in the State of Oregon who is authorized within the scope of the LPHA’s practice, as defined under state law, to diagnose and treat individuals with physical or mental disabilities or psychosocial, emotional, and behavioral disorders.

(27) “Master Service Plan (MSP)” means the written individualized services plan developed by the BRS contractor or BRS provider identifying the services that must be provided to the BRS client in its BRS program.

(28) “Master Service Plan — Stabilization (MSP–S)” means the master service plan developed in a short-term stabilization program.

(29) “Master Service Plan — Transition (MSP–T)” means the master service plan developed in an independent living program.

(30) “Medicaid” means the federal and state funded portion of the medical assistance programs established by Title XIX of the Social Security Act as amended and administered in Oregon by the Authority.

(31) “Oregon Health Authority (Authority)” means the agency established in ORS Chapter 413 that administers the funds for Titles XIX and XXI of the Social Security Act. It is the single state agency for the administration of the medical assistance program under ORS chapter 414.

(32) “Oregon Youth Authority (OYA)” means the state department charged with the management and administration of youth correction facilities, state parole and probation services, and other functions related to state programs for youth offenders.

(33) “Physical Restraint” as defined in OAR 413-215-0076 means the act of restricting the BRS client’s voluntary movement as an emergency measure to manage and protect the client or others from injury when no alternate actions are sufficient to manage the client’s behavior. Physical restraint does not include temporarily holding a client to assist him or her or assure his or her safety, such as preventing a child from running onto a busy street.

(34) “Placement-Related Activities” means the BRS contractor’s or provider’s activities related to the operation of the program and the care of the BRS client as set forth in the BRS program general rules, applicable agency-specific BRS program rules, the contract or agreement with the agency...
or the contractor, and applicable federal and state licensing and regulatory requirements. Placement-related activities may include but are not limited to providing the client with food, clothing, shelter, daily supervision; access to educational, cultural, and recreational activities; and case management. Room and board is not funded by Medicaid or CHIP.

(35) “Proctor Care Model” means services and placement-related activities provided to the BRS client who resides in the home of an approved proctor foster parent.

(36) “Program Coordinator or Program Director” means an individual employed by or contracted with the BRS provider and responsible for supervising staff, providing overall direction to the BRS provider, planning and coordinating program activities and delivery of services and placement-related activities, and ensuring the safety and protection of the BRS client and the BRS provider’s staff.

(37) “Public Child-Caring Agency” means, for purposes of this rule, a program or institution operated by a governmental agency or unit other than the Department, OYA, or the Authority that provides care to the BRS client in a residential community setting.

(38) “Residential Care Model” means that services and placement-related activities are provided to the BRS client in a residential community setting and not in the home of an approved proctor foster parent.

(39) “Respite Care” means a formally planned arrangement to relieve an approved, proctor foster parent’s responsibilities by an individual temporarily assuming responsibility for the care and supervision of the BRS client in the home of the respite provider or approved proctor foster parent. Respite care shall be 14 or fewer consecutive days.

(40) “Seclusion” means the involuntary confinement of a BRS client to an area or room from which the BRS client is physically prevented from leaving.

(41) “Services” means the treatment provided to the BRS client in a BRS provider’s program, including but not limited to treatment planning, milieu therapy, individual and group counseling, skills-training, and parent training.

(42) “Social Service Staff” means an individual employed by or contracted with the BRS provider and is responsible for case management and the development of the service plans for the BRS client; individual, group, and family counseling; individual and group skills-training; assisting the direct care staff in providing appropriate treatment to the BRS client; coordinating services with other agencies; and documenting the BRS client’s treatment progress.

(43) “Total Daily Rate” means the total amount of the service payment and placement-related activities payment for a billable care day.

(44) “Transition Facilitator” means a social service staff employed by or contracted with the BRS provider and responsible for overseeing and monitoring the BRS client in the BRS contractor’s independent living program, either operated by itself or by its BRS provider, which includes but is not limited to assisting with developing the BRS client’s service plans and identifying support resources.
(45) “Transitional Visit” means an overnight visit by the BRS client to another paid placement for the purpose of facilitating the BRS client’s transition during the last 90 days of placement.

(46) “Trauma-Informed Approach” means an approach that recognizes and responds to the impact of traumatic stress on BRS clients and any other significant persons involved with the BRS client.

Stat. Auth.: ORS 413.042, 414.065
Stats. Implemented: ORS 414.065
410-170-0030
BRS Contractor and BRS Provider Requirements

(1) The BRS contractor shall ensure that it and its BRS providers meet the following minimum requirements:

(a) Have the necessary current and valid licenses, approvals, or certifications required by federal or state law or regulations for the entity and its staff to operate a BRS program;

(b) Have a license to operate a child-caring agency or be approved by the Children’s Care Licensing Program to operate a public child-caring agency;

(c) Comply with the provider enrollment requirements in OAR 410-120-1260;

(d) Comply with all applicable federal and state laws and regulations and follow the state regulations governing child-caring agencies that apply to the type of BRS program being operated;

(e) Comply with the requirements in OAR 410-120-1380(1)(c)(J) for excluding individuals and entities from being subcontractors if they are found on the listed exclusion list; and

(f) Have a contract or agreement with an agency or, as applicable, a BRS contractor to provide services and placement-related activities to the BRS client.

(2) The BRS contractor shall and shall ensure its BRS providers comply with all applicable federal and state laws and regulations pertaining to the provision of Medicaid services under the Medicaid Act, Title XIX, 42 USC 1396 et seq. and the BRS program, including but not limited to all applicable provisions in OAR 410-120-0000 through 410-120-1980.

(3) Confidentiality of BRS client information:

(a) BRS contractors shall and shall ensure that their BRS providers comply with the requirements for financial, clinical, and other records in OAR 410-120-1360, confidentiality requirements in OAR 410-120-1380, and all other applicable federal and state laws, rules, and regulations related to confidentiality and documentation requirements;

(b) The BRS contractor shall not and shall ensure its BRS providers do not use or disclose any information concerning a BRS client for any purpose not directly connected with the administration of the BRS contractor’s or BRS provider’s program or as otherwise permitted by law, except with the written consent of the agency or if the agency is not the BRS client’s guardian, on the written consent of the person or persons authorized by law to consent to such use or disclosure;

(c) The BRS contractor shall and ensure its BRS providers comply with all applicable confidentiality requirements in the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law 104-191, August 21, 1996) and its implementing regulations in 45 CFR 160 and 164 et. seq., and all applicable confidentiality requirements in state
statutes and administrative rules, including but not limited to ORS 179.505 and OAR chapter 410, division 120;

(d) The BRS contractor shall and ensure its BRS providers secure appropriately all records and files related to BRS clients to prevent access by unauthorized persons or entities;

(e) Disclosure to the agency, Authority, or other governmental oversight or licensing entities:

(A) The BRS contractor shall and ensure its BRS providers provide access promptly to any information or written documentation in its possession related to the BRS client or its BRS program upon the request of the agency for any reason; and

(B) The BRS contractor shall and ensure its BRS providers provide access promptly to any information or written documentation in its possession related to the BRS client or its BRS program that is necessary for evaluating, overseeing, or auditing the BRS contractor’s program upon the request of the Authority or other governmental oversight or licensing entities.

(4) The BRS contractor shall ensure that its BRS program, either operated by itself or by its BRS provider, has a program coordinator, social service staff, and direct care staff who meet and maintain the following minimum qualifications:

(a) No less than 50 percent of the direct care staff for a BRS provider shall have a bachelor’s degree from an accredited college or university. A combination of formal education and experience with children may be substituted for a bachelor’s degree. Direct care staff shall be under the direction of a qualified social service staff member or a program coordinator;

(b) The program coordinator or program director shall have a bachelor’s degree from an accredited college or university, preferably with major study in psychology, sociology, social work, social sciences, or a closely allied field. The program coordinator or program director shall also have two years of experience in the supervision and management of a residential facility or a program using a proctor care model for the care and treatment of children;

(c) Social service staff shall have a master’s degree from an accredited college or university with major study in social work or a closely allied field and one year of experience in the care and treatment of children; or have a bachelor’s degree with major study in social work, psychology, sociology or a closely allied field, and two years of experience in the care and rehabilitation of children;

(d) Direct care staff, social service staff, and the program coordinator who directly work with BRS clients shall:

(A) Receive a minimum of 28 hours of initial training prior to or within 30 days of employment or certification on the following topics: BRS services documentation, mandatory reporting of child abuse, program policies and expectations, gender- and cultural-specific services, behavior and crisis
management, medication administration, discipline and restraint policies, and suicide prevention. Any direct care staff, social service staff, or program coordinator who has not yet completed this initial training prior to employment or certification shall be supervised by an individual who has completed this training when having direct contact with BRS clients; and

(B) Receive a minimum of 16 hours of training annually on skills-training that supports evidence-based or promising practices and other subjects relevant to the responsibilities of providing services and placement-related activities to the BRS client; and

(C) Have and maintain cardiopulmonary resuscitation (CPR) and first aid certification.

(5) Fitness Determination:

(a) The BRS contractor and BRS provider shall ensure that its employees, volunteers, contractors, vendors, approved proctor foster parents, or other persons providing services or placement-related activities to BRS clients comply with all applicable criminal record and child abuse background checks and any fitness determination process required by federal or state law or regulation;

(b) The BRS contractor and the BRS provider shall ensure that its employees, volunteers, contractors, vendors, approved proctor foster parents, or other persons providing services or placement-related activities to BRS clients who have not yet successfully completed the requirements in section (5)(a) of this rule are supervised by a person who has successfully met these requirements when having direct contact with BRS clients;

(c) Except in cases where more stringent legal requirements apply, the BRS contractor and BRS provider shall ensure that its employees, volunteers, contractors, vendors, approved proctor foster parents, or other persons providing services or placement-related activities to BRS clients report to it any arrests or court convictions, any known allegation of child abuse or neglect, and any other circumstance that reasonably affects a fitness determination within one business day. The BRS contractor and BRS provider shall report this information to the agency on the same day it receives the information.

(6) Mandatory Reporting:

(a) The BRS contractor shall and ensure its BRS providers comply with the child abuse reporting laws in ORS 419B.005 through 419B.015 and the abuse reporting requirements for a child in care as described in ORS 418.257 through 418.258;

(b) BRS contractor shall and ensure its BRS providers require its staff members to immediately report any abuse, as defined in ORS 419B.005(1), to the Department (whether or not they also report it to law enforcement under ORS 419B.015(1)(a)) when the staff member has reasonable cause to believe that a child with whom they have come into contact has suffered abuse or that a person with whom they come into contact has abused a child;
(c) The BRS contractor shall and ensure its BRS providers require its staff members to immediately report suspected abuse, as defined in ORS 418.257 through 418.258, of a BRS client or a child in care to the Department;

(d) The BRS contractor shall and ensure its BRS providers provide its staff members with an annual training and written materials on its staff members’ child abuse reporting obligations under sections (6)(b) and (6)(c) of this rule and information about the child abuse reporting hotline. Annual training and written materials are not needed if the BRS contractor or BRS provider does not have any employees, staff, or volunteers;

(e) For purposes of section (6) of this rule, staff members include the BRS contractor’s or BRS provider’s employees, volunteers, subcontractors, approved proctor foster parents, or other individuals providing services or placement-related activities to BRS clients.

(7) Communication:

(a) The BRS contractor shall ensure that its BRS program, either operated by itself or by its BRS provider, maintains a system for immediate and on-going communication among program staff regarding the whereabouts, status, and condition of the BRS clients in its program;

(b) The BRS contractor shall ensure and require its provider to ensure that direct care staff and social service staff have access to a BRS client’s information to the extent it is relevant to providing the BRS client with services and placement-related activities;

(c) The BRS contractor shall provide or ensure that its BRS provider provides immediate verbal notification to the caseworker and the agency (if an additional contact person is designated) when there is a communication outage at the program and shall provide an alternative means by which the program may be contacted if possible.

(8) Staffing Requirements:

(a) The BRS contractor shall ensure that its BRS program, either operated by itself or by its BRS provider, meets and maintains appropriate staffing levels to ensure supervision of the BRS clients in its program 24 hours a day, seven days a week, including taking steps to ensure that a BRS client is supervised while temporarily outside of the program. The BRS provider may not leave a BRS client unsupervised, except in cases where there is a service plan for the BRS client to be out of the BRS provider’s direct supervision;

(b) Proctor Care Model:

(A) The BRS contractor shall ensure that its BRS program, either operated by itself or by its BRS provider, meets and maintains the following approved proctor foster parent to child ratios in its approved proctor foster parent homes:

(i) Shelter and Independent Living Program:

(I) A maximum of three BRS clients of any age shall be placed in the home of an approved proctor foster parent;
(II) A maximum of five children (including both BRS clients of any age and non-BRS clients under the age of 18) shall live in an approved proctor foster parent home with two parents;

(III) A maximum of four children (including both BRS clients of any age and non-BRS clients under the age of 18) shall live in an approved proctor foster parent home with one parent; and

(IV) No more than two children (including both BRS clients and non-BRS clients) under the age of three shall live in an approved proctor foster parent home.

(ii) Proctor Care, Proctor Enhanced Services, and Assessment and Evaluation:

(I) A maximum of two BRS clients shall be placed in the home of an approved proctor foster parent;

(II) A maximum of five children (including both BRS clients of any age and non-BRS clients under the age of 18) shall live in an approved proctor foster parent home with two parents;

(III) A maximum of four children (including both BRS clients of any age and non-BRS clients under the age of 18) shall live in an approved proctor foster parent home with one parent; and

(IV) No more than two children (including both BRS clients and non-BRS clients) under the age of three shall live in an approved proctor foster parent home;

(V) If the contractor provides proctor enhanced services subject to OAR 410-170-0090(3), the contractor shall provide supervision by professionally trained staff while any BRS client is in the facility.

(iii) Notwithstanding section (8)(b)(A)(i) and (ii) of this rule, a maximum of five BRS clients may be placed in the home of an approved proctor foster parent who is providing respite care.

(B) An OYA BRS contractor shall ensure that its BRS program, either operated by itself or by its BRS provider, meets and maintains the approved proctor foster parent to child ratios described in OYA-specific BRS program rules for OYA approved proctor foster parent homes.

(c) For the residential care model, the BRS contractor shall ensure that its BRS program, either operated by itself or by its BRS provider, meets and maintains the following direct care staff to BRS client ratios for the BRS type of care it provides in its residential care BRS program:

(A) Shelter and Independent Living Program Staffing Ratio:

(i) Minimum Daily:

(l) Awake (16 hours); 1 staff: 7 youth;
(II) Asleep (8 hours); 1 staff: 10 youth.

(ii) Weekly Average:

(I) Awake (16 hours); 1 staff: 5.5 youth;

(II) Asleep (8 hours); 1 staff: 10 youth.

(B) Community Step-Down, Enhanced Structure Independent Living Program, Assessment and Evaluation, Basic Residential, and Rehabilitation Services Staffing Ratio:

(i) Minimum Daily:

(I) Awake (16 hours); 1 staff: 6 youth;

(II) Asleep (8 hours); 1 staff: 10 youth.

(ii) Weekly Average:

(I) Awake (16 hours); 1 staff: 4.7 youth;

(II) Asleep (8 hours); 1 staff: 10 youth.

(C) Intensive Rehabilitation Services, Intensive Residential, and Short-Term Stabilization Program Staffing Ratio:

(i) Minimum Daily:

(I) Awake (16 hours); 1 staff: 5 youth;

(II) Asleep (8 hours); 1 staff: 10 youth.

(ii) Weekly Average:

(I) Awake (16 hours); 1 staff: 3.7 youth;

(II) Asleep (8 hours); 1 staff: 9 youth.

(D) Intensive Behavioral Support Program Staffing Ratio:

(i) Minimum Daily:

(I) Awake (16 hours); 1 staff: 3.5 youth;

(II) Asleep (8 hours); 1 staff: 4.5 youth.

(ii) Weekly Average:

(I) Awake (16 hours); 1 staff: 2.8 youth;

(II) Asleep (8 hours); 1 staff: 4.5 youth.

(d) For purposes of calculating the number of direct care staff under section (8)(c) of this rule only, a social service staff member or program coordinator may be included if that staff member is specifically scheduled to and actually provides direct supervision to BRS clients onsite during the relevant time period;
(e) Under section (8)(c) of this rule only, in the event that no BRS clients are onsite at the program due to home visits, transitional visits, or other planned absences, the BRS contractor and BRS provider shall ensure that its program has the resources and procedures in place to serve the BRS client who may need to return to the program prior to the scheduled return date;

(f) In the event a BRS client is temporarily admitted to a hospital (other than to a psychiatric hospital) but is still enrolled in the BRS provider’s program, the BRS contractor and BRS provider shall ensure that its program works with the caseworker and the family when appropriate to develop a plan approved by the agency for supervision during the BRS client’s hospitalization;

(g) The BRS contractor may or allow its BRS provider to request prior written agency approval for its BRS program to deviate from the ratios described in section (8)(b) of this rule or agency-specific BRS program rules. If the agency grants a waiver, this shall apply only to BRS program ratio requirements specified in these rules and agency-specific BRS program rules. The BRS contractor and BRS provider shall comply with any ratio requirements applicable under federal or state licensing requirements or approvals.

(9) The BRS contractor shall ensure that its BRS program, either operated by itself or by its BRS provider, does the following:

(a) Provides an environment suitable for the treatment of a BRS client that meets all applicable safety, health, and general environment standards required for a residential community setting if services are provided to the client in a residential care model, or in the home of an approved proctor foster parent certified by the BRS provider if services are provided to the client in a proctor care model;

(b) Provides separate bedrooms for persons under 18 and persons 18 years or older, except in cases where the child shares a bedroom with a person over 18 years old who is the child’s parent and caregiver or where there is written approval from the agency, and, if the BRS provider is a child-caring agency, the Children’s Care Licensing Program;

(c) Provides separate bedrooms for BRS clients who have inappropriate sexual behaviors identified in their service plan and BRS clients who do not have those behaviors identified in their service plan, unless there is written approval from the agency;

(d) Provides that BRS clients who have inappropriate sexual behaviors identified in their service plan occupy a bedroom either individually or in a group of three or more BRS clients who have inappropriate sexual behaviors identified in their service plan, unless there is written approval from the agency;

(e) Provides separate bedrooms for BRS clients and other members of the household, unless there is written approval from the agency;

(f) Provides separate bedrooms or dormitories for females and males. An exception to this requirement may be requested to the agency contract administrator and Children’s Care Licensing Program for BRS clients who identify outside of these gender binary
categories, or for cases where the child shares a bedroom with a person of the opposite sex who is the child’s parent and caregiver;

(g) Provides physical separation of BRS clients served in its BRS program from individuals housed in a detention facility or youth correction facility;

(h) Provides that at least one door in each bedroom is unlocked at all times;

(i) Provides that at least one door in each dormitory is unlocked at all times, unless the BRS contractor or BRS provider receives prior written agency approval to lock all dormitory doors for eight hours at night; and

(j) Provides a means of egress for BRS clients to leave the residence.

(10) BRS providers and BRS contractors are not required to comply with section (9)(b) and (c) of this rule if they provide services or placement-related activities in a dormitory setting.

(11) BRS Program Policies and Procedures:

(a) The BRS contractor shall ensure that its BRS program, either operated by itself or by its BRS provider, has the following written policies and procedures that have been reviewed and approved by the agency:

(A) Admission criteria and standards to accept a BRS client into its program;

(B) Staff training policies and procedures, including child abuse reporting expectations under ORS 419B.005, 419B.010, and 419B.015;

(C) Policies and procedures related to reviewing referrals to its program and notification of admission decisions;

(D) A behavior management system policy designed to consistently encourage appropriate behaviors by the BRS client in a non-punitive manner;

(E) A behavioral rehabilitation program model that uses evidence-based or promising practices whenever possible and the curriculum, policies, and procedures that implement that model;

(F) Policies regarding the BRS client’s and family’s rights, including but not limited to the search and seizure of the BRS client’s person, property, and mail; visitation and communication; and discharges initiated by the BRS client;

(G) A grievance policy describing the process through which the BRS client, and, if applicable, the BRS client’s parent, guardian, or legal custodian may present grievances to the BRS provider about its operation and a process to resolve issues;

(H) A suicide prevention policy and procedure that describes how the BRS provider shall respond in the event a BRS client exhibits self-injurious, self-harm, or suicidal behavior. This policy shall describe warning signs of suicide; emergency protocol, and contacts; training requirements for staff, including suicide prevention training and suicide risk assessment tool training; procedures for
determining implementation of additional supervision precautions and for determining removal of additional supervision precautions; suicide risk assessment procedures on the day of intake; documentation requirements for suicide ideation, self-harm, and special observation precautions to ensure immediate communication to all staff; a process for tracking suicide behavioral patterns; and a “post-intervention” plan with identified resources;

(l) A seclusion and physical restraint policy that describes when such interventions may be used in compliance with applicable federal and state laws and regulations, including but not limited to requirements for licensed or approved child-caring agencies and agency-specific BRS program rules. Physical restraint or seclusion shall be used only as a last resort, and may not be used for discipline, punishment, convenience of personnel, or as a substitute for activities, treatment, or training. The policy shall describe how staff are trained and monitored and who may perform such interventions;

(J) A medication management policy that complies with applicable licensing requirements and agency-specific BRS program rules. At minimum, the policy shall describe:

(i) How and where medications are stored and dispensed; and

(ii) How the BRS provider shall notify the caseworker if the BRS client refuses prescribed medications for more than seven days or refuses a medication that is identified by any LPHA as requiring an immediate report for health care reasons.

(K) A quality improvement policy and procedures that monitor the operation of the BRS program to ensure compliance with all applicable laws and regulations, including but not limited to tracking service hours, monitoring the timeliness of reporting requirements, and monitoring the quality of service delivery.

(b) The BRS contractor shall ensure that its BRS program, either operated by itself or by its BRS provider, reviews and updates its policies and procedures as listed in section (8)(a) of this rule biannually and has any updated policies and procedures reviewed and approved by the agency;

(c) Additional policies may be required by the agency;

(d) The BRS contractor shall ensure that its BRS program, either operated by itself or by its BRS provider, complies with and maintains documentation of its compliance with all policies and procedures described in section (8)(a) of this rule and with any modifications to their policies and procedures that are required by the agency.

(12) Documentation Requirements:

(a) The BRS contractor and BRS provider shall:

(A) Comply with all documentation requirements in OAR 410-120-1360, BRS program general rules, and agency-specific BRS program rules;
(B) Use forms reviewed and approved by the agency to document the following if required: All service plans and updates; the assessment and evaluation report; the daily and weekly log for service hours; and the invoice form;

(C) Maintain current documentation of its staff’s compliance with applicable training, qualifications, and licensing requirements, which shall be readily available for on-site review by the caseworker, agency, and other appropriate licensing or oversight entity;

(D) Create, maintain, and update an individualized case file for each BRS client either in hard copy or electronically, including but not limited to signed consent for the BRS client to participate in the BRS program; documentation regarding home or other family visits and transitional visits; documentation of recreational, social, and cultural activities; documentation of legal custody or voluntary placement status; service documentation (service plans, weekly service description and hour records, and discrete service notes); face sheet with frequently referenced information; medical insurance information; education and vocation activities; school enrollment, attendance, progress, and discipline information; referral information; and any restriction or special permission for participation in activities, which shall be readily available for on-site review by the BRS provider’s direct care staff and social service staff, the caseworker, the agency, and the appropriate licensing or oversight entity;

(E) Ensure that all documentation about the BRS client is written in terms that are easily understood by all persons involved in service planning and delivery, including but not limited to the service plans, progress notes and reports, assessments, and incident reports; and

(F) Ensure that all documentation (paper or electronic) identifies any corrections made, including the original information, what was corrected or changed, the date of the correction, and who made the correction. White out, eraser tape, electronic deletions, or other means of eradicating information to make corrections on documentation may not be used.

(b) The BRS contractor shall ensure that its BRS program, either operated by itself or by its BRS provider, creates and maintains a record of all incidents, including but not limited to incidents described in OAR 413-215-0091(11)(c) and any use of seclusion or physical restraint on a form approved by the agency:

(A) Incident reports shall contain the following information:

(i) Name of the BRS client;

(ii) The date, location, and type of incident;

(iii) The duration of any seclusions or physical restraints employed in the context of the incident;
(iv) Name of staff involved in the incident, including the names of any witnesses;

(v) Description of the incident, including precipitating factors, preventative efforts employed, and description of circumstances during the incident;

(vi) Physical injuries to the BRS client or others resulting from the incident, including information regarding any follow-up medical care or treatment;

(vii) Documentation showing that any necessary reports were made to the appropriate agency, any other entity required by law to be notified, and, as applicable, the BRS client’s parent, guardian, or legal custodian;

(viii) Documentation indicating the date that a copy of the incident report was sent to the caseworker;

(ix) Actions or interventions taken by program staff;

(x) Any follow-up recommendations for the BRS client or staff;

(xi) Any follow-up or investigation conducted by the BRS contractor or BRS provider’s supervisory staff and administrative personnel, the Department, the Authority, OYA or other entities; and

(xii) The BRS contractors or BRS provider’s review of the incident.

(B) The BRS contractor shall ensure that its BRS program, either operated by itself or by its BRS provider, provides immediate verbal or electronic notification to the caseworker, the agency’s contract administrator, and, as applicable, the appropriate licensing entity of the following types of critical events: Incidents posing a risk to the status or custody of the BRS client and any other incidents that are of a nature serious enough to raise safety, programmatic, or other serious concerns. Immediate notification shall be followed up by the submission of a written incident report to the individuals or entities described in this section within one business day. Compliance with this notification requirement does not satisfy child abuse reporting requirements under ORS 419B.005 to 419B.015 and ORS 418.257 and 418.258;

(C) At the end of each month, the BRS contractor shall ensure that its BRS program, either operated by itself or by its BRS provider, sends copies of all incident reports for that month, not previously submitted under section (19)(b)(B) of this rule, to the BRS client’s caseworker and contract administrator.

(c) The BRS contractor and BRS provider shall provide prompt documentation to the agency upon request or by the deadline specified in a written request, whichever is sooner. The BRS contractor’s or BRS provider’s failure to provide the agency with the requested documentation by the agency’s deadline may result in the agency pursuing any one or a combination of the sanctions or remedies against the BRS contractor described in OAR 410-170-0120 or agency-specific BRS rules.
The BRS contractor shall ensure that its program, either operated by itself or by its BRS provider, provides prior notification to the caseworker whenever the BRS client is sleeping outside of its program for any reason, excluding cases of emergency:

(a) Initial approval shall be completed at intake and shall include information from the caseworker documenting any special instructions such as:

(A) Conditions under which an overnight absence from the program would be approved;
(B) Home visit resources that are acceptable;
(C) Any required notifications to the community: Victim, court, special interest group, or law enforcement;
(D) Approved and non-approved contacts during absences, as applicable; and
(E) Approved and non-approved activities, as applicable.

(b) After initial approval by the caseworker, the BRS contractor shall ensure that its BRS program, either operated by itself or by its BRS provider, notifies the caseworker of each upcoming overnight visit at least two business days prior to the visit and provides the following information:

(A) Dates of visit;
(B) Type of visit or activity;
(C) Location of visit or activity; and
(D) Explanation of how any special conditions or requirements are addressed.

(c) The BRS contractor and BRS provider may not permit the BRS client to leave the state or country without prior written approval by the agency.

BRS contractors shall and shall ensure that their BRS providers are not institutions for mental diseases, as defined in 42 CFR 435.1010, unless they are providing inpatient psychiatric services to BRS clients in compliance with the requirements in 42 CFR 441.151 and 42 CFR 440.160.

The BRS contractor’s supervision of the BRS provider:

(a) The BRS contractor is responsible for monitoring and ensuring that its BRS providers comply with all applicable laws and regulations related to the BRS program. The Authority may pursue any sanctions, remedies, or recoveries as described in OAR 410-170-0120, OAR 410-120-1397, or OAR 410-120-1400 against the BRS contractor for failing to monitor and ensure its BRS providers comply with all applicable laws and regulations related to the BRS program;

(b) The BRS contractor is solely responsible for all obligations owed to its BRS provider under its subcontract or agreement.

The BRS contractor’s supervision of the approved proctor foster parent:
The BRS contractor shall or ensure that its BRS provider monitors and ensures that its approved proctor foster parents comply with all applicable laws and regulations related to the BRS program. The Authority may pursue any sanctions, remedies, or recoveries described in OAR 410-170-0120, OAR 410-120-1397, or OAR 410-120-1400 against the BRS contractor for failing to monitor and ensure its approved proctor foster parents are in compliance with all applicable laws and regulations related to the BRS program;

(b) The BRS contractor shall or ensure that its BRS provider:

(A) Recruits, trains, reimburses, and supports the approved proctor foster parent in providing services or placement-related activities to the BRS client;

(B) Visits the approved proctor foster parent’s home a minimum of one time each month for the purposes of support that includes but is not limited to monitoring, training, and supervision;

(C) Provides at minimum the following support services to the approved proctor foster parent:

(i) The BRS contractor shall or ensure that its BRS provider have staff available to provide the approved proctor foster parent with back-up services 24 hours per day, seven days a week, which includes on-call services, consultation, and direct crisis counseling. Approved proctor foster parents shall receive the contact details (names and phone numbers) of the program staff that are available to provide these back-up services;

(ii) The BRS contractor shall provide, or ensure that its BRS provider provides, the approved proctor foster parent with the opportunity to receive 48 hours per month of time away from approved proctor foster parent responsibilities. Daytime supervision and night-time monitoring equivalent to that provided by the approved proctor foster parent shall be arranged and provided to the BRS client during that time.

(c) The BRS contractor or, as applicable, the BRS provider is solely responsible for all obligations owed to the approved proctor foster parent under its subcontract or agreement.

(17) The BRS contractor shall or ensure that its BRS provider notifies the agency in writing when a current employee or newly hired employee is also an employee of the agency. The BRS contractor shall or ensure that its BRS provider submits the notification to the contract administrator and the agency’s contracts unit and shall include the name of the employee and their job description. The agency shall review the employment situation for any actual or potential conflicts of interest as identified under ORS chapter 244.

Stat. Auth.: ORS 413.042 & 414.065
Stats. Implemented: ORS 414.065
**410-170-0040**

**Prior Authorization for the BRS Program; Hearing Rights**

(1) The BRS program requires prior authorization from the agency in accordance with the Authority’s rules, the general BRS program rules, and applicable agency-specific BRS program rules. A referral by an LPHA or agency to the Authority for prior authorization of the BRS program is not a prior authorization.

(2) Prior Authorization Criteria for the BRS program:

(a) The Authority shall provide prior authorization for the BRS program to an individual who:

   (A) Is enrolled in the Oregon Health Plan (OHP), is eligible for Oregon’s Medicaid or CHIP program, and is eligible for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services, according to the procedures established by the Authority;

   (B) Has a determination by a designated LPHA that the BRS program is medically appropriate to meet the individual’s medical needs;

   (C) Is not receiving residential mental health or residential developmental disability services from another governmental unit or entity;

   (D) Is a child; and

   (E) Does not have a current prior authorization for the BRS program for the requested time period from OYA or the Department.

(b) OYA or the Department may provide prior authorization for the BRS program for an individual that meets the requirements in its agency-specific BRS program rules.

(3) To meet the requirement in section (2)(a)(B) of this rule, the designated LPHA shall determine that the BRS program is medically appropriate because the individual:

(a) Has a primary mental, emotional, or behavioral disorder or developmental disability that prevents the individual from functioning at a developmentally appropriate level in the individual’s home, school, or community;

(b) Demonstrates severe emotional, social, and behavioral problems, including but not limited to: Drug and alcohol abuse; anti-social behaviors requiring close supervision, intervention, and structure; sexual behavioral problems; or behavioral disturbances;

(c) Requires out-of-home behavioral rehabilitation treatment to restore or develop the individual’s appropriate functioning at a developmentally appropriate level in the individual’s home, school, or community;

(d) Is able to benefit from the BRS program at a developmentally-appropriate level;

(e) Does not have active suicidal, homicidal, or serious aggressive behaviors; and
(f) Does not have active psychosis or psychiatric instability.

(4) The Authority may also request that the designated LPHA determine the BRS type of care that is medically appropriate for the individual. The designated LPHA shall make that determination based on the following factors, including but not limited to the:

(a) Severity of the individual’s psychosocial, emotional, and behavior disorders;

(b) Intensity and type of services that would be appropriate to treat the individual;

(c) Type of setting or treatment model that would be most beneficial to the individual;

(d) Least restrictive and intensive setting based on the individual’s treatment history, degree of impairment, current symptoms, and the extent of family and other supports; and

(e) Behavior management needs of the individual.

(5) The agency is not required to provide prior authorization or to make payment for services or placement-related activities under the following circumstances:

(a) The individual was not eligible for the BRS program at the time services or placement-related activities were provided;

(b) The documentation is not adequate to determine the type, medical appropriateness, or frequency and duration of services;

(c) The services or placement-related activities billed or provided are not consistent with the information submitted when the prior authorization was requested;

(d) The services or placement-related activities billed are not consistent with those provided;

(e) The services or placement-related activities were not provided within the timeframe specified on the notice of prior authorization;

(f) The BRS program is not covered under the individual’s medical assistance package;

(g) The services or placement-related activities were not authorized or provided in compliance with the BRS program general rules, agency-specific BRS program rules, or applicable Oregon Health Authority General Rules (OAR 410-120-0000 to 410-120-1920);

(h) The individual does not meet the prior authorization requirements as stated above;

(i) The BRS contractor or BRS provider was not eligible to receive reimbursement through the BRS program at the time the services or placement-related activities were provided; or

(j) The individual’s needs are better met through another system of care; the individual is eligible for services under that system of care; the individual is given notice of that eligibility; and the services necessary to support a successful transition to the alternate system of care are provided.
(6) Retroactive eligibility and authorization:

(a) In those instances when the BRS client is made retroactively eligible for the BRS program, the agency may grant prior authorization if:

(A) The BRS contractor or BRS provider received preliminary approval from the agency prior to admitting the BRS client into its program while the prior authorization process was pending; and

(B) The BRS client met all prior authorization criteria and eligibility requirements on the date that the services and placement-related activities were provided; and

(C) The BRS provider delivered the services and placement-related activities in accordance with all applicable BRS program general rules and agency-specific BRS program rules; and

(D) Prior authorization was retroactively approved by the agency within five business days from the date that the BRS client was admitted into the BRS provider’s program.

(b) Prior authorization after five business days from the date the BRS client was admitted into the BRS contractor’s or BRS provider’s program requires documentation that prior authorization is obtained within those five business days.

(7) Prior authorization is valid for the time-period specified on the agency’s prior authorization notice but is not to exceed 12 months from the date on the notice, unless the BRS client is no longer eligible for a medical assistance program that covers the BRS program, in which case the authorization shall terminate on the date coverage ends.

(8) The BRS contractor is responsible for ensuring that there is a prior authorization from the agency for the BRS client in advance of providing the services or placement-related activities for the applicable time period unless section (6) of this rule applies.

(9) If an individual is denied prior authorization for the BRS program under section (2)(a) of this rule, OAR 413-095-0040 (1)(a) or OAR 416-335-0040(1)(a), the individual is entitled to notice and contested hearing rights under OAR 410-120-1860 and 410-120-1865. The contested case hearing shall be held by the Authority.

Stat. Auth.: ORS 413.042 & 414.065

Stats. Implemented: ORS 414.065
410-170-0050

Program Referrals and Admission to BRS Provider

(1) After the BRS client receives prior authorization for the BRS program, the agency shall refer the BRS client for admission to one or more BRS contractors or BRS providers that provide the appropriate BRS type of care.

(2) The agency shall provide the BRS contractor or, as applicable, the BRS provider with the following documents in the BRS client’s referral packet:

(a) Information identifying the individual or entity with legal authority over the BRS client, which may be the BRS client’s parent, guardian, or legal custodian;

(b) Any prior evaluations, assessments, or other documents that provide background information about the BRS client or that support the need for the BRS client’s current level of services; and

(c) The caseworker’s case plan describing necessary services or similar planning form for the BRS client.

(3) The BRS contractor or, as applicable, the BRS provider shall make admission decisions for the BRS client based on its agency-approved written admission criteria, unless provided with written authorization from the agency to accept a BRS client who does not meet its admission criteria.

(4) The BRS contractor or, as applicable, the BRS provider may not deny an eligible BRS client admission to its program if a vacancy exists within the program at the time of referral and the BRS client meets its agency-approved admission criteria, unless it receives written approval from the referring agency.

(5) The BRS contractor may not and shall ensure its BRS providers do not deny an eligible BRS client admission to its program for any of the following reasons:

(a) The presence or absence of family members to support the placement;

(b) The race, religion, sexual orientation, color, or national origin of the BRS client involved;

(c) The BRS client’s place of residence; or

(d) The absence of an identified after-care resource.

(6) The BRS contractor shall or shall ensure its BRS provider notifies the caseworker of its admission decision within five business days of receiving the BRS client’s referral packet unless an earlier timeframe is required in agency-specific BRS rules. If the BRS provider denies admission to the BRS client, then it shall provide the caseworker with a written explanation.

(7) The BRS contractor shall or shall ensure its BRS provider maintains documentation (either electronically or in hard copy) of all its admission decisions for BRS clients referred by an agency or BRS contractor, which includes the following:

(a) The name of the BRS client referred;
(b) The date the referral was received;
(c) The reason the referral was accepted or denied; and
(d) The date the referral was responded to in writing.

(8) Intake Procedures:
(a) On the day that the BRS client is physically admitted to the BRS contractor’s or BRS provider’s program, its staff shall provide the BRS client and, as applicable, the BRS client’s parent, guardian, or legal custodian with copies of the following policies:
(A) Behavior management system policy;
(B) Grievance policy;
(C) BRS client’s and family’s rights policies, including but not limited to visitation and communication policies and the policies regarding the search and seizure of the BRS client’s person, property, and mail;
(D) Discharge policies, including but not limited to a discharge initiated by the BRS client;
(E) Seclusion and physical restraint policies;
(F) Suicide prevention policy and procedures; and
(G) Medication management policy.
(b) The BRS contractor must ensure its program, either operated by itself or by its BRS provider, maintains signed documentation indicating that the BRS client and, as applicable, the BRS client’s parent, guardian, or legal custodian received and understood the information described in section (8)(a) of this rule;
(c) If any of the policies described in section (8)(a) of this rule are individualized for a BRS client and differ from the program’s standard documented practices, these variations shall be explained and documented and included in or attached to the BRS client’s service plan;
(d) If the BRS client’s parent, guardian, or legal custodian is unavailable at the time of admission, the BRS contractor shall ensure its program, either operated by itself or by its BRS provider, documents in the BRS client’s case file that it forwarded this information to the BRS client’s parent, guardian, or legal custodian by facsimile, mail, or electronic mail within 48 hours of the BRS client’s admission to the program.

(9) The agency is responsible for notifying the BRS contractor or BRS provider of any changes to the information described in section (2) of this rule. In addition, the agency shall provide the BRS contractor or BRS provider with the following information:
(a) Applicable written authorizations by the BRS client or the BRS client’s parent, guardian, or legal custodian consenting to the BRS client’s participation in the BRS program;
(b) If applicable, the prepaid health plan or coordinated care organization in which the BRS client is enrolled;
(c) The BRS client’s current medical information, medication regime, and other medical needs; and

(d) If applicable, the BRS client’s school information, parental contact information, or similar types of information.

Stat. Auth.: ORS 413.042 & 414.065

Stats. Implemented: ORS 414.065
410-170-0060
Discharge from the BRS Contractor or BRS Provider

(1) Planned discharge initiated by the BRS contractor, BRS provider, or the agency:

(a) Initiated by the BRS contractor or BRS provider:

(A) The BRS contractor shall and shall require that its BRS providers notify the caseworker in writing as soon as reasonably practicable regarding its intent to initiate the planned discharge of the BRS client from its program;

(B) Following notification, the BRS contractor or BRS provider and caseworker shall meet to discuss the case. If a discharge date can be agreed upon, the BRS client shall be discharged on that date. If they cannot agree, the caseworker shall remove the BRS client from the program within 30 days from the original written notice to the caseworker, resulting in the BRS client’s planned discharge.

(b) Initiated by the agency:

(A) The BRS client’s caseworker shall notify the BRS contractor or BRS provider in writing as soon as reasonably practicable regarding the agency’s intent to initiate the planned discharge of the BRS client from its program;

(B) Following notification, the caseworker and the BRS contractor or BRS provider must meet to discuss the case. If a discharge date can be agreed upon, the BRS client must be discharged on that date. If they cannot agree, the caseworker may remove the BRS client from the program resulting in the BRS client’s planned discharge.

(2) Emergency Discharge:

(a) Initiated by the BRS contractor or BRS provider:

(A) The BRS contractor or BRS provider may request the immediate discharge of a BRS client from its program if, after contact with the agency staff, there is agreement that the BRS client is a clear and immediate danger to self or others. In such situations, the caseworker must consider the notification a priority and respond to the BRS contractor or BRS provider as soon as practicable but no later than one business day;

(B) The BRS contractor shall and shall ensure its BRS providers discuss the BRS client’s continuation in, temporary removal from, or discharge from the program.

(b) The agency may immediately remove the BRS client from the BRS contractor’s or BRS provider’s program for any reason, resulting in the BRS client’s emergency discharge;

(c) A parent or guardian with appropriate legal authority, as determined by the agency, may immediately remove the BRS client from the BRS contractor’s or BRS provider’s program, resulting in the BRS client’s emergency discharge.
(3) Discharge initiated by the BRS client:

(a) The BRS client may initiate discharge from the BRS provider by submitting a written request to the BRS contractor, BRS provider, or caseworker:

(A) If the request is submitted to the program, the BRS contractor shall or shall ensure its BRS provider submits immediate verbal or written notification to the caseworker and the agency’s designated contact and, if applicable, the BRS client’s parent, guardian, or legal custodian to allow for alternate placement arrangements;

(B) The caseworker or the agency’s designated contact shall make alternative placement arrangements within five business days from receiving the request from the BRS client or the notice from the BRS contractor or provider, whichever is earlier.

(b) Section (3)(a) of this rule does not apply to clients less than 18 years old in a BRS placement that:

(A) Does not meet the definition of a “public institution” in 42 CFR 435.1010; or

(B) Meets the definitions of a “publicly operated community residence” or a “child care institution” in 42 CFR 435.1010.

(c) Notwithstanding (3)(a) of this rule, the child’s legal guardian may commit a child to a BRS placement without the child’s consent or over the child’s objection (i.e., override the child’s decision to leave the BRS program) if the following conditions are met:

(A) The child is under the age of 18 and is not legally emancipated or married;

(B) The guardian has legal authority to make medical decisions for the child; and

(C) The child’s placement is not the result of a court determination of delinquency.

(4) Discharge from a program does not impact a BRS client’s prior authorization for the BRS program generally. A BRS client may be referred to another BRS contractor or BRS provider or request re-referral to the same program if the prior authorization remains valid and the BRS client remains eligible for the BRS program.

(5) The agency may temporarily remove the BRS client for any reason without resulting in a discharge from the BRS contractor’s or BRS provider’s program.

(6) Storage of the BRS client’s personal property:

(a) The BRS contractor shall and ensure its BRS providers store property belonging to the BRS client in its program for up to 30 days in a secure location following discharge when the BRS client exits the program without the client’s property;

(b) The BRS contractor shall and ensure its BRS providers contact the BRS client’s caseworker as soon as possible to make arrangements for the property to be retrieved.
410-170-0070
BRS Service Planning

(1) Initial Service Plan (ISP):

(a) A BRS contractor that provides services and placement-related activities in a Shelter, Community Step-down, Independent Living program, Enhanced Structure Independent Living program, Proctor Care, Proctor Enhanced Services, Assessment and Evaluation, Basic Residential, Basic Rehabilitation, Intensive Residential, Intensive Rehabilitation, or Intensive Behavioral Support program shall and shall require that its BRS providers:

(A) Ensure that a social service staff member completes a written ISP within two business days of the BRS client’s admission to its program;

(B) Provide an opportunity for the following individuals to participate in developing the BRS client’s ISP, including but not limited to the client, the client’s family, social service staff, the client’s caseworker, and any other significant individuals involved with the client;

(C) Obtain and maintain documentation that the individuals listed in section (1)(a)(B) of this rule were provided with the opportunity to participate in developing the ISP;

(D) Obtain written approval of the ISP prior to its implementation from the caseworker and, as applicable and appropriate, the BRS client and the BRS client’s parent, guardian, or legal custodian; and

(E) Provide the services identified in the ISP during the first 45 days in the BRS provider’s program or until the MSP is written.

(b) The BRS contractor shall and shall require that its BRS provider ensure that the ISP is individualized, developmentally appropriate, based on a thorough assessment of the BRS client’s referral information, and include at minimum the following:

(A) A plan to address specific behaviors and needs identified in the referral information including the intervention to be used;

(B) A plan for any overnight home visits and transitional visits;

(C) The anticipated discharge date;

(D) The anticipated type of placement at discharge;

(E) Existing orders for medication and any prescribed treatments for medical conditions, mental health conditions, or substance abuse;

(F) Any type of behavior management system that is used as an intervention; and

(G) A plan for behavior management needs if needs are greater than usual for the program.
2. Assessment and Evaluation Report (AER):

(a) A BRS contractor that provides services and placement-related activities in a Shelter, Community Step-Down, Proctor Care, Proctor Enhanced Services, Assessment and Evaluation, Basic Residential, Basic Rehabilitation, Intensive Residential, Intensive Rehabilitation, Short-term Stabilization, or Intensive Behavioral Support program shall and shall require that its BRS providers:

(A) Ensure that a social service staff member conducts a comprehensive assessment of the BRS client and completes a written AER; and

(B) Submit the written AER to the caseworker within 45 days of the BRS client’s admission to its program.

(b) The BRS contractor or BRS provider must ensure that the AER includes information about the BRS client regarding the following domains:

(A) Legal custody and basis for custody;

(B) Medical information including prescribed medications and dosages;

(C) Family information including specific cultural factors;

(D) Mental health information;

(E) Alcohol and drug use both current and historical;

(F) Educational needs;

(G) Vocational needs;

(H) Social living skills; and

(I) Placement plans including home visits, transitional visits, anticipated discharge date, and placement resources.

(c) The BRS contractor shall and shall require that its BRS provider ensure that the AER describes the following:

(A) Identified problems, reason for referral or placement, and pertinent historical information;

(B) The BRS client’s behaviors, response to current services, and strengths and assets;

(C) Significant incidents or interventions or both;

(D) A plan for behavior management needs if needs are greater than usual for the program;

(E) Identification of any service goals; and

(F) Identified needs by assessment and history.

(d) Abbreviated AERs:
(A) If a BRS client is transferred to the current BRS program from another BRS program and the client’s most recent AER is less than 90 days old, the current BRS contractor or BRS provider may submit an abbreviated AER to the caseworker within 30 days of the client’s transfer to its program instead of the AER required in section (2) of this rule;

(B) The BRS contractor shall and shall require that its BRS provider ensure that an abbreviated AER includes at minimum the information in section (2)(b)(A) of this rule and any other specific information requested by the caseworker. If the information is available, the contractor or provider must also include the information in section (2)(b)(B) through (D) of this rule.

(3) Master Service Plan (MSP):

(a) A BRS contractor that provides services and placement-related activities in a Shelter, Community Step Down, Proctor Care, Proctor Enhanced Services, Assessment and Evaluation, Basic Residential, Rehabilitation, Intensive Residential, Intensive Rehabilitation, or Intensive Behavioral Support program shall and shall require that its BRS provider:

(A) Ensure that a social service staff member completes a written individualized MSP within 45 days of the BRS client’s admission to its program;

(B) Provide the opportunity for the individuals listed in section (1)(a)(B) of this rule to participate in developing the BRS client’s MSP;

(C) Obtain and maintain documentation that the individuals listed in section (1)(a)(B) of this rule were provided with the opportunity to participate in developing the MSP;

(D) Obtain written approval of the MSP prior to its implementation from the caseworker and, as applicable and appropriate, the BRS client and the BRS client’s parent, guardian, or legal custodian; and

(E) Provide the services identified in the MSP.

(b) The BRS contractor shall and shall require that its BRS provider ensure that the MSP includes goals that are measurable and attainable within a specified time frame and address at minimum the following domains where need is indicated by the BRS client’s assessment and history:

(A) Legal custody and basis for custody;

(B) Medical information including medications and dosages;

(C) Family information including specific cultural factors;

(D) Mental health information;

(E) Alcohol and drug use both current and historical;

(F) Educational needs;
(G) Vocational needs;
(H) Social living skills;
(I) Placement plans including home visits, transitional visits, anticipated discharge date, and placement resources;
(J) Other needs identified in the BRS client’s AER that do not fall in one of the other identified domains above; and
(K) Completion criteria individualized for each BRS client. Completion is defined by progress in acquiring pro-social behaviors, attitudes, and beliefs while in the program, and not engaging in behavior that seriously jeopardizes the safety of staff and other program participants.

(c) The BRS contractor or BRS provider must ensure that the MSP is individualized and developmentally appropriate and includes:

(A) Specifically stated and prioritized service goals for the BRS client that include the caseworker’s recommendations and goals that the BRS client wants to achieve;
(B) Specific interventions and services its program shall provide to address each goal, including the use of a behavior management system as an intervention and a plan for behavior management needs if needs are greater than usual for the program;
(C) Staff responsible for providing the identified services;
(D) Specifically stated behavioral criteria for evaluating the achievement of goals;
(E) A timeframe for the completion of goals;
(F) The method used to monitor the BRS client’s progress towards completing goals; and
(G) Aftercare and transition goals and planning.

(d) The BRS contractor shall and shall require that its BRS provider clearly list in the MSP those needs identified in a BRS client’s AER that are to be addressed by an outside provider and then identify the outside provider that will be responsible for addressing those needs. The BRS contractor shall also, and shall require that its BRS provider facilitate the BRS client’s access to other providers whenever needs identified in the AER cannot be met within the scope of the services offered by its program;

(e) The BRS contractor shall and shall require that its BRS provider also describe in the MSP any plan for the BRS client to participate in overnight home visits or transitional visits, including but not limited to documenting when the home visits or transitional visits are to occur, identifying the frequency of the visits (up to a maximum of eight days per month for a combination of home visits and transitional visits), and describing how the visits relate to the BRS client’s goals identified in the MSP. The BRS contractor shall and shall require that its BRS provider make every attempt to schedule home visits and transitional visits so that they do not conflict with services. Any deviation from the
approved home visit and transitional visit plan requires prior written approval from the agency.

(4) Master Service Plan 90 Day Updates:

(a) A BRS contractor that provides services and placement-related activities in a Shelter, Community Step Down, Proctor Care, Proctor Enhanced Services, Assessment and Evaluation, Basic Residential, Rehabilitation, Intensive Residential, Intensive Rehabilitation, or Intensive Behavioral Support program shall and shall require that its BRS provider:

(A) Ensure that a social service staff member reviews and updates in writing the BRS client’s MSP no later than 90 days from the date the MSP was first finalized or the last time it was updated and every 90 days thereafter. Social service staff must review the MSP and update it in writing if necessary, earlier whenever additional information becomes available that suggests that other services should be provided;

(B) Provide the opportunity for the individuals listed in section (1)(a)(B) of this rule to participate in developing the BRS client’s MSP updates;

(C) Obtain and maintain documentation that the individuals listed in section (1)(a)(B) of this rule were provided with the opportunity to participate in developing the MSP updates;

(D) Obtain written approval of an updated MSP prior to its implementation from the caseworker and, as applicable and appropriate, the BRS client and the BRS client’s parent, guardian, or legal custodian; and

(E) Provide the services identified in the most recent MSP update.

(b) The BRS contractor shall and shall require that its BRS provider ensure that the written update to the MSP is individualized and developmentally appropriate and includes at minimum the following:

(A) The BRS client’s progress towards achieving service goals;

(B) The BRS client’s performance on the behavior management system;

(C) The BRS client’s performance on any individualized plans developed to address specific behaviors;

(D) Any modifications to services based on the BRS client’s new behaviors or identified needs;

(E) Any changes regarding recommendations, the discharge date, or aftercare and transition plans; and

(F) A summary of incidents involving the BRS client that have occurred since the last time the MSP was updated.

(5) Aftercare and Transition Plan (ATP):
A BRS contractor that provides services and placement-related activities in Community Step Down, Proctor Care, Proctor Enhanced Services, Basic Residential, Rehabilitation, Intensive Residential, Intensive Rehabilitation, or Intensive Behavioral Support shall and shall require that its BRS provider:

(A) Ensure that a social service staff member develops and completes a written ATP at least 30 days prior to, or when there is insufficient notice, as close as possible to 30 days prior to the BRS client’s planned discharge;

(B) Provide the opportunity for the individuals listed in section (1)(a)(B) of this rule and members of the service planning team to participate in developing the BRS client’s written ATP;

(C) Obtain and maintain documentation that the individuals listed in section (1)(a)(B) of this rule and members of the service planning team were provided with the opportunity to participate in developing the written ATP;

(D) Provide a copy of the written ATP to the individuals described in section (1)(a)(B) of this rule and members of the service planning team; and

(E) Obtain written approval of the written ATP from the caseworker and, as applicable and appropriate, the BRS client and the BRS client’s parent, guardian, or legal custodian.

The BRS contractor shall and shall require that its provider ensure that the written ATP describes how the BRS client will successfully transition from its program to the community, specifically addressing the period of 90 days after discharge from its program. The BRS contractor or BRS provider must ensure that the written ATP includes, at minimum, the following:

(A) Identification of the BRS client’s individual needs and unmet goals;

(B) Identification of the aftercare services and supports outside of its program that will be available for the 90-day time-period;

(C) Identification of the individual or entity responsible for providing the aftercare services; and

(D) Schedule for regular telephone contact by BRS provider staff with the BRS client and, as applicable, the client’s family, caseworker, or other identified significant individuals.

The BRS contractor or BRS provider shall not be required to provide an initial and final written ATP under the following circumstances:

(A) The agency, legal guardian, or custodian removes the BRS client from the program with little or no notice and in a manner not in accordance with the existing ATP;
(B) The BRS client is discharged from the program on an emergency basis due to the BRS client’s behavior, runaway status without a plan to return to the program, or transfer to another program or higher level of care; or

(C) The BRS client initiates an immediate voluntary discharge from the program.

(6) For a discharge summary, a BRS contractor that provides services and placement-related activities in a Shelter, Community Step-down, Independent Living program, Enhanced Structure Independent Living program, Proctor Care, Proctor Enhanced Services, Assessment and Evaluation, Basic Residential, Rehabilitation Services, Intensive Residential, Intensive Rehabilitation, or Intensive Behavioral Support program shall and shall require that its provider ensure that a social service staff member completes and provides a written discharge summary to the caseworker within 15 days following the BRS client’s planned or actual discharge from its program. The discharge summary must include the BRS client’s progress towards service goals.

(7) Aftercare Summary:

(a) A BRS contractor that provides services and placement-related activities in a Community Step-down, Proctor Care, Proctor Enhanced Services, Basic Residential, Rehabilitation Services, Intensive Residential, Intensive Rehabilitation, and Intensive Behavioral Support program shall and shall require that its provider:

(A) Ensure that a social service staff member completes and provides a written aftercare summary to the caseworker within 120 days following the BRS client’s discharge from its program;

(B) Summarize the BRS client’s status and progress on the ATP for the 90 days following the client’s discharge from the BRS provider, including but not limited to the client’s adjustment to the community and any further recommendations;

(b) An aftercare summary is not required if the BRS provider was not required to complete an ATP under circumstances listed in section (5)(c)(A)(B)(C) of this rule.

(8) Master Service Plan – Transition (MSP-T):

(a) A BRS contractor that provides services and placement-related activities in an Independent living program or Enhanced Structure Independent Living program shall and shall require that its provider:

(A) Ensure that the transition facilitator completes with the BRS client a standardized assessment of independent living skills prior to the development of the MSP-T;

(B) Ensure that a transition facilitator in collaboration with the BRS client completes a written MSP-T within 30 days of the BRS client’s admission to the program;

(C) Provide the services identified in the MSP-T;

(D) Provide the opportunity for the individuals listed in section (1)(a)(B) of this rule to participate in developing the BRS client’s MSP-T;
(E) Ensure the MSP-T is individualized and developmentally appropriate and includes:

(i) Specifically stated and prioritized service goals for the BRS client that include the caseworker’s recommendations and goals that the BRS client wants to achieve;

(ii) Specific interventions and services the program shall provide to address each goal, including the use of a behavior management system as an intervention and a plan for behavior management needs if needs are greater than usual for the program;

(iii) Staff responsible for providing the identified services;

(iv) Specifically stated behavioral criteria for evaluating the achievement of goals;

(v) A timeframe for the completion of goals;

(vi) The method used to monitor the BRS client’s progress towards completing goals.

(b) The BRS contractor shall or shall require that its BRS provider obtain and maintain documentation that the individuals listed in section (1)(a)(B) of this rule were provided with the opportunity to participate in developing the MSP-T;

(c) The BRS contractor shall or shall require that its BRS provider obtain and maintain written approval of the MSP-T prior to its implementation from the caseworker and, as applicable and appropriate, the BRS client and the client’s parent, guardian, or legal custodian;

(d) The BRS contractor shall or shall require that its BRS provider ensure that the MSP-T includes goals that are measurable and attainable within a specified time frame and address at minimum the following domains where need is indicated by an assessment of the BRS client’s referral information and history:

(A) Legal custody and basis for custody;

(B) Medical information including medications and dosages;

(C) Family information including specific cultural factors;

(D) Mental health information;

(E) Alcohol and drug use including relapse prevention;

(F) Educational needs;

(G) Vocational needs;

(H) Placement plans including home visits, transitional visits, anticipated discharge date, and placement resources;
(I) Social living skills needs, including barriers to building healthy social support, recreation, and community connection or membership (including planning for supportive relationships);

(J) Independent living skills needs, which may include barriers regarding the use of technology, finances, and consumer awareness, transportation planning and responsibility, and free-time supervision and structure.

9) Master Service Plan — Transition 30-day Updates:

(a) The BRS contractor of an Independent Living or Enhanced Structure Independent Living program shall and shall require that its BRS provider:

(A) Ensure that the transition facilitator in collaboration with the BRS client reviews and updates in writing the BRS client’s MSP-T no later than 30 days from the date the MSP-T was first finalized or the last time it was updated and every 30 days thereafter;

(B) Provide an opportunity for the individuals listed in section (1)(a)(B) of this rule to participate in developing the BRS client’s MSP-T update;

(C) Obtain and maintain documentation that the individuals listed in section (1)(a)(B) of this rule were provided with the opportunity to participate in developing the MSP-T updates;

(D) Obtain written approval of an MSP-T update prior to its implementation from the caseworker and, as applicable and appropriate, the BRS client and the BRS client’s parent, guardian, or legal custodian; and

(E) Provide the services identified in the most recent MSP-T update.

(b) The BRS contractor or BRS provider must ensure that the written MSP-T update is individualized and developmentally appropriate and includes at minimum the following:

(A) The BRS client’s progress towards achieving service goals;

(B) The BRS client’s performance on the behavior management system;

(C) The BRS client’s performance on any individualized plans developed to address specific behaviors;

(D) Any modifications to services based on the BRS client’s new behaviors or identified needs;

(E) Any changes regarding recommendations, the discharge date, or aftercare and transition plans; and

(F) A summary of incidents involving the BRS client that have occurred since the last MSP-T update.

10) For an Initial Service Plan — Stabilization (ISP-S), a BRS contractor that provides services and placement-related activities in a Short-term Stabilization program shall or shall require that its BRS provider:
(a) Ensure that a social service staff completes a written ISP-S within two business days of the BRS client’s admission to the program;

(b) Provide an opportunity for the individuals listed in section (1)(a)(B) of this rule to participate in developing the BRS client’s ISP-S;

(c) Obtain and maintain documentation that the individuals listed in section (1)(a)(B) of this rule were provided with the opportunity to participate in developing the ISP-S;

(d) Obtain written approval of the ISP-S prior to its implementation from the caseworker and, as applicable and appropriate, the BRS client and the BRS client’s parent, guardian, or legal custodian;

(e) Provide the services identified in the ISP-S during the BRS client’s first 30 days in the program.

(f) Ensure that the ISP-S is individualized, developmentally appropriate, and based on a thorough assessment of the BRS client’s referral information, and includes at minimum the following:

   (A) A plan to address specific behaviors and needs identified in the referral information including the intervention to be used;

   (B) A plan for any overnight home visits and transitional visits;

   (C) The anticipated discharge date;

   (D) The anticipated type of placement at discharge;

   (E) Existing orders for medication and any prescribed treatments for medical conditions, mental health conditions, or substance abuse;

   (F) Any type of behavior management system used as an intervention;

   (G) A plan for behavior management needs if needs are greater than usual for the program;

   (H) Objectives for placement as described by the caseworker; and

   (I) Goals that are measurable and attainable within the first 30 days of the BRS client’s placement in the BRS program.

(11) Assessment and Evaluation Report — Stabilization (AER-S):

   (a) A BRS contractor that provides services and placement-related activities in a short-term stabilization program shall and shall require that its BRS provider ensure a social service staff member conducts an assessment of each BRS client who is expected to remain in the program for more than 30 days;

   (b) After conducting the assessment, the staff member shall submit a written AER-S to the BRS client’s caseworker within 30 days from the date the client was admitted into the program. The written AER-S shall include the following information about the BRS client:
(A) A summary of the client’s problems and needs, the reason for referral or placement, and any pertinent historical information;

(B) Identified reasons for behavioral instability;

(C) Summary of BRS client’s readiness for return to previous placement or recommended placement;

(D) The BRS client’s behaviors, response to current services, and strengths and assets;

(E) Assessment of BRS client’s characteristics that may require service delivery modifications to ensure successful participation in BRS services;

(F) Significant incidents or interventions or both;

(G) A plan for behavior management needs if needs are greater than usual for the program, if applicable.

c) The BRS program is not required to conduct an assessment or submit a written AER-S, as described in section (11)(b) of this rule, when the BRS client is expected to remain in the program for 30 days or less.

(12) Master Service Plan – Stabilization (MSP-S):

(a) The BRS contractor of a short-term stabilization program shall and shall require that its BRS provider:

(A) Ensure that a social service staff completes a written MSP-S within 30 days of the BRS client’s admission to the program;

(B) Provide an opportunity for the individuals listed in section (1)(a)(B) of this rule to participate in developing the BRS client’s MSP-S;

(C) Obtain and maintain documentation that the individuals listed in section (1)(a)(B) of this rule were provided with the opportunity to participate in developing the MSP-S;

(D) Obtain written approval of the MSP-S prior to its implementation from the caseworker and, as applicable and appropriate, the BRS client and the BRS client’s parent, guardian, or legal custodian;

(E) Ensure that the MSP-S is individualized and based on the BRS client’s needs identified in the AER-S;

(F) Provide the services identified in the current MSP-S.

(b) The BRS contractor of a short-term stabilization program shall and shall require that its BRS provider ensure that the MSP-S describes the following:

(A) Specifically stated and prioritized service goals for the BRS client based on the AER-S that include the caseworker’s recommendations and goals that the BRS client wants to achieve;
(B) Medical information including medications and dosages.

(c) The BRS contractor of a short-term stabilization program shall and shall require that its BRS provider ensure that the MSP-S is individualized and developmentally appropriate and includes:

(A) Specific interventions and services its program shall provide to address each goal, including the use of a behavior management system as an intervention and a plan for behavior management needs if needs are greater than usual for the program;

(B) Staff responsible for providing the identified services;

(C) Specifically stated behavioral criteria for evaluating the achievement of goals;

(D) A timeframe for the completion of goals;

(E) The method used to monitor the BRS client’s progress towards completing goals;

(F) Aftercare and transition goals and planning, including anticipated discharge date and placement resource;

(G) Completion criteria individualized for each BRS client. Completion is defined by progress in acquiring pro-social behaviors, attitudes, and beliefs while in the program and not engaging in behavior that seriously jeopardizes the safety of staff and other program participants.

(d) For the Assessment and Evaluation Report, the BRS contractor of a short-term stabilization program shall and shall require its BRS provider to identify in the MSP-S those needs identified in a BRS client’s AER-S that will be addressed by an outside provider and identify that provider. The BRS contractor shall and shall require that its BRS provider facilitate the BRS client’s access to other providers whenever needs identified in the AER-S cannot be met within the scope of the services offered by its program;

(e) The BRS contractor of a Short-term Stabilization program shall and shall require that its BRS provider describe in the MSP-S any plan for the BRS client to participate in overnight home visits and transitional visits, including but not limited to documenting when the home visits and transitional visits are to occur, identifying the frequency of the visits (up to a maximum of eight days per month), and describing how the visits relate to the BRS client’s goals identified in the MSP-S. The BRS contractor shall and shall require that its BRS provider make every attempt to schedule home and transitional visits so that they do not conflict with services. Any deviation from the approved home visit and transitional visit plan requires prior written approval from the BRS client’s caseworker.

(13) Master Service Plan – Stabilization Updates (MSP-S):

(a) The BRS contractor of a Short-term Stabilization program shall and shall require that its BRS provider:
(A) Ensure that a social service staff member reviews and updates in writing the BRS client’s MSP-S no later than 30 days from the date the MSP-S was first finalized or the last time it was updated and every 30 days thereafter. Social service staff must review the MSP-S and update it in writing earlier, if necessary, whenever additional information becomes available that suggests that other services should be provided;

(B) Provide the opportunity for the individuals listed in section (1)(a)(B) of this rule to participate in developing the BRS client’s MSP-S updates;

(C) Obtain and maintain documentation that the individuals listed in section (1)(a)(B) of this rule were provided with the opportunity to participate in developing the MSP updates;

(D) Obtain written approval of an updated MSP-S prior to its implementation from the caseworker and, as applicable and appropriate, the BRS client and the BRS client’s parent, guardian, or legal custodian; and

(E) Provide the services identified in the most recent MSP-S update.

(b) The BRS contractor of a Short-term Stabilization program shall and shall require that its BRS provider ensure that the written update to the MSP-S is individualized and developmentally appropriate and includes at minimum the following:

(A) The BRS client’s progress towards achieving service goals;

(B) The BRS client’s performance on the behavior management system;

(C) Any modifications to services based on the BRS client’s new behaviors or identified needs;

(D) Any changes regarding recommendations, the discharge date, or aftercare and transition plans; and

(E) A summary of incidents involving the BRS client that have occurred since the last time the MSP-S was updated.

(14) Aftercare and Transition Plan - Stabilization (ATP-S):

(a) The BRS contractor of a Short-term Stabilization program shall and shall require that its BRS provider:

(A) Ensure that a social service staff member develops and completes a written ATP-S at least 30 days prior to or as close as possible to the BRS client’s planned discharge;

(B) Provide the opportunity for the individuals listed in section (1)(a)(B) of this rule and members of the service planning team to participate in developing the BRS client’s written ATP-S;
(C) Obtain and maintain documentation that the individuals listed in section (1)(a)(B) of this rule and members of the service planning team were provided with the opportunity to participate in developing the written ATP-S;

(D) Provide a copy of the written ATP-S to the individuals described in section (1)(a)(B) of this rule and members of the service planning team; and

(E) Obtain written approval of the written ATP-S from the caseworker and, as applicable and appropriate, the BRS client and the client’s parent, guardian, or legal custodian.

(b) The BRS contractor of a short-term stabilization program shall and shall require that its BRS provider ensure that the written ATP-S describes how the BRS client is successfully transitioning from its program to the community, specifically addressing the period of 90 days after discharge from its program. The BRS contractor shall and shall require that its BRS provider ensure that the written ATP-S includes, at minimum, the following:

(A) Identification of the BRS client’s individual needs and unmet goals;

(B) Identification of the aftercare services and supports outside of its program that are available for the 90-day time-period;

(C) Identification of the individual or entity responsible for providing the aftercare services.

(c) The BRS contractor of a short-term stabilization program shall and shall require that its BRS provider complete an ATP-S for BRS clients who are being discharged home or into a non-BRS foster care placement;

(d) The BRS contractor or BRS provider of a short-term stabilization program shall not be required to provide a written ATP-S under the following circumstances:

(A) The agency, legal guardian, or custodian removes the BRS client from the program with little or no notice and in a manner not in accordance with the current service plan;

(B) The BRS client is discharged from the program on an emergency basis due to the BRS client’s behavior, runaway status without a plan to return to the program, or transfer to another program or higher level of care; or

(C) The BRS client initiates an immediate voluntary discharge from the program.

(15) The BRS contractor shall and shall require that its BRS provider ensure that all BRS service plans described in this rule are developed and maintained in the BRS client’s case file in accordance with the timeframes and criteria in this rule, unless otherwise exempted.

Stat. Auth.: ORS 413.042 & 414.065

Stats. Implemented: ORS 414.065
410-170-0080

Services

(1) The BRS contractor shall and shall 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 shall 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 shall 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 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 or shall 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 or shall 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 or shall 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 or shall 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.

(4) The BRS contractor shall or shall require its BRS provider to:

(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.

Stat. Auth.: ORS 413.042 & 414.065
Stats. Implemented: ORS 414.065
410-170-0090
BRS Types of Care

The BRS types of care are as follows:

(1) Shelter, Community Step-Down, and Independent Living Program:
   (a) The BRS contractor or BRS provider may use either a residential care model or therapeutic foster care model for these BRS types of care;
   (b) The BRS contractor providing one of these BRS types of care shall and shall require that its BRS provider ensure that a minimum of six hours of services are available per week to each BRS client as follows:
      (A) One hour of individual counseling or individual skills-training provided by social service staff; and
      (B) Five hours of any combination of individual or group counseling, crisis counseling, skills-training, or parent training.
   (c) The BRS client is placed in a shelter type of care as a short-term intervention to develop necessary skills;
   (d) The BRS client is placed in a community step-down type of care when the BRS client requires only six BRS hours of service but the same level of BRS structure and support;
   (e) The BRS client placed in an independent living program type of care requires a structured, supervised setting prior to transitioning to a supported community placement or living independently.

(2) Enhanced Structure Independent Living Program:
   (a) This BRS type of care follows a residential care model;
   (b) The BRS contractor providing this BRS type of care shall and shall require that its BRS provider ensure that a minimum of six hours of services are available per week to each BRS client as follows:
      (A) One hour of individual counseling or individual skills-training provided by social service staff; and
      (B) Five hours of any combination of individual or group counseling, crisis counseling, skills-training, or parent training.
   (c) The BRS client placed in an enhanced structure independent living program type of care requires a structured, supervised setting with increased staff supervision and support prior to transitioning to a supported community placement or living independently.

(3) Proctor Care, Proctor Enhanced Services, Assessment and Evaluation Proctor:
   (a) These BRS types of care follow a proctor care model;
(b) The BRS contractor providing one of these BRS types of care shall and shall require that its BRS provider ensure that a minimum of 11 hours of services are available per week to each BRS client as follows:

(A) Two hours of individual counseling or individual skills-training, one of which is provided by social service staff; and

(B) Nine hours of any combination of individual or group counseling, crisis counseling, skills-training, or parent training.

c) The BRS client placed in proctor care types of care requires structure, behavior management, and support services to develop the skills necessary to be successful in a less restrictive home setting with an approved proctor foster parent;

d) The BRS client placed in proctor enhanced services types of care requires enhanced structure during the day time hours. This level of care provides the structure of day treatment for necessary skill development with a less restrictive home setting with an approved proctor foster parent;

e) The BRS client is placed in assessment and evaluation proctor type of care to identify deficiencies and develop necessary skills.

(4) Basic Residential, Rehabilitation Services, Intensive Residential, Intensive Rehabilitation Services, Assessment and Evaluation Residential, Short-Term Stabilization:

(a) These types of care follow a residential care model. The BRS contractor shall and shall require that its BRS provider provide 24-hour supervision of the BRS client by ensuring that at least one direct care staff is on duty and awake whenever a BRS client is present in its program;

(b) The BRS contractor providing these BRS types of care shall and shall require that its BRS provider ensure that a minimum of 11 hours of services are available per week to each BRS client as follows:

(A) Two hours of either individual counseling or individual skills-training, one of which is provided by social service staff; and

(B) Nine hours of any combination of individual or group counseling, crisis counseling, skills-training, or parent training.

c) The BRS client placed in basic residential BRS types of care requires the structure, behavior management, and support services of a residential care model for necessary skill development;

d) The BRS client placed in rehabilitation services types of care requires the structure, behavior management, and support services of a residential care model for necessary skill development;

e) The BRS client is placed in assessment and evaluation residential BRS type of care to identify deficiencies and develop necessary skills;
(f) The BRS client placed in intensive residential BRS type of care requires more intensive structure, behavior management, and support services than a BRS client in the basic residential or rehabilitation BRS types of care;

(g) The BRS client placed in intensive rehabilitation services BRS types of care requires more intensive structure, behavior management, and support services than a BRS client in the basic residential or rehabilitation BRS types of care;

(h) The BRS client placed in short-term stabilization BRS type of care requires short-term intervention to provide behavioral stabilization.

(5) Intensive Behavioral Support:

(a) This type of care follows a residential care model. The BRS contractor shall and shall require that its BRS provider provide 24-hour supervision of the BRS client by ensuring that at least one direct care staff is on duty and awake whenever a BRS client is present in its program;

(b) The BRS contractor providing this level of care shall or shall require that its BRS provider ensure that a minimum of 11 hours of services are available per week to each BRS client as follows:

(A) Three hours of individual counseling or individual skills-training, two hours of which are provided by social service staff; and

(B) Eight hours of any combination of individual or group counseling, crisis counseling, skills-training, or parent training.

(c) BRS clients placed in the intensive behavioral support type of care have difficulty re-regulating their emotions due to the presence of complex developmental trauma or other mental health concerns. They require skill training and intensive behavioral support.

Stat. Auth.: ORS 413.042 & 414.065

Stats. Implemented: ORS 414.065
410-170-0100
Placement-Related Activities for the Authority’s BRS Contractors and BRS Providers

(1) In cases where the Authority is the agency, the BRS contractor shall and require that its BRS provider provide the following placement-related activities and all facilities, personnel, materials, equipment, supplies and services, and transportation necessary to provide those activities including but not limited to:

(a) For transportation, the BRS contractor shall or shall require that its BRS provider be responsible for the transportation of the BRS client to attend school to the extent not provided by the school district; to medical, dental, and therapeutic appointments to the extent not provided through the Oregon Health Plan; to recreational and community activities; to places of employment; and to shop for incidental items;

(b) For educational and vocational activities, the BRS contractor shall or shall require that its BRS provider have a system in place to meet the educational and vocational needs of the BRS client in its program either on-site or at an off-site location or a combination of the two;

(c) Recreational, social, and cultural activities:

(A) The BRS contractor shall or shall require that its BRS provider provide recreation time for the BRS client daily and offer activities that are varied in type to allow BRS clients to obtain new experiences. The BRS contractor shall or require that its BRS provider document recreation as having been provided by recording the type of activity the BRS client participated in and the date it occurred;

(B) The BRS contractor shall or require that its BRS provider provide each BRS client at least one opportunity per week to participate in recreational activities in the community, unless the BRS client is clearly unable to participate in offsite activities due to safety issues. If a BRS client is restricted from participation in community recreation, the BRS contractor shall or require that its BRS provider document the reason in the BRS client’s case file, and the reason must be reviewed regularly to ensure that the BRS client is not unnecessarily restricted from offsite activities. The BRS contractor shall or shall require that its BRS provider offer any BRS client who is restricted from community activities alternative opportunities for recreation on-site;

(C) The BRS contractor shall or shall require that its BRS provider provide access to or make available social and cultural activities for the BRS clients as part of the therapeutic milieu of the program. These activities are to promote the BRS client’s normal development and help broaden the BRS client’s understanding and appreciation of the community, arts, environment, and other cultural groups;
(D) The BRS contractor may not and shall ensure that its BRS provider does not permit BRS clients to participate in recreational activities that present a higher level of risk to BRS clients without pre-approval by the caseworker. This applies to activities that require a moderate to high level of technical expertise to perform safely, present environmental hazards, or where special certification or training is recommended or required such as: whitewater rafting, rock climbing, ropes courses, activities on or in any body of water where a certified lifeguard is not present and on duty, mountain climbing, and using motorized yard equipment.

(d) The BRS contractor shall or shall require that its BRS provider provide adequate opportunities for the BRS clients to complete homework assignments with assistance from staff if needed.

(2) The BRS contractor shall or shall require that its BRS provider facilitate the BRS client’s access to other providers whenever identified needs are not met within the scope of services offered by the program. If health care services are needed but the program is unable to access the needed services for the BRS client, the BRS contractor shall or shall require that its BRS provider immediately notify the caseworker about this in writing and document its unsuccessful efforts to access healthcare for the BRS client in the BRS client’s case file:

(a) If there is no record that the BRS client received a physical examination within the six months immediately prior to the BRS client’s placement with its program, the BRS contractor shall or shall require that its BRS provider ensure or make every effort to ensure that the BRS client receives a general medical checkup consistent with the OHP or health insurance allowances within 30 days of placement. The BRS contractor shall or require that its BRS provider keep documentation of this procedure in the BRS client’s file and send a copy to the BRS client’s caseworker;

(b) The BRS contractor shall or shall require that its BRS provider ensure that services are provided for each BRS client’s mental health, physical health (including alcohol and drug treatment services), dental, and vision needs. This does not include paying the cost of services or medications that are covered by the OHP or by the BRS client’s third party private insurance coverage. For services or medications not covered by OHP or third party private insurance, the BRS contractor shall or shall require that its BRS provider notify and work with the caseworker to resolve payment issues;

(c) The BRS contractor shall or shall require that its BRS provider administer and monitor medications consistent with all applicable licensing rules and the program’s own medication management policy.

(3) The Authority’s BRS contractor, if not also the BRS provider, is responsible for ensuring its BRS provider provides the placement-related activities to the BRS client as described in this rule.

Stat. Auth.: ORS 413.042, 414.065

Stats. Implemented: ORS 414.065
410-170-0110
Billing and Payment for Services and Placement-Related Activities

(1) The BRS contractor is compensated for a billable care day (service and placement-related activities rates) on a fee-for-service basis, except as otherwise provided for in these rules. The Authority does not make payments for any calendar day that does not meet the definition of a billable care day under this rule.

(2) Billable care day rates are provided in the “BRS Rates Table,” dated January 1, 2019, which is adopted as Exhibit 1 and incorporated by reference into this rule. The BRS Rates Table is available at http://www.oregon.gov/oha/HSD/OHP/Pages/Policy-BRS.aspx. A printed copy may be obtained from the agency.

(3) Billable Care Day:

(a) For purposes of computing a billable care day, the BRS client must be in the direct care of the BRS provider at 11:59 p.m. of that day or be on an authorized home or transitional visit in accordance with section (4) of this rule;

(b) A billable care day does not include any day where the BRS client is on runaway status, in detention, an inpatient in a hospital, or has not yet entered or is discharged from the BRS contractor’s or BRS provider’s program.

(4) Home and Transitional Visits:

(a) The BRS contractor shall include only a maximum of eight calendar days of a combination of home and transitional visits in a month, as billable care days;

(b) In order to qualify as an authorized home or transitional visit day, the BRS contractor must:

(A) Ensure that the home or transitional visit is tied to the BRS client’s service plan;

(B) Work with the BRS client and the BRS client’s family or aftercare resource on goals for the home or transitional visit and receive regular reports from the family or aftercare resource on the BRS client’s progress while on the visit;

(C) Have staff available to answer calls from the BRS client and BRS client’s family or aftercare resource and to provide services to the BRS client during the time planned for the home or transitional visit if the need arises;

(D) Document communications with the BRS client’s family or aftercare resource; and

(E) Document the BRS client’s progress on goals set for the home or transitional visits.

(5) Invoice form:

(a) The BRS contractor shall submit a monthly billing form to the agency in a format acceptable to the agency on or after the first day of the month following the month in
which it provided services and placement-related activities to the BRS client. The billing form must specify the number of billable care days provided to each BRS client in that month;

(b) The BRS contractor shall provide upon request, in a format that meets the agency’s approval, written documentation of each BRS client’s location for each day claimed as a billable care day;

(c) The BRS contractor shall submit only claims for billable care days consistent with the agency’s prior authorization.

(6) Payment for a Billable Care Day:

(a) The agency shall pay the service and placement-related activities rates to the BRS contractor for each billable care day in accordance with the BRS Rates Table described in section (2) of this rule;

(b) Notwithstanding section (6)(a) of this rule, the Authority shall pay only the service rate for each billable care day to a public child-caring agency who by rule or contract provides the local match share for Medicaid claims under OAR 410-120-0035 and 42 CFR 433 Subpart B. The Authority may not pay the placement-related activities rate for each billable care day to these types of public child-caring agencies;

(c) To the extent the payment for services is funded by Medicaid and CHIP funds:
   (A) BRS contractor and the BRS provider are subject to Medicaid billing and payment requirements in these rules and the Authority’s general rules (OAR 410-120-0000 to 410-120-1980);
   (B) Payment using Medicaid and CHIP funds may be made only to the originating BRS provider and not to the aftercare resource.

(7) Third Party Resources:

(a) The Authority’s BRS contractors must make reasonable efforts to obtain payment first from other resources consistent with OAR 410-120-1280;

(b) The Department’s and OYA’s BRS contractors are not required to review or pursue third party resources. The Department and OYA must make reasonable efforts to obtain payment first from other resources consistent with OAR 410-120-1280 for Medicaid-eligible BRS clients.

(8) Public child-caring agencies who are responsible by rule or contract for the local match share portion of eligible Medicaid claims must comply with OAR 410-120-0035 and 42 CFR 433 Subpart B.

(9) In cases where the BRS contractor is not also the BRS provider, the BRS contractor is responsible for compensating the BRS provider for billable care days pursuant to the agency-approved subcontract between the BRS contractor and the BRS provider.

(10) The Authority may not be financially responsible for the payment of any claim that the Centers for Medicare and Medicaid Services (CMS) disallows under the Medicaid or CHIP program. If the
Authority previously paid the agency or BRS contractor for any claim that CMS disallows, the payment shall be recouped pursuant to OAR 410-120-1397. The Authority shall recoup or recover any other overpayments as described in OAR 410-120-1397 and 943-120-0350 and 943-120-0360.

Stat. Auth.: ORS 413.042, 414.065
Stats. Implemented: ORS 414.065
Compliance Reviews and Sanctions

(1) The BRS contractor shall cooperate and ensure its BRS providers cooperate with program compliance reviews or audits conducted by any federal or state or local governmental agency or entity related to the BRS program.

(2) The Authority or agency or both shall conduct compliance reviews periodically, including but not limited to review of documentation and onsite inspections.

(3) If the Authority determines that the BRS contractor is not in compliance with its contract to provide BRS services or placement-related activities, including but not limited to non-compliance with state or federal law or regulation, then the Authority may:

   (a) Provide technical assistance;
   (b) Require the BRS contractor working with its BRS provider to develop and implement a corrective action plan;
   (c) Pursue any or all remedies authorized under the contract;
   (d) Pursue any other remedy authorized by state or federal law; or
   (e) Pursue any combination of the above.

(4) If the Authority determines that the BRS contractor or the BRS provider is not in compliance with state or federal law or regulation then in addition to pursuing any contract remedy, the Authority may:

   (a) Provide technical assistance;
   (b) Require the BRS contractor working with its BRS provider to develop and implement a corrective action plan;
   (c) Refer the case to an appropriate licensing or other federal or state or local oversight governmental agency or entity;
   (d) Pursue any other remedy authorized by state or federal law; or
   (e) Pursue any combination of the above.

(5) In addition to the remedies provided in sections (3) and (4) above, if the Authority determines that the BRS contractor or the BRS provider is not in compliance with state or federal law or regulation related to Medicaid services, then the Authority may:

   (a) Impose sanctions pursuant to OAR 410-120-1400 and 410-120-1460;
   (b) Recover an overpayment pursuant to OAR 410-120-1397; or
   (c) Any combination of the above.

(6) Overpayment:
(a) When an overpayment is identified, the Authority shall notify the BRS contractor or BRS provider in writing. The overpayment amount shall be determined at the Authority’s discretion through direct examination of claims, statistical sampling and extrapolation techniques, or other means. Procedures for recovery of funds are as described in OAR 410-120-1397 or by applicable contract language;

(b) When a BRS contractor or BRS provider discovers that they requested and may have received reimbursement not in compliance with all applicable rules, they shall contact the Division’s Medicaid Policy Unit and Office of Payment Accuracy and Recovery (OPAR) promptly to report the possible inappropriate payment and discuss how the appropriateness shall be determined as well as programmatic changes and other notifications to be made.

(7) The BRS contractor or the BRS provider may appeal an Authority’s notice of action for sanctions or overpayments under the appeal processes specified in the notice and applicable administrative rules for the Authority.

Stat. Auth.: ORS 413.042, 414.065

Stats. Implemented: ORS 414.065
Definitions

Unless the context dictates otherwise, the following definitions, and those in OAR 410-170-0020, apply to OAR chapter 413, division 095.

(1) “Absent day” means a calendar day:
   (a) Either the BRS client is:
      (A) Enrolled but not physically present in the BRS provider’s program and is not on a transitional visit, or
      (B) The BRS client is on a transitional visit and present at 11:59 p.m. at a hosting placement that is a BRS contractor or provider;
   (b) The Department’s placement plan is to return the BRS client to the sending BRS provider; and
   (c) Where the BRS contractor or BRS provider obtains authorization from the contract administrator to bill the calendar day as an absent day.

(2) “Babysitting” means the provision of temporary, occasional care for a BRS client by an individual 18 years of age or older that is:
   (a) Ten consecutive hours or less; and
   (b) Not overnight care.

(3) “Hosting placement” means the BRS contractor, BRS provider or foster home where the transitional visit is taking place.

(4) "Proctor foster home" means a foster home certified by a child-caring agency under ORS 418.248 that is not subject to ORS 418.625 to 418.645.

(5) “Sending placement” means the BRS contractor or BRS provider where the BRS client is currently enrolled while the BRS client is on a transitional visit.

(6) “Transitional visit” means an overnight visit by the BRS client to a hosting placement for the purpose of facilitating the BRS client’s transition during the last 90 days of placement.
Statutory/Other Authority: ORS 409.050, ORS 411.060, ORS 411.070, ORS 411.116 & ORS 418.005

History:
CWP 1-2019, renumbered from 413-090-0065, filed 01/02/2019, effective 01/02/2019
CWP 127-2018, amend filed 12/27/2018, effective 01/01/2019
CWP 23-2016, f. & cert. ef. 12-1-16
CWP 11-2016(Temp), f. 6-30-16, cert. ef. 7-1-16 thru 12-27-16
CWP 13-2015, f. & cert. ef. 8-4-15
CWP 10-2013, f. 11-14-13, cert. ef. 1-1-14
413-095-0010
Effective Date and Administration of the BRS Program

(1) BRS contractors and BRS providers that provide services to a child in the care or custody of the Department of Human Services or one of the federally recognized Oregon tribes must comply with the requirements in the BRS program general rules (OAR 410-170-0000 through 410-170-0120) and these rules (OAR 413-095-0000 through 413-095-0080).

(2) All references in these rules to federal and state laws and regulations or agency-specific BRS program rules are to those that are in effect as of Jan. 1, 2019.

Statutory/Other Authority: ORS 183.355, ORS 409.050, ORS 418.005, ORS 411.060, ORS 411.070 & ORS 411.116
Statutes/Other Implemented: ORS 418.315, ORS 418.490, ORS 418.005, ORS 411.070, ORS 418.015, ORS 418.027, ORS 411.116, ORS 411.141, ORS 418.285, ORS 418.312 & ORS 418.495
History:
CWP 1-2019, renumbered from 413-090-0055, filed 01/02/2019, effective 01/02/2019
CWP 127-2018, amend filed 12/27/2018, effective 01/01/2019
CWP 23-2016, f. & cert. ef. 12-1-16
CWP 11-2016(Temp), f. 6-30-16, cert. ef. 7-1-16 thru 12-27-16
CWP 10-2013, f. 11-14-13, cert. ef. 1-1-14
413-095-0020

Purpose

The purpose of the Behavior Rehabilitation Services (BRS) Program is to remediate the BRS client's debilitating psychosocial, emotional, and/or behavioral disorders by providing services such as behavioral intervention, counseling, and skills-training. Services must be delivered integrating a gender-responsive, culturally sensitive, trauma-informed, and developmentally appropriate approach. These rules supplement the BRS program general rules with additional requirements for BRS programs provided through contract with the Department.

Statutory/Other Authority: ORS 409.050, ORS 418.005, ORS 411.060, ORS 411.170 & ORS 411.116
Statutes/Other Implemented: ORS 418.005, ORS 411.116, ORS 418.005, ORS 418.015, ORS 418.027, ORS 411.070, ORS 411.141, ORS 418.285, ORS 418.312, ORS 418.315, ORS 418.490 & ORS 418.495

History:
CWP 1-2019, renumbered from 413-090-0060, filed 01/02/2019, effective 01/02/2019
CWP 127-2018, amend filed 12/27/2018, effective 01/01/2019
CWP 10-2013, f. 11-14-13, cert. ef. 1-1-14
**413-095-0030**

**BRS Provider Requirements**

(1) In addition to the requirements in OAR 410-170-0030, the BRS contractor and the BRS provider providing services and placement-related activities to a BRS client in the care or custody of the Department or one of the federally-recognized Oregon tribes must:

(a) Ensure completion of a background check, including a criminal records check and an abuse check, on each subject individual in compliance with OAR 407-007-0210 to 407-007-0370.

(b) Maintain in their program records:

   (A) Staff schedules for BRS programs utilizing a residential care model;

   (B) Certification status for each proctor foster home for BRS programs utilizing a Proctor Care model; and

   (C) Authorization for each absent day billed for a BRS client.

(c) Permit the caseworker and the Department to have immediate access to a BRS client and to any area of the premises upon which the BRS client receives services or is engaged in placement-related activities to ensure the health, safety and welfare of the BRS client and compliance with BRS program requirements. This includes a proctor foster home.

(d) and provide support to the approved proctor foster parents by:

   (A) Monitoring and ensuring that its approved proctor foster parents comply with all applicable rules, laws and regulations related to the BRS program;

   (B) Recruiting, training, reimbursing, and supporting the approved proctor foster parents in providing services or placement-related activities to the BRS client;

   (C) Visiting the approved proctor foster parents’ home a minimum of once a month to provide support that includes, but is not limited to, monitoring, training, and supervising; and

   (D) Providing, at a minimum, the following support services to the approved proctor foster parent:

      (i) Ensure that the BRS contractor or BRS provider has staff available to provide the approved proctor foster parent with support services 24 hours per day, seven days a week, including on-call services, consultation, and direct crisis counseling;

      (ii) Provide to the approved proctor foster parents the contact information (names and phone numbers) of the program staff who are available to provide these support services; and
(iii) Provide to the approved proctor foster parents 48 hours per month of reprieve from approved proctor foster parent responsibilities. The BRS contractor or the BRS provider must arrange and provide daytime supervision and night-time monitoring equivalent to that provided by the approved proctor foster parents at that time.

(2) The Department may pursue any sanctions, remedies, or recoveries described in OAR 413-095-0050, against the BRS contractor and/or the BRS provider, for failing to monitor and ensure its approved proctor foster parents are in compliance with all applicable rules, laws and regulations related to the BRS program.

Statutory/Other Authority: ORS 409.050, ORS 411.060, ORS 411.070, ORS 411.116 & ORS 418.005
Statutes/Other Implemented: ORS 411.060, ORS 411.070, ORS 411.116, ORS 418.005, ORS 409.010, ORS 409.025, ORS 409.027, ORS 411.141, ORS 418.015, ORS 418.027, ORS 418.285, ORS 418.312, ORS 418.315, ORS 418.490 & ORS 418.495

History:
CWP 1-2019, renumbered from 413-090-0070, filed 01/02/2019, effective 01/02/2019
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CWP 23-2016, f. & cert. ef. 12-1-16
CWP 11-2016(Temp), f. 6-30-16, cert. ef. 7-1-16 thru 12-27-16
CWP 13-2015, f. & cert. ef. 8-4-15
CWP 10-2013, f. 11-14-13, cert. ef. 1-1-14
413-095-0040
Prior Authorization for the BRS Program; Appeal Rights

(1) BRS program eligibility.

(a) The Department may provide prior authorization for the BRS program for a child who:
   (A) Meets the requirements in OAR 410-170-0040(2)(a)(A) to (C); and
   (B) Is in the care or custody of the Department or one of the federally recognized
        Oregon tribes.

(b) Notwithstanding subsection (1)(a) of this rule, the Department may provide prior
    authorization for the BRS program for a child who:
    (A) Meets the requirements in OAR 410-170-0040(2)(a)(B) through (E);
    (B) Is eligible for state-funded medical assistance under Title XIX and General
         Assistance Medical Eligibility, OAR 413-100-0400 through 413-100-0530; and
    (C) Is in the care or custody of the Department or one of the federally recognized
         Oregon tribes.

(2) Appeal rights.

(a) When a child is in the care or custody of the Department or a federally recognized
    Oregon tribe and is denied prior authorization for the BRS program under subsection
    (1)(a) of this rule, the child is entitled to notice and contested case hearing rights under
    OAR 410-120-1860 to 410-120-1865. The contested case hearing will be provided by the
    Authority (see OAR 410-120-1860(1)) and conducted by the Office of Administrative
    Hearings (see ORS 183.635).

(b) When a child in the care or custody of the Department and enrolled in the Oregon
    Health Plan is denied prior authorization for the BRS program under subsection (1)(b) of
    this rule, the child is entitled to notice and contested case hearing rights under OAR 413-
    010-0500 to 413-010-0535. The contested case hearing will be provided by the
    Department and conducted by the Office of Administrative Hearings (see ORS 183.635).

Statutory/Other Authority: ORS 411.060, ORS 411.070, ORS 411.116, ORS 418.005 & ORS 409.050
Statutes/Other Implemented: ORS 411.060, ORS 411.070, ORS 411.116, ORS 418.005, ORS 409.010, ORS 411.095, ORS 411.141, ORS 418.015, ORS 418.027, ORS 418.285, ORS 418.312, ORS 418.315, ORS 418.490, ORS 418.495 & ORS 409.010
History:
CWP 1-2019, renumbered from 413-090-0075, filed 01/02/2019, effective 01/02/2019
CWP 127-2018, amend filed 12/27/2018, effective 01/01/2019
CWP 23-2016, f. & cert. ef. 12-1-16
CWP 11-2016(Temp), f. 6-30-16, cert. ef. 7-1-16 thru 12-27-16
CWP 10-2013, f. 11-14-13, cert. ef. 1-1-14
413-095-0050
BRS Placement-Related Activities for a Department BRS Contractor and BRS Provider

(1) A BRS contractor and BRS provider must provide facilities, personnel, materials, equipment, supplies and services, and transportation related to placement-related activities.

   (a) Clothing. It is the responsibility of the Department to ensure the BRS client has sufficient clothing at the time of placement with a BRS contractor and BRS provider. It is the responsibility of the BRS contractor and BRS provider to maintain the BRS client's clothing at an adequate and appropriate level. A caseworker may request approval from a child welfare supervisor or program manager for payment for additional clothing when necessary.

   (b) Transportation and travel.

      (A) A BRS contractor and BRS provider are responsible for arranging or providing transportation for the BRS client for the following:

         (i) School, to the extent not provided by the school district;
         (ii) Medical, dental, and therapeutic appointments;
         (iii) Recreational and community activities;
         (iv) Employment; and
         (v) Shopping for incidental items.

      (B) The cost of transportation for the BRS client for the purposes of visits to foster homes or relatives will be equally shared by the Department, the BRS contractor and BRS provider.

      (C) Transportation costs. It is the responsibility of the Department, not the BRS contractor or BRS provider, to ensure the cost of transportation is paid for when that transportation is for the purpose of a court-ordered visitation. The BRS contractor, BRS provider, and the caseworker must jointly plan the transportation method as far in advance as possible.

      (D) Written authorization from the Department must be received by the BRS contractor and BRS provider prior to transporting, or authorizing transport, of a child or young adult in the care or custody of the Department outside the state of Oregon or outside the United States.

      (E) A BRS contractor and BRS provider must request approval from the Department no less than 90 days prior to any international travel with a child or young adult in the care or custody of the Department placed with a BRS provider or BRS contractor.

(2) Non-BRS-related medical and mental health care.
(a) The BRS contractor or BRS provider shall comply with OAR 410-170-0100(2)(a) if there is no record the BRS client has received a physical examination within the six months immediately prior to the BRS client’s placement with its program.

(b) The BRS contractor and BRS provider must coordinate with each BRS client’s caseworker to ensure the BRS client's mental health, physical health (including alcohol and drug treatment services), dental, and vision needs are met. This does not include paying the cost of medical or mental health services or medications that are covered by the Oregon Health Plan (OHP) or by the BRS client's third party private insurance coverage. The BRS contractor and BRS provider must work with the BRS client’s Department or Tribal caseworker to secure payment for medical or mental health services or medications not covered by OHP or the BRS client's third party private insurance coverage.

(c) The BRS contractor and BRS provider must administer and monitor medications consistent with all applicable Department rules in OAR 413-070-0400 through 413-070-0490, and the BRS provider's medication management policy must comply with Department rules.

(d) The BRS contractor and BRS provider must facilitate the BRS client's access to other medical and mental health providers whenever identified needs cannot be met within the scope of services offered by the BRS provider.

(3) Educational and vocational activities. A BRS contractor and BRS provider must have a system in place for a BRS client to attend school in order to meet the educational needs of a BRS client in its program either on site or at an off-site location that complies with OAR chapter 413, division 105.

(4) Other placement-related activities:

(a) Recreational, social and cultural activities:

(A) A BRS contractor and BRS provider must provide recreation time for the BRS client daily. A BRS contractor and BRS provider must offer activities that are varied in type to allow the BRS client to obtain new experiences.

(B) A BRS contractor and BRS provider must provide each BRS client a minimum of one opportunity per week to participate in recreational activities in the community, unless the BRS client is clearly unable to participate in off-site activities due to safety issues.

(C) The BRS contractor and BRS provider must provide access to or make available social and cultural activities for the BRS client. These activities are to promote the BRS client's normal development and help broaden the BRS client's understanding and appreciation of the community, arts, environment and other cultural groups.

(D) The BRS contractor and BRS provider must not permit a BRS client to participate in recreational activities that present a higher level of risk to a BRS client without the approval of the Department. This applies to activities that require a
moderate to high level of technical expertise to perform safely, present environmental hazards or where special certification or training is recommended or required, such as: whitewater rafting, rock climbing, ropes courses, activities on or in any body of water where a certified lifeguard is not present and on duty, camping, backpacking, mountain climbing, using motorized yard equipment and horseback riding.

(E) Language and culture. The BRS contractor and BRS provider must allow a BRS client to speak his or her primary language and must honor his or her culture.

(b) Academic assistance: If needed, the BRS contractor and BRS provider must provide adequate opportunities for the BRS client to complete homework assignments with assistance from staff, or a proctor foster home, if applicable.

(5) The BRS contractor and BRS provider must comply with OAR 413-010-0170 through 413-010-0185.

Statutory/Other Authority: ORS 409.050, ORS 411.060, ORS 411.070, ORS 411.116 & ORS 418.005
Statutes/Other Implemented: ORS 411.060, ORS 411.070, ORS 411.116, ORS 418.005, ORS 409.010, ORS 411.141, ORS 418.015, ORS 418.027, ORS 418.285, ORS 418.312, ORS 418.315, ORS 418.490 & ORS 418.495
History:
CWP 1-2019, renumbered from 413-090-0080, filed 01/02/2019, effective 01/02/2019
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CWP 23-2016, f. & cert. ef. 12-1-16
CWP 11-2016(Temp), f. 6-30-16, cert. ef. 7-1-16 thru 12-27-16
CWP 13-2015, f. & cert. ef. 8-4-15
CWP 10-2013, f. 11-14-13, cert. ef. 1-1-14
413-095-0060
Billing and Payment for Services and Placement-Related Activities

(1) Billable care day:
   (a) The BRS contractor is compensated for billable care day services and placement-related activities rates on a fee-for-service basis in accordance with OAR 410-170-0110.
   (b) The BRS contractor may include overnight home visits and transitional visits by the BRS client to a hosting placement in its billable care days. The BRS contractor must:
      (A) Receive prior approval for the home visit or transitional visit to a hosting placement from the Department;
      (B) that the home visit or transitional visit is in support of the goals related to transition in the BRS client’s most current service plan; and
      (C) Not exceed eight calendar days of any combination of home visits or transitional visits in a month as billable care days. Transitional visits have the same restrictions and requirements as home visits as indicated in OAR 410-170-0110.
   (c) The Department will reimburse the sending placement or BRS provider at the BRS rate for the BRS type of care listed in the contract. Hosting placement will be reimbursed at the absent rate for the BRS level of care in the contract or the equivalent foster care rate.

(2) Absent day:
   (a) The BRS contractor is compensated for an absent day at the absent day rate in order to hold a BRS program placement for a BRS client with the prior approval of the BRS client's caseworker and with authorization from the contract administrator.
   (b) The BRS contractor is compensated at an absent day rate when the BRS contractor is a hosting placement for a transitional visit, unless the hosting placement is a foster home.
   (c) Notwithstanding OAR 410-170-0110(4), the BRS contractor may request prior approval from the BRS client's caseworker and contract administrator to be reimbursed for more than eight but no more than 14 calendar days of home visits and transitional visits in a month for a BRS client. However, any additional days of home visits approved under this rule will be paid at the absent day rate.

(3) The BRS contractor may only be reimbursed for the BRS type of care authorized in the contract with the Department.

(4) Invoice form:
   (a) The BRS contractor must submit to the Department a monthly invoice in a format acceptable to the Department, on or after the first day of the month following the month in which services and placement-related activities were provided to the BRS
client. The monthly invoice must specify the number of billable care days and absent
days for each BRS client in that month.

(b) The BRS contractor must provide upon request, in a format approved by the
Department, written documentation of each BRS client's location for each day claimed
as a billable care day and an absent day.

(5) Billable care day and absent day rates for BRS services provided on or after Jan. 1, 2019, are in
the "BRS Rates Table," dated Jan. 1, 2019, which is adopted as Exhibit 4 and incorporated by
reference into this rule. A printed copy may be obtained from the Department.

[ED. NOTE: To view tables referenced in rule text, [Click here for PDF copy.]  

Statutory/Other Authority: ORS 409.050, ORS 411.060, ORS 411.070, ORS 411.116 & ORS 418.005
Statutes/Other Implemented: ORS 411.060, ORS 411.070, ORS 411.116, ORS 418.005, ORS 409.010, ORS 411.141, ORS
418.015, ORS 418.027, ORS 418.285, ORS 418.312, ORS 418.315, ORS 418.490 & ORS 418.495

History:
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CWP 17-2017, temporary amend filed 11/16/2017, effective 11/17/2017 through 01/21/2018
CWP 7-2017(Temp), f. & cert. ef. 7-26-17 thru 1-21-18
CWP 15-2016, f. 8-31-16, cert. ef. 9-1-16
CWP 9-2016(Temp), f. & cert. ef. 6-14-16 thru 12-10-16
CWP 27-2015, f. 12-28-15, cert. ef. 1-1-16
CWP 15-2015(Temp), f. & cert. ef. 8-26-15 thru 2-21-16
CWP 10-2013, f. 11-14-13, cert. ef. 1-1-14
413-095-0070
When a Child or Young Adult Placed with a BRS Program is Missing

(1) When a BRS client is missing, the BRS contractor or BRS provider must immediately report information about the missing BRS client to the following:

(a) Law enforcement;
(b) The National Center for Missing and Exploited Children; and
(c) The Department.

(2) The BRS contractor or BRS provider must complete an incident report, as described in OAR 410-170-0030(9) whenever a BRS client is missing. The incident report must include documentation that the report required in section (1) was made.

Statutory/Other Authority: ORS 418.005, ORS 411.060, ORS 411.070, ORS 411.116 & ORS 409.050
History:
CWP 1-2019, renumbered from 413-090-0087, filed 01/02/2019, effective 01/02/2019
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CWP 17-2016, f. & cert. ef. 9-29-16
CWP 11-2016(Temp), f. 6-30-16, cert. ef. 7-1-16 thru 12-27-16
CWP 27-2015, f. 12-28-15, cert. ef. 1-1-16
CWP 18-2015(Temp), f. 9-30-15, cert. ef. 10-1-15 thru 3-28-16
**413-095-0080**  
**Compliance Reviews and Remedies**

(1) The BRS contractor must cooperate, and ensure its BRS providers cooperate, with program compliance reviews or audits conducted by any federal, state or local governmental agency or entity related to the BRS program including, but not limited to, the reviews and audits described in OAR 407-120-0170, 407-120-0180, 407-120-0310, 407-120-1505 and 410-170-0120.

(2) The Department or its designee will conduct compliance reviews periodically including, but not limited to, review of documentation and on-site inspections.

(3) Upon receiving any notices or reports related to compliance with a BRS contract, the BRS program office will investigate the report to determine whether there is any material breach of the terms of the contract and take appropriate contract action.

(4) If the Department determines the BRS contractor is not in compliance with its contract to provide BRS services or placement-related activities, or is not in compliance with rule, state or federal law or regulation, then the Department may:
   (a) Provide technical assistance;
   (b) Require the BRS contractor or BRS provider to develop and implement a corrective action plan;
   (c) Pursue any or all remedies authorized under the contract;
   (d) Pursue any other remedy authorized by state or federal law; or
   (e) Pursue any combination of (a) to (d) of this section.

(5) If the Department determines that the BRS contractor or the BRS provider is not in compliance with state or federal law or regulation, then in addition to pursuing any contract remedy, the Department may:
   (a) Provide technical assistance;
   (b) Require the BRS contractor or BRS provider to develop and implement a corrective action plan;
   (c) Refer the case to an appropriate licensing or other oversight federal or state or local governmental agency or entity;
   (d) Pursue any other remedy authorized by state or federal law; or
   (e) Pursue any combination of (a) to (d) of this section.

*Statutory/Other Authority:* ORS 409.050, ORS 411.060, ORS 411.070, ORS 411.116, ORS 418.005, ORS 418.240 & ORS 418.250  
*Statutes/Other Implemented:* ORS 411.060, ORS 411.070, ORS 411.116, ORS 418.005, ORS 418.027, ORS 418.495, ORS
409.010, ORS 418.240, ORS 418.250 & ORS 418.260

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

CWP 11-2016(Temp), f. 6-30-16, cert. ef. 7-1-16 thru 12-27-16

CWP 10-2013, f. 11-14-13, cert. ef. 1-1-14
Effective Date and Administration of the BRS Program

(1) BRS Programs provided through contract with OYA must meet the requirements in the BRS Program general rules (OAR 410-170-0000 through 410-170-0120), and the additional requirements contained in these rules (OAR 416-335-0000 through 416-335-0100).

(2) All references to the Oregon Health Authority Chapter 410 rules are those that are effective on January 1, 2019.

Statutory/Other Authority: ORS 183.355 & 420A.025
Statutes/Other Implemented: ORS 420A.010 & 420A.014
History:
OYA 16-2018, amend filed 12/27/2018, effective 01/01/2019
OYA 3-2013, f. 11-15-13, cert. ef. 1-1-14
416-335-0010

Purpose

The purpose of the Behavior Rehabilitation Services (BRS) Program is to remediate the BRS Client’s debilitating psychosocial, emotional and behavioral disorders by providing such Services as behavioral intervention, counseling, and skills-training. Services are delivered in a way that integrates a gender-responsive, culturally-sensitive, trauma-informed, and age-appropriate or developmentally-appropriate approach. These rules supplement the BRS Program general rules with additional requirements for BRS Programs provided through contract with OYA.

Statutory/Other Authority: ORS 420A.025
Statutes/Other Implemented: ORS 420A.010 & 420A.014
History:
OYA 16-2018, amend filed 12/27/2018, effective 01/01/2019
OYA 3-2013, f. 11-15-13, cert. ef. 1-1-14
416-335-0020
Definitions

In addition to the definitions provided in OAR 410-170-0020, the following definitions apply to terms used in OAR chapter 416, division 335.

1. “Absent Day” means a calendar day that:
   a. Either the BRS Client is enrolled but not physically present in the BRS Provider’s program and is not on a Transitional Visit, or the BRS Client is on a Transitional Visit and present at 11:59 pm at a Hosting Placement that is a BRS Contractor or Provider;
   b. The Agency’s placement plan is to return the BRS Client to the sending BRS Provider; and
   c. The BRS Contractor or BRS Provider obtains written authorization from the BRS Client’s JPPO and the Community Resources Manager to bill the calendar day as an Absent Day.

2. “Foster Home” means a home in the community that is maintained and lived in by an OYA-certified foster parent who provides supervision, food, and lodging for a child or young person and does not include a placement with an Approved Proctor Foster Parent.

3. “Hosting Placement” means the BRS Contractor, BRS Provider or OYA Foster Home where a Transitional Visit is taking place.

4. “Juvenile Parole and Probation Officer” (JPPO) means the individual who coordinates Services and Placement Related Activities for the BRS Client with the BRS Contractor and BRS Provider. For purposes of these rules, a JPPO is the Caseworker as defined in OAR 410-170-0020.

5. “Sending Placement” means the BRS Contractor or BRS Provider where the BRS Client is currently enrolled while the BRS Client is on a Transitional Visit.

6. “Transitional Visit” means an overnight visit by the BRS Client to a Hosting Placement for the purpose of facilitating the BRS Client’s transition during the last 90-days of placement.

7. “Young Person” means a person aged 21 through 24 years of age.

Statutory/Other Authority: ORS 420A.025
Statutes/Other Implemented: ORS 420A.010 & 420A.014
History:
OYA 16-2018, amend filed 12/27/2018, effective 01/01/2019
OYA 3-2013, f. 11-15-13, cert. ef. 1-1-14
416-335-0030
Additional Requirements for OYA BRS Contractors and BRS Providers

(1) The BRS Contractor must comply, and ensure its BRS Provider complies, with all applicable provisions in OAR 416-530-0000 through 416-530-0200, and 416-550-0000 through 416-550-0080.

(2) The BRS Contractor and the BRS Provider must ensure that its employees, volunteers, contractors, vendors, Approved Proctor Foster Parents, or other persons providing Services or Placement Related Activities to BRS Clients pass a criminal history check based on the Agency’s criminal history records check standards as set forth in OAR 416-800-0000 to 416-800-0095.

(3) The BRS Contractor and the BRS Provider must ensure that its employees, volunteers, contractors, vendors, Approved Proctor Foster Parents, or other persons providing Services or Placement Related Activities to BRS Clients, who have not yet successfully completed the requirements in section (2) of this rule are supervised by a person who has successfully met these requirements when having direct contact with BRS Clients.

(4) The BRS Contractor must ensure that its BRS program, either operated by itself or its BRS Provider, has a medication management policy that complies with OAR 416-340-0000 through 416-340-0070.

(5) Proctor Care Model:
   (a) Approved Proctor Foster Parents must meet the applicable requirements in OAR 416-530-0000 through 416-530-0200, and 416-550-0000 through 416-550-0080, including but not limited to minimum training requirements.
   (b) The BRS Contractor, the BRS Provider, and Approved Proctor Foster Parent must cooperate with OYA in the Approved Proctor Foster Parent dual-certification process in accordance with applicable provisions in OAR 416-530-0000 through 416-530-0200, 416-550-0000 through 416-550-0080, and 416-800-0000 through 416-800-0095.

(6) The BRS Contractor and BRS Provider must provide separate bedrooms for persons under 18 and persons 18 years or older, except in cases where a Child shares a bedroom with a person who is at least 18 years old but under 25 years old who is the Child’s parent and caregiver or where there is written approval from the Agency, and, if the BRS Provider is a child-caring agency, the Department of Human Services’ Office of Licensing and Regulatory Oversight Coordinator.

Statutory/Other Authority: ORS 420A.025
Statutes/Other Implemented: ORS 420A.010 & 420A.014
History:
YOA 16-2018, amend filed 12/27/2018, effective 01/01/2019
YOA 3-2013, f. 11-15-13, cert. ef. 1-1-14
416-335-0040
Prior Authorization for the BRS Program; Appeal Rights

(1) BRS Program Eligibility:

   (a) OYA may provide prior authorization for the BRS Program to a person who:

      (A) Meets the requirements in subsections (2)(a)(A) through (D) of OAR 410-170-0040; and

      (B) Is in the legal custody and care of OYA.

   (b) Notwithstanding section (1)(a) of this rule, OYA may provide prior authorization to a

       person who:

       (A) Is a Child or Young Person;

       (B) Meets the requirements in subsections (2)(a)(B) through (C) of OAR 410-170-0040;

       (C) Is in the legal custody and care of OYA; and

       (D) Is eligible for state-funded medical assistance through OYA but not eligible for

           Medicaid.

(2) Appeal Rights:

   (a) If a person is denied prior authorization for the BRS Program under OAR 416-335-0040(1)(a) then the person is entitled to notice and contested hearing rights under 410-120-1860 and 410-120-1865. The contested case hearing will be held by the Authority.

   (b) If a person is denied prior authorization for the BRS Program by OYA under OAR 416-335-0040(1)(b), then the person is entitled to notice and contested hearing rights pursuant to the provisions of ORS 183.341. The contested case hearing will be held by OYA. OYA adopts the Attorney General's Model Rules of Procedure OAR 137-003-0001 to 137-003-0091 and 137-003-0580, effective January 2012, as procedural rules for contested case hearings.
416-335-0080
Placement Related Activities for OYA’s BRS Contractors and BRS Providers

(1) In cases where OYA is the Agency, the BRS Contractor or BRS Provider must provide the following Placement Related Activities, and all facilities, personnel, materials, equipment, supplies and services, and transportation necessary to provide those activities, including but not limited to:

(a) Clothing: The BRS Contractor or BRS Provider must ensure that each BRS Client has an adequate wardrobe as prescribed by a "Youth Sub-Care Clothing List and Authorization" form, incorporated by reference in this rule, and available at http://www.oregon.gov/oya/forms/ya3070.pdf, or a printed copy may be obtained from OYA. The BRS Contractor or BRS Provider must make an initial assessment of the BRS Client’s clothing and document the results. If there is a determined need for clothing based on the Youth Sub-Care Clothing List and Authorization form, the BRS Contractor or BRS Provider must notify the BRS Client’s JPPO that a clothing authorization is needed.

(b) Storage of BRS Client’s personal property:

(A) The BRS Contractor or BRS Provider must store property belonging to the BRS Client in its program for up to 30 days in a secure location following discharge, when the BRS Client exits the program without his or her property; and

(B) The BRS Contractor or BRS Provider must contact the BRS Client’s JPPO as soon as possible to make arrangements for the property to be retrieved.

(c) Transportation: The BRS Contractor or BRS Provider is responsible for the transportation of the BRS Client to attend school, to the extent not provided by the school district; medical, dental, and therapeutic appointments to the extent not provided by the Oregon Health Plan; recreational and community activities; places of employment; and shopping for incidental items.

(d) Educational and vocational activities: The BRS Contractor or BRS Provider must have a system in place to meet the educational and vocational needs of the BRS Client in its program either on-site or at an off-site location or a combination of the two.

(e) Recreational, social, and cultural activities:

(A) The BRS Contractor or BRS Provider must provide recreation time for the BRS Client on a daily basis, and offer activities that are varied in type to allow BRS Clients to obtain new experiences. The BRS Contractor or BRS Provider must document recreation as having been provided, by recording the type of activity the BRS Client participated in, and the date it occurred.

(B) The BRS Contractor or BRS Provider must provide each BRS Client at least one opportunity per week to participate in recreational activities in the community, unless the BRS Client is clearly unable to participate in offsite activities due to
safety issues. If a BRS Client is restricted from participation in community recreation, the BRS Provider must document the reason in the BRS Client’s case file, and the reason must be reviewed regularly to ensure that the BRS Client is not unnecessarily restricted from offsite activities. The BRS Contractor or BRS Provider must offer any BRS Client who is restricted from community activities alternative opportunities for recreation on site.

(C) The BRS Contractor or BRS Provider must provide access to or make available social and cultural activities for the BRS Clients as part of the therapeutic milieu of the program. These activities are to promote the BRS Client’s normal development and help broaden the BRS Client’s understanding and appreciation of the community, arts, environment and other cultural groups.

(D) The BRS Contractor or BRS Provider must not permit BRS Clients to participate in recreational activities that present a higher level of risk to BRS Clients without pre-approval by the Community Resources Unit and JPPO. This applies to activities that require a moderate to high level of technical expertise to perform safely, present environmental hazards, or where special certification or training is recommended or required such as: whitewater rafting, rock climbing, ropes courses, activities on or in any body of water where a certified lifeguard is not present and on duty, camping, backpacking, mountain climbing, using motorized yard equipment, and horseback riding.

(f) Academic Assistance: If needed, the BRS Contractor or BRS Provider must provide adequate opportunities for the BRS Clients to complete homework assignments with assistance from staff, or an Approved Proctor Foster Parent, if applicable.

(2) Non BRS-Related Medical Care: The BRS Contractor or BRS Provider must facilitate the BRS Client’s access to other providers whenever identified needs cannot be met within the scope of services offered by the program. If health care services are needed but the program is unable to access the needed services for the BRS Client, the BRS Contractor or BRS Provider must immediately notify the JPPO about this in writing and document its unsuccessful efforts to access healthcare for the BRS Client in the BRS Client’s case file.

(a) If there is no record that the BRS Client has received a physical examination within the six months immediately prior to the BRS Client’s placement with its program, the BRS Contractor or BRS Provider must ensure or make every effort to ensure that the BRS Client receives a general medical check, consistent with the Oregon Health Plan (OHP) and health insurance allowances, within 30 days of placement. The BRS Contractor or BRS Provider must keep documentation of this procedure in the BRS Client’s file, and send a copy to the BRS Client’s JPPO.

(b) The BRS Contractor or BRS Provider must ensure that each BRS Client’s mental health, physical health, (including alcohol and drug treatment services), dental and vision needs are arranged for. This does not include paying the cost of services or medications which are covered by the Oregon Health Plan or by the BRS Client’s third-party private insurance coverage. The BRS Contractor or BRS Provider must notify and work with the
JPPO to secure payment for services or medications not covered by OHP or third-party private insurance.

(c) The BRS Contractor or BRS Provider must administer and monitor medications consistent with all applicable licensing rules, OAR 416-340-0070, and the BRS Provider’s own medication management policy.

Statutory/Other Authority: ORS 420A.025
Statutes/Other Implemented: ORS 420A.010 & ORS 420A.014
History:
OYA 16-2018, amend filed 12/27/2018, effective 01/01/2019
OYA 3-2013, f. 11-15-13, cert. ef. 1-1-14
416-335-0090
Billing and Payment for Services and Placement Related Activities

(1) Billable Care Days
   (a) The BRS Contractor is compensated for a Billable Care Day (Service and Placement Related Activities rates) on a fee-for-service basis in accordance with OAR 410-170-0110 and this rule.
   (b) The BRS Contractor may include overnight Home Visits and Transitional Visits by the BRS Client to a Hosting Placement in its Billable Care Days. The BRS Contractor must:
       (A) Receive prior approval from OYA for a Home Visit or Transitional Visit to a Hosting Placement; and
       (B) Ensure that the Home Visit or Transitional Visit is in support of the BRS Client’s most current service plan goals related to transition.
   (c) The Agency will pay the Sending Placement at the Billable Care Day rate.
   (d) If the Hosting Placement is an OYA Foster Home, the Agency will pay the foster care rate specified by the foster care agreement for Transitional Visits.

(2) Absent Days
   (a) The BRS Contractor is compensated for an Absent Day at the Absent Day rate in order to hold a BRS Program placement for a BRS Client with the prior approval of the BRS Client’s JPPO and the Contract Administrator.
   (b) The BRS Contractor is compensated at an Absent Day rate when the BRS Contractor is a Hosting Placement for a Transitional Visit, unless the Hosting Placement is an OYA Foster Home.
   (c) Notwithstanding OAR 410-170-0110(4), the BRS Contractor may request prior approval from OYA to be reimbursed for more than a maximum of eight calendar days total of any combination of Home Visits and Transitional Visits in a month for a BRS Client. However, for any additional days of Home Visits and Transitional Visits approved under this rule, Sending and Hosting Placements will be paid at the Absent Day rate.

(3) The BRS Contractor may be reimbursed only for the BRS Type of Care authorized in the contract with OYA.

(4) Invoice Form
   (a) The BRS Contractor must submit a monthly billing form to OYA in a format acceptable to the Agency, on or after the first day of the month following the month in which it provided Services and Placement Related Activities to the BRS Client. The billing form must specify the number of Billable Care Days and Absent Days for each BRS Client in that month.
(b) The BRS Contractor must provide upon request, in a format that meets OYA’s approval, written documentation of each BRS Client’s location for each day claimed as a Billable Care Day and an Absent Day.

(c) The BRS Contractor may only submit a claim for a Billable Care Day and an Absent Day consistent with the Agency’s prior authorization or approval.

(5) Billable Care Day and Absent Day rates are provided in the “BRS Rates Table,” dated January 1, 2019, which is adopted as Exhibit 1 and incorporated by reference into this rule. A printed copy may be obtained from OYA.

[ED. NOTE: To view tables referenced in rule text, click here for PDF copy.]
416-335-0100
Compliance Reviews and Remedies

(1) The BRS Contractor must cooperate, and ensure its BRS Providers cooperate, with program compliance reviews or audits conducted by any federal or state or local governmental agency or entity related to the BRS Program, including but not limited to the OYA audit guidelines described in OAR 416-250-0000 through 416-250-0090.

(2) OYA or its designee will conduct compliance reviews periodically, including but not limited to review of documentation and onsite inspections.

(3) OYA may pursue any combination of: contract remedies including but not limited to recovery of overpayments; licensing actions; and other remedies authorized under the contract, at law or in equity against a BRS Contractor, a BRS Provider, or both, for non-compliance with applicable laws, regulations or contract provisions, or any or all of the above, including but not limited to the actions described in OAR chapter 416 (such as OAR 416-530-0090). In addition to or in lieu of any of the above, OYA may proceed under the applicable provisions of OAR 410-170-0120.

Statutory/Other Authority: ORS 420A.025
Statutes/Other Implemented: ORS 420A.010 & 420A.014
History: OYA 3-2013, f. 11-15-13, cert. ef. 1-1-14
SECTION III

PROVIDER GUIDE QUICK LINKS
Conditions of BRS contractor and BRS provider participation:

Agencies may contract with public or private entities (i.e., BRS contractors) to provide services to and placement for its BRS clients. Depending on their contract with the agency, BRS contractors may then contract with an individual or entity (i.e., BRS provider or subcontractor) to provide the day-to-day care and treatment to BRS clients. If BRS contractors choose to subcontract this work, they are responsible for ensuring that the BRS provider is complying with all applicable laws and the contract. Since the agency does not have a direct contract with the provider, the agency will hold the BRS contractor responsible if there is any problem or non-compliance issue by the BRS provider.

This section of the rule adds necessary language for state agencies to collect Federal Title IV-E funds for placement related activities.

The language below is copied from the Oregon Health Authority Medicaid programs OARs. If the provider contract allows subcontracting, the provider is responsible for following the Medicaid rule. Before subcontracting, the provider must review this OAR and follow the instruction to ensure the potential subcontractor is not on the exclusion list. Direction for finding the exclusion list can be found at the OHA website. The pertinent provisions of OAR 410-120-1380 are:

OHA rule: 410-120-1380

Compliance with Federal and State Statutes

(1) When a Provider submits a claim for medical services or supplies provided to a Division of Medical Assistance Programs (Division) client, the Division will deem the submission as a representation by the medical provider to the Medical Assistance Program of the medical provider's compliance with the applicable sections of the federal and state statutes referenced in this rule:

* * *

(c) Unless exempt under 45CFR Part 87 for Faith-Based Organizations (Federal Register, July 16, 2004, Volume 69, #136), or other federal provisions, the Provider must comply and, as indicated, cause all subcontractors to comply with the following federal requirements to the extent that they are applicable to the goods and services governed by these rules. For purposes of these rules, all references to federal and state laws are references to federal and state laws as they may be amended from time to time:

* * *

(J) The provider must not permit any person or entity to be a subcontractor if the person or entity is listed on the non-procurement portion of the General Service Administration’s “List of Parties Excluded from Federal Procurement or Non procurement Programs” in accordance with Executive Orders No.
12,549 and No. 12,689, “Debarment and Suspension”. (See 45 CFR part 76). This list contains the names of parties debarred, suspended, or otherwise excluded by agencies, and Providers and subcontractors declared ineligible under statutory authority other than Executive Order No. 12549. Subcontractors with awards that exceed the simplified acquisition threshold must provide the required certification regarding their exclusion status and that of their principals prior to award; * * *

Following is the link to the OHA website with the Medicaid exclusions list:

🔗 https://exclusions.oig.hhs.gov/

BRS Contractor and BRS provider relationship examples for BRS programs: Counties contract directly with the state to provide BRS services and placement to clients, and then subcontract with other individuals or entities to actually provide the services or placement directly to clients. For example: Multnomah County contracts with OHA for BRS and in turn subcontracts with Maple Star to deliver the services. Multnomah County must check the exclusion list to ensure Maple Star is not included. For purposes of the BRS program, Multnomah County is the BRS contractor and Maple Star is the BRS provider/subcontractor.

Other examples: Proctor Care models contract with an approved proctor foster parent. The contract must ensure the parent are not on the exclusionary list. Other subcontractors could be: mental health therapists, consultants, food service providers, cleaning/janitorial services, etc. Any service involving a contract with the provider related to the BRS program must be checked against the exclusionary list.

(1) (f) A BRS contractor, as defined in this rule, is required to deliver services to a BRS eligible client. In addition, if services are provided by someone or a company other than an employee of the provider, the provider must have a written contract or agreement with the entity. And the written agreement must stipulate responsibility to follow all applicable statutes and regulations, and the relevant contract provisions required by the agency.

Information for HIPAA Compliance and Medical Privacy.

🔗 https://public.health.oregon.gov/HealthyPeopleFamilies/Youth/Pages/index.aspx

Two links providing HIPAA training resources.

🔗 http://www.hhs.gov/hipaa/for-professionals/training/index.html

Specific to behavioral health

🔗 http://www.hhs.gov/hipaa/for-professionals/special-topics/mental-health/index.html

BRS contractors, BRS providers and subcontractors must comply with all applicable provisions in OAR chapter 410, Division 120 (Oregon Heath Authority’s general Medicaid administrative rules).

(2) Compliance with Federal and State Law

The Medicaid program was established by the Federal Government in the mid 1960's as a part of a larger piece of legislation called “The War on Poverty.” The Social Security Act of the 1930’s was amended, and Medicaid program was added at
Title XIX. The Federal Centers for Medicaid and Medicare Services administers the Medicaid program. 42 USC 1396 et seq references multiple statutes that describe the program and its requirements, including but not limited to the authority for the state to participate in the Medicaid program.

Further clarification about the Medicaid program can be found on the Oregon Health Authority website or contact the state agency compliance specialist.

(3) Confidentiality of BRS client information

(3) (a) Agency contracts include requirements when disclosure of BRS client’s information requires more than the client’s written approval. In some cases, the contracting agencies’ written approval is required. Examples applying to when the BRS client’s approval is needed: If a parent, other relative, school official, friend, etc. wants to attend a meeting where information regarding the BRS client will be shared, the BRS client must provide written consent for this individual to participate.

The BRS client may choose to share information directly with a friend, parent, school staff, etc. The BRS client has shared this information and no written consent is necessary. The written consent is required for the BRS contractor or provider to share any information about the BRS client.

(3) (b) Confidentiality Generally:

(3) (c) HIPAA Compliance and Medical Privacy:

(3) (d) Maintenance of Written Records:

(3) (e) Disclosure to the agency:

(4) Staff Qualifications:

(4) (a) Under 410-170-0020 (22): Direct Care staff means an individual who is employed by or who has a contract or an agreement with the BRS provider and is responsible for assisting social service staff in providing individual and group counseling, skills-training and therapeutic interventions, and monitoring and managing the BRS client’s behavior to provide a safe, structured living environment that is conducive to treatment.

The 50% requirement also applies approved proctor foster parent because they provide some of the BRS services.

Experience working with children and young adults can be substituted for college credits to meet the requirement. For experience to be substituted for college credits, it is necessary to document the experience in the approved proctor foster parent and employee’s file. Without the documentation it cannot be applied.

The experience does not have to be paid, it can be volunteer experience. But the experience must be working with children and young adults in a formal setting. Previous experience as a foster parent or approved proctor foster parent does not qualify as acceptable experience that can be substituted for the bachelor’s degree.
Equivalencies: One year of experience working full-time with children or young adults can be substituted for 1 year of a four-year college education. The one year of experience must be documented and verified. The documentation must be in the form of a reference check and the reference check must demonstrate that the work completed was successful, either paid or volunteer work. Three years of work experience would be required if the work was part-time – 15 to 20 hours per week working directly with children or young adults.

If the work was less than part-time there is no equivalency standard.

**1.** In determining a “closely allied field” for the purposes of meeting this section of the rule, programs can take the following steps: Review the transcript for a minimum of 45 documented semester credit hours related to child or adolescent development, social work, family systems, or child and adolescent mental health issues and/or treatment. Social work education would include generalist practice such as assessment, planning, intervention, evaluation, medication, case management, counseling, substance abuse, advocacy, and development, implementation and administration of policies, programs and practices.

2. If the applicant meets the above requirements and is hired into the position, maintain a copy of the transcript and the documentation of the credit hours used to fulfill the education requirements in this rule. Keep the documentation in the employee’s personnel file for 7 years.

3. Use the following guidelines in assessing credit hours: Credits vary, depending on the type of course and level. One credit is generally equal to three hours per week of work in and out of class – e.g. each hour of class lecture is expected to require two hours of out of class work.

   University systems offer quarter credits and others system credits. To compare the two: for a quarter system multiply the number of quarter credits by .67 to determine how many credits would transfer to a semester system (4 quarter credits x .67 = 2.68 semester credits).

The training requirements apply to direct care staff, social service staff and program coordinators who work directly with the BRS client. Even if a particular position does not perform a specific function, i.e. medication administration, they are still required to complete the training. It is best practice for staff directly supervising and monitoring behavior rehabilitation service plans to understand the medication regimen for the BRS client.

Direct care staff, social service staff, and the program coordinator, who directly work with BRS clients, must meet training requirements outlined in the rule if they perform the direct care functions.

Training includes reviewing materials and/or videos specifically designed to provide the trainee with necessary information to carry out their responsibilities.
Training materials for each of the topics required are available from Department of Human Services Child Welfare Division and the Oregon Youth Authority Community Services Division.

Following is a partial list. Contact your contract administrator for more information:

- DHS and OYA have materials on the definition of a BRS service and how to adequately document a service. These materials can be tailored to meet the specific needs of the BRS contractor.

- DHS and OYA have video training on mandatory reporting which can be made available to all BRS contractors.

- Training materials for gender and cultural-specific services, behavior and crisis management, medication administration, discipline and restraint and suicide prevention are available from national organizations serving children and in some cases from the state agency compliance specialist.

All the training materials can be tailored to meet the specific needs of the BRS contractor.

Written documentation of the training materials provided and hours and participation is necessary to ensure compliance with this rule. Documentation should include: list of participants, copies of materials used, names of the trainers with their experience and specific hours and dates the training occurred. It is helpful if the documentation is easily assessable upon request. Documents are usually retained for 7 years.

Initial training document can be maintained in the employee or approved proctor parent record for the first two years after the training was completed.

(4) (d) (C) The requirement applies to all staff that supervise or work with BRS clients as specified in 410-170-0030 (4)(b). BRS Contractors and BRS Providers are responsible for ensuring that the staff members’ certification is current.

(5) Fitness Determination:

(6) Mandatory Reporting:

(7) Communication:

(7) (a) BRS contractors are required to supervise directly or know where the BRS client is at all times while being served by the program. A communication system should allow the program to respond to an inquiry from the agency or other government entity about a BRS client’s whereabouts within 10 minutes of the call and enable the person receiving the inquiry to locate the client by making no more than 2 contacts to additional staff.

The system must accommodate all times of day or night, including the most vulnerable time when staff are leaving the program and new staff are arriving.
The program staff and the approved proctor foster parent are required to have a system in place that meets the same standard.

(7) (b) All relevant information regarding the BRS client’s whereabouts, level of privileges, and physical condition, including present issues must always be readily (quickly and easily retrieved) available to all direct care staff and social service staff. This includes the approved proctor foster parent. Approved proctor foster parent, direct care staff and social service staff provide most of the services provided to the BRS client. Readily available, and up-to-date information is necessary to provide individualized services that meets the needs of the BRS client.

(7) (c) Both the caseworker and the agency contact person for the program – the contract administrator – must be notified when there is a communication outage at the program. When the caseworker and the agency are contacted, the program is required to provide a way that the program can be contacted.

External means of communication most often involves electronic means. Outages could include a landline telephone system not working, cell phone system outage, or the disabling of computer systems (fax and email).

Alternative means of communication can include one of the other systems that is still working if all electronic means have not experienced an outage. If all the programs electronic means of communication are experiencing an outage, individual staff may have to employ the use of their private communication means. If personal and electronic communications means are unavailable, the program staff may have to travel to a location to inform the caseworker and state agency contact of the outage.

In the case of an emergency communication outage occurring from a natural disaster or event (e.g., storm damage, earthquake), use emergency response communication systems available through government agencies providing emergency assistance to the area.

(8) Staffing Requirements:

(8) (a) The program staff and approved proctor foster parent are responsible for supervising the BRS client at all times. If the client is outside of the program there must be a plan for supervision while out of the program documented in the service plan.

Examples: when a BRS client is on a home visit, the program is responsible for instructing the home where the BRS client is visiting (foster home, relative, another program) on the supervision expectations required by the program. The instruction would always include the requirement for direct supervision, the BRS client status and physical condition detailed in section (7)(a) through (c) of this rule.

The BRS client’s service plan must clearly document all activities when the BRS client may not be under the direct supervision of the staff or approved proctor foster parent. Examples: school, church activities, visits with friends at their home or public location (stores, theaters, library, etc.) home visits, camp, visits to other programs, sleep overs, etc. There is a specific rule addressing supervision for
admissions to the hospital- 410-170-0030 (8) (f), in the rule. For other medical or hospital visits (emergency room, urgent care) the program is required to provide supervision to the BRS client.

More information about payment and home visits is in 410-170-0110 (4).

**(8) (b)**

**Proctor Care Model:**

**(8) (b) (A)**

BRS contractor and the BRS provider must maintain in their program records, and make it easily accessible for agency review, the certification status for approved proctor foster parent for BRS programs utilizing this model (definition 410-170-0020).

The following sections of the rule outline restrictions for the number of BRS clients to be served in approved proctor foster parent homes at any one time.

At the end of this section of the rule 410-170-0030 (8) (b) (A) (iii) provides an option for exceeding these limits for the provision of respite care.

410-170-0030 (8) (g) outlines the process BRS contractors and BRS providers may use to deviate from the restrictions in this section (8) (b) Proctor Care Model.

OYA has additional rules that apply to Proctor Care models 416-335-0030 (5) and (6).

**(8) (b) (A) (i)**

Shelter, Proctor Care, Proctor Enhanced Services, and Assessment and Evaluation:

These are some of the programs operating under the broader umbrella of the Proctor Care model. All Proctor Care program models have approved proctor foster parent homes. Other sections of the rule outline the approval process for an approved proctor foster parent.

**(8) (b) (A) (iii)**

The restrictions listed in 410-170-0030 (8) (b) (A) (i) may be exceeded if the proctor home is providing respite care. OARs require approved proctor foster parent to receive respite care monthly. Respite care can be provided by another approved proctor foster parent and therefore sometimes could exceed the limits on the number of BRS clients and others in the home. This rule allows for an exception to those limits for the provision of respite care. The respite care services are documented in the BRS client’s service plan.

**(8) (b) (B)**

OYA has additional rules that apply to Proctor Care models including specific rules for Independent Living programs:

- 416-335-0030 (5) and (6)

These sections reference OYA’s foster care rules:

- 416-530-0000 through 416-530-0200

Also, criminal history check rules —

- 416-800-0000 through 416-800-0095.
Residential Care Model:

The BRS contractor and the BRS provider must maintain in their program records Staff schedules for BRS programs utilizing residential care model (definition 410-170-0020).

410-170-0030 (8) (g) outlines the process BRS contractors/providers may use to deviate from the staffing ratios in this section (8) (c) Residential Care model.

Appendix C includes the residential staffing ratios required to meet this section of the OAR.

Appendix D provides an Excel spreadsheet for calculating staff coverage to ensure you are meeting the requirements.

Physical Facility

BRS contractors and BRS providers meeting the standards for licensing meet the same standard for the BRS OARs.

The BRS contractor and BRS provider must seek written approval from DHS licensing office as well as the agency contract administrator and caseworker. The BRS contractor/provider would contact agency staff simultaneously. Once written approved is received from all three, the BRS contractor/provider shall communicate the outcome, positive or negative, with all the parties consulted in the request.

BRS clients who have inappropriate sexual behaviors cannot share a bedroom with other client(s) who do not have those behaviors. The next section requires BRS clients with inappropriate sexual behaviors occupy a bedroom either individually or with a group of three or more BRS clients.

BRS programs can seek an exception. A written request must be forwarded to the agency contract administrator and the caseworker. Written approval must be received from both the contract administrator and caseworker before exception to this rule on a case by case basis can be granted. The written request must include the traditional identifying information, detail the benefit to the BRS clients who would be affected by the exception and a follow-up plan to ensure the benefits continue if circumstances changes for any of the BRS clients involved.

When assessing inappropriate sexual behaviors, if there are any concerns, always contact the caseworker and contract administrator for assistance in making the determination.

Written approval must be obtained from both the contract administrator and caseworker.

This section does not apply to dormitory settings.

Follow the same process for requesting an exception as outlined in (c) above including assessing inappropriate sexual behaviors.
Written approval must be obtained from both the contract administrator and caseworker.

(9) (e) Follow the same process for requesting an exception as outlined in (c) above including assessing inappropriate sexual behaviors.
Written approval must be obtained from both the contract administrator and caseworker.

(9) (f) DHS licensing rules provide more detail about how to meet this section of the BRS rules. Meeting licensing rules will meet BRS rules for this section (f).

(9) (g) BRS clients must be housed in a separate building from persons in detention or youth correction facility. The definition of detention can be found in Oregon Revised Statute (ORS) 419A.004, and the definition of youth correction facility can be found in ORS 420.005.

(9) (h) In addition to BRS OAR’s, all BRS Contractors and their BRS providers shall ensure providers follow all Children’s Care Licensing program rules.

Children’s Care Licensing OARs 413-215-0000

(9) (i) This section applies to dormitory settings. The unlocked door is for purposes of egress and the unlocked door is required to be an exit door.
A written request to allow the exit door to be locked for 8 hours at night may be requested in writing from the agency contract administrator. The request must include the benefit to the BRS client for the exit door to be locked at night for 8 hours and a description of how the BRS clients will be able to exit quickly in the event of a reason for evacuation.

(11) BRS Program Policies and Procedures:

(11) (a) (A) Admission criteria and standards are established when the BRS contractor is accepted by the agency as a provider for a specific type of care. These standards cannot be changed without the written approval of the contract administrator. These criteria and standards are on file with the agency. At the time of compliance review the Agency will match the criteria and standards on file to the copy presented for approval at the time of the review.

(11) (a) (K) Providers must have on file for review a procedure that describes the process staff will use to document service hours, reporting of service hours and describing the quality of the service provided. The procedure is required to give direct care and approved proctor foster parent specific examples of services to be provided and how to describe the service delivered to the BRS client.

(11) (b) Policies and Procedures are required to be updated and written approval provided every two years. This rule applies whether the agency can provide a BRS review every two years. If no compliance review is scheduled, the provider must contract the contract administrator and seek approval for the review and update of the
(11) (d) Providers are required to maintain documentation that a compliance review has been completed. If a compliance review is not completed every two years, providers must follow the requirements provided in section (b) above.

(12) Documentation Requirements:

(12) (a) (A) The Oregon Behavior Rehabilitation Services Guide is published on the following websites:

- Oregon Health Authority
- Department of Human Services
- Oregon Youth Authority

Section 410-120-1360 of the Oregon Health Authority Administrative Rule includes Requirements for Financial, Clinical and Other Records.

(12) (a) (B) Forms are approved through the BRS application process when an organization initially contracts with the agency. As providers update their forms submit the updated forms to the contract administrator and receive written approval before using.

Examples of approved forms are provided in Appendix E.

(12) (a) (C) The provider must maintain in a readily accessible format information that staff meet qualifications in this rule and DHS licensing rules and are up-to-date on all required training. The qualifications and training requirements included in OARs apply to social service, direct care staff and approved proctor foster parent. If the only location of the information is in agency personnel files, those will need to be made available to anyone conducting an appropriate oversight activity.

Examples of those who may be reviewing compliance include caseworkers, contract administrators, program review staff, licensing staff and federal or state auditors.

(12) (a) (D) Each BRS client’s file must include documentation of the service received including the amount of the service and the kind of service received. The BRS client record includes service notes describing the activity involved and what the BRS client took from the activity or service performed. Services include: counseling, skills building, and crisis intervention. These services can be provided individually or in a group setting. Milieu therapy is provided to all BRS clients as part of the BRS program environment.

Appendix F includes examples of service notes, plans and recorded hours that meet this rule.

Appendix G includes documentation requirements for the client’s record.
## Oregon Health Authority

### Provider Guide Quick Links

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<th>Section</th>
<th>Description</th>
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<td>(12) (a) (E)</td>
<td>Appendix F includes examples of how to write progress notes, etc. that meet the requirement in this rule.</td>
</tr>
<tr>
<td>(12) (a) (F)</td>
<td>The rule requires the date of the correction, the name and job title of the person making the correction. These changes can be in bold type both electronically or hand written for paper files. If hand written identify clearly the date and the name and job title of the person making the change. Documents can be amended by noting on the original that an amendment exists. Sometimes this might be the most efficient way to change a record. Be sure the date and the person adding the amendment is clearly documented in the file.</td>
</tr>
<tr>
<td>(12) (b)</td>
<td><a href="https://www.oregon.gov/DHS/children/Pages/sb1515.aspx">https://www.oregon.gov/DHS/children/Pages/sb1515.aspx</a></td>
</tr>
<tr>
<td>(12) (b) (A)</td>
<td>Appendix I provides includes a chart outlining notification and timeline requirements for all incidents, methods of notifications and an approved format for the reporting.</td>
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<tr>
<td>(12) (b) (A) (i)</td>
<td>An incident report is required for each BRS client involved.</td>
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<tr>
<td>(12) (b) (A) (ii)</td>
<td>Appendix I includes a chart outlining notification and timeline requirements.</td>
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<tr>
<td>(12) (b) (A) (iii)</td>
<td>410-170-0030 (11) (I) BRS program policies and procedures outlines what must be included in a BRS provider Seclusion and Physical restraint policy including limitations. If a program does not use seclusion or physical restraints, a policy is still required that the program does not use these measures. The Seclusion and physical restraint policy are required to be shared with the BRS client and his or her family at intake. The policy that seclusion and restraints are not used by the program can be shared at intake.</td>
</tr>
<tr>
<td>(12) (b) (A) (iv)</td>
<td>If there are witnesses to the incident who are BRS clients, they can be identified in the report through case # or initials. It isn’t necessary to include their name for the report. This helps maintain some level of confidentiality as the report may be reviewed for investigation, audit, etc. If the witnesses are staff include their names in the report. Staff names would not be confidential.</td>
</tr>
<tr>
<td>(12) (b) (A) (v)</td>
<td>Appendix I includes an approved format for the reporting for all incident types.</td>
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<tr>
<td>(12) (b) (A) (vi)</td>
<td>Include information of injuries and medical care for all involved.</td>
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<tr>
<td>(12) (b) (A) (vii)</td>
<td>Appendix I provides includes a chart outlining notification and timeline requirements for all incidents, methods of notifications and an approved format for the reporting.</td>
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<td>Rule Reference</td>
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<tr>
<td>(12) (b) (A) (viii)</td>
<td>If the report is faxed or emailed, there is a record of the date it was sent. If mailed, note the date and method on the BRS program copy of the incident report.</td>
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<td>(12) (b) (A) (ix)</td>
<td>A clear and descriptive narrative is required detailing all the actions taken by staff regarding the incident.</td>
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<tr>
<td>(12) (b) (A) (x)</td>
<td>Follow up recommendations are required. If no follow up is needed, specify that on the incident report.</td>
</tr>
<tr>
<td>(12) (b) (A) (xi)</td>
<td>The approved incident report form will have a section to add this required follow up information. If the follow-up or investigative information is known at the time the incident report is submitted, this section can be completed. If later, the supervisor or others follow up on the incident (ask more questions, etc.) or investigate the incident, the BRS provider must update the incident report and complete this section following the timelines for submittal outlined for this level of incident report.</td>
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<tr>
<td>(12) (b) (A) (xii)</td>
<td>The last section of the approved incident report form requires the BRS Contractor or BRS provider to provide their analysis of the incident or crisis intervention event. This section may include recommended approaches the provider will use in the future to mitigate these types of incidents. This section of the approved form includes a place for signature of the staff who wrote the report and the supervisor who approved the report.</td>
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<tr>
<td>(12) (b) (B)</td>
<td>Appendix I includes a chart outlining notification and timeline requirements for all incidents, methods of notifications and an approved format for the reporting.</td>
</tr>
<tr>
<td>(12) (c)</td>
<td>The agency may send a written request to the BRS contractor or provider requesting documentation for any of the items covered in this section of the rule 410-170-0030 (12) Documentation Requirements. Upon receiving the written request from the agency, BRS contractors are required to comply with the timeline outlined in the request.</td>
</tr>
<tr>
<td>(13)</td>
<td>Overnight Absences: For children who are wards of the juvenile court in DHS custody, DHS is required to report to the court on the regular, ongoing opportunities to participate in age appropriate and developmentally appropriate activities and whether the care provider is following the reasonable and prudent parent standard. <a href="https://www.oregonlaws.org/ors/419B.443">ORS 419B.443</a> The licensing rules for approved proctor foster homes require the Child Caring Agency to obtain the consent of the parent or guardian for the proctor foster parent to apply the “reasonable and prudent parent standard” when making decisions about the child is allowed to participate in age appropriate and developmentally appropriate activities.</td>
</tr>
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</table>
appropriate activities, including extracurricular, enrichment, cultural and social. [OAR 413-215-0391(1)(g)]

https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=101209

At residential care agencies, on-site staff must be designated to apply the reasonable and prudent parent standard. [OAR 413-215-0554]

https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=101319

(13) (a) Approval for overnight absences that can be forecasted shall be documented at intake.

The locations of home visits requiring overnight absences will be outlined at intake by the caseworker. Note: Home visits are limited to eight per month. [OAR 410-170-0110 (4)]

https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=254344

(13) (a) (B) Any special notifications required for visits to the community will be provided at intake by the caseworker.

(13) (a) (E) As applicable means those activities that can be forecasted. There are activities requiring overnight absences from the program that may be new and will need approval from the caseworker in advance.

(13) (b) Notification of all overnight absences, even though approved at intake, must be provided to the caseworker two business days in advance. Business days excludes weekends and all approved federal holidays.

(13) (c) Prior Written approval is required for all overnight absences.

Overnight absences involving travel out of the state of Oregon or the United States of America, require additional information in the written request for approval of the overnight absence.

For all overnight absences including those out of state or country; at a minimum the information listed in (a) (A) through (E) and (b)(A) through (D). It is always helpful to include information about the benefit to the BRS client of the overnight absence. All the information must be submitted in writing to both caseworker and contract administrator.

There are Special Additional Requirements for BRS clients who are on probation or parole status and going out of state or country regardless of agency involved in the placement:

- BRS clients on parole or probation are required to have approved travel permits for trips with durations of more than 24 hours including all overnight absences even if shorter than 24 hours. All requests for a travel permit must be made 10 days in advance and submitted to the appropriate
agency caseworker. If the caseworker approves the travel, the caseworker will request the travel permit.

- Some BRS clients placed by DHS may also be on probation. Both the BRS client’s DHS and OYA caseworker will need to approve the overnight absence as well as secure a travel permit from the OYA caseworker. Again, it is assumed overnight absences meet the 24-hour standard and require a travel permit.

County Probation: For BRS clients on probation with the county juvenile department the BRS provider contacts the BRS client’s juvenile probation officer requesting permission for the overnight absence or out of state/out of country travel. If the probation officer approves the absence they are responsible for submitting the request for a travel permit. County programs will need approval from the BRS client’s probation officer and an approved travel permit if the trip will be over 24 hours.

[14] Publicly-Operated Community Residences:
This federal Medicaid program rule applies only to public child-caring agencies. Publicly operated means an organization that has the authority through the State’s constitution to tax the local community population (as defined by the taxing organization). This applies to organizations that are defined as government. Private not for profits or for profits are not affected by this rule.

Examples of publicly operated in Oregon include but are not limited to:
County Government, City Government, School Districts, Fire Districts, Parks and Recreation Districts

If a publicly-operated program wants to serve more than 16 residents, contact the contract administrator. Approval can be requested from the Oregon Health Authority, Oregon’s single designated state agency authorized to implement the Medicaid Program (also referred to Title XIX – of the Social Security Act).

This is a Medicaid rule – contact contract compliance specialist with questions.

[15] (a) Provider contracts include more details about subcontracting and contractor responsibilities.

This section of the rule mentions recovering overpayments. Contract language includes remedies for contractors to recover underpayments, etc. if agency doesn’t meet the terms of the contract.

[OAR 410-120-1397]

[OAR 410-120-1400]

[15] (b) The BRS contractor is the organization named in and signatory to the contract with the Authority or the Agency. Contract language is clear the contractor is the responsible party for meeting all requirements. If the contractor subcontracts for
services, the contractor is still the responsible party. Contract language provides additional detail on subcontracting responsibilities and limitations.

(16) (a) Like language in section (15) the organization named in and the signatory to the contract is responsible for the approved proctor foster parent providing the service. For licensed child-caring agencies, the record regarding the approved provider parent MUST contain a copy of the contract between the parent and the Child Caring Agency.

[OAR 413-215-0351(2) (3)]

https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=101180

(16) (b) Additional clarification for contractors and their approved proctor foster parent both formally and informally providing services to BRS clients.

(16) (b) (B) The visits to the approved proctor foster parent’s home are for supervision, monitoring, training and support.

(16) (b) (C) (i) The Contractor is required by rule to have 24 hours, seven day per week backup. It is also useful for the contractor to have a policy outlining how the approved proctor foster parent will be provided 24-hour, 7 day per week back up services. The policy must outline when the backup can be provided by phone and at what level the backup services require staff to provide services in person. The policy must outline how quickly the services will be provided by the staff, both by phone and in person.

(16) (b) (C) (ii) In addition to providing the respite services, it is helpful for the contractor to also have a policy that outlines when and the how parent will be afforded the opportunity for 48 hours of respite from their responsibilities of approved proctor foster parent. It is helpful to the BRS contractor if policy makes it easily accessible and attractive for approved proctor foster parent to take the respite care each month. Time away gives approved proctor foster parent the opportunity to relax from responsibilities. Providing BRS services is a responsibility that requires time away, for staff and for the approved proctor foster parent.

(16) (c) Continues the language from section (15) above. Whether the contractor has a formal or informal agreement with approved proctor foster parent, the contractor is responsible for all obligations owed to the approved proctor foster parent.

(17) Conflict of Interest:

410-170-0040 — Prior Authorization for the BRS Program; Hearing Rights

(1) Prior Authorization is a standard requirement for all Medicaid Services. Agencies will initiate this process.
### Oregon Health Authority

**(2) (a)** This section of the rule describes which persons are eligible for BRS.

**(2) (a) (C)** BRS clients cannot be enrolled in residential mental health or residential development disability service while in a BRS program.


**(3)** DHS, OYA and Counties under contract with the Oregon Health Authority contract for LPHA services to determine the BRS program is medically appropriate. Before anyone can access Medicaid services, the service must be determined to be medically appropriate.

DHS, OYA and Counties determine the BRS type of care that is appropriate for the BRS client once the designated LPHA has determined the service is medically appropriate.

**(4)** This section of the rules allows for the possibility that OHA could request the LPHA determine the BRS type of care.

**(5)** Section (6) of this rule allows for retroactive eligibility and authorization under certain circumstances.

**(5) (c)** Example: A BRS provider is under contract to provide shelter and the BRS client is placed in the shelter program. The provider has a contract at the same location (different area of the building, or campus) for residential. Residential services were provided to the BRS client and the provider bills the agency for residential services. The agency can only pay for the services which were prior authorized. In this example shelter was the only service prior authorized.

**(5) (d)** Example: A BRS provider was prior authorized to provide shelter services. Shelter services were provided. But the BRS provider billed for residential services. The service billed for are inconsistent with the service provided.

**(5) (e)** Services cannot be provided before the date of authorization.

**(5) (g)** [OAR 410-120-0000 - 410-120-1920]

🔗 [https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1708](https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1708)

**(6) (a) (A)** Receiving verbal confirmation from the caseworker or contract administrator that the prior authorization documentation is on its way constitutes preliminary approval. Providers need to follow up with the caseworker regularly until prior authorization documentation is received. It’s important that the provider have the prior authorization documentation in the BRS client record.
If the five business days was not met, section 410-170-0040 (6) (b) of these BRS rules provides a process to address the issues. 

Agency in this section of the rule applies to the contract the agency holds with the designated LPHA, the person providing the determination of medical appropriateness for the service.

The documentation requirement must be maintained in the BRS’s client’s provider record. 

Note: The rule is in the process of being updated to add the words: “could not be”. The rule should read: (b) Prior Authorization after five business days from the date the BRS client was admitted to the BRS contractor’s or BRS provider’s program requires documentation that prior authorization could not be obtained within those five business days.

The documentation in the BRS’s client provider record must include documentation that prior authorization could not be obtained.

The second half of this rule applies if it is determined the BRS client is no longer eligible for Medicaid. The BRS’s client stay would be shorter than 12 months. One example of a BRS client’s change in eligibility is included in BRS 410-170-0040 (5) (f). Another example: clients may no longer be eligible to receive services from DHS or OYA.

Unless BRS section 410-170-0040 (6) Retroactive Eligibility and Authorization applies.

OAR 413-095-0040 is a DHS BRS rule.
OAR 416-335-0040 is an OYA BRS rule.
OAR 410-120-1860 through 1865 is the Oregon Health Authority standard contested case hearing process. OHA is responsible for all contested case hearings that apply to the Medicaid program.

410-170-0050 — Program Referrals and Admission to BRS Provider

Additional BRS rules for prior authorization include 413-095-0040 for DHS contractors and 416-335-0040 for OYA contractors.

The caseworker is responsible for providing the information listed in (2) (a) through (c) of this rule. If all the information is not provided or is not available at the time of referral, providers are encouraged to continually follow up with the caseworker to request the documents outlined.

https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=239709
(2) (a) Examples include:
   - DHS – court order, voluntary custody agreement, or voluntary placement agreement
   - OYA – Commitment form, court order
   - County program – parent/ legal guardian authorization

(2) (b) Background items may include but are not limited to the following:
   - Most recent psychological evaluation
   - Most recent psychiatric evaluation
   - Most recent mental health assessment
   - Other assessments include drug/alcohol, psycho sexual, fire setter, polygraph, etc.
   - Most recent Individual Education Plan (IEP) or 504 Plan
   - Agency Current Case Plan or similar planning document describing necessary services for the BRS client
   - Discharge summary if the BRS client is currently in a treatment program

In addition for DHS referrals, caseworkers are required to include:
   - Most recent CANS
   - Recommendations from WRAP

DHS Placement Cover Letter and Behavioral Rehabilitation Services (BRS) Referral form for DHS referrals can be found on the DHS website.

Below is a link to OYA Juvenile Provider Access System (JPAS) Manual describing how to locate BRS client information for OYA.


(2) (c) Caseworkers are required to send to the BRS provider a case plan describing the needed services. If a case plan or similar document with needed services listed is not provided, BRS providers are encouraged to follow up with the caseworker until the document is received.

(3) Agency approved admission criteria must include an age range at a minimum. The Agency cannot authorize a BRS contractor or BRS provider to accept a BRS client that falls outside of the age range approved by DHS licensing.

https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1887

Agency approved admission criteria is included in the BRS contractor’s or BRS provider’s contract with the Agency. The criteria are specific to BRS. The BRS admission criteria is in addition to approved DHS licensing criteria.
Agency approved admission criteria is included in the contract for services. Sometimes BRS providers respond to a referral with a conditional denial. The agency may request more information about why the client is being denied and request what additional information is needed to approve admission. Contract administrator must approve any denial that are within admission criteria.

Providers cannot deny placement because there is no home visit resource; or the provider does not want to work with the parent; or the client is a DHS voluntary placement.

After-care is very important part of a BRS client’s successful transition from the BRS program. It is the BRS contractor and the agency caseworker’s responsibility to begin planning for this transition very soon after admission to the program. The challenges finding a suitable after care resources cannot be a reason BRS providers deny a client placement.

Admission packet means all of the information needed to make a decision about whether the BRS client being referred falls within the program admission criteria. Each BRS program has agency approval admission criteria.

Summarizing - providers have the option to:

- Accept BRS client for placement
- Accept the BRS client for screening
- Request more information before making an admission decision
- Deny admission

BRS Contractors and Providers must provide the decision in writing with an explanation. Email to the referring caseworker is an acceptable form of written communication.

Written documentation must be kept for 7 years from the date of the referral. This timeline follows the general Oregon Secretary of State guidelines to agencies for Records Retention, Destruction and Archiving.

For OYA providers, using the JPAS system is an appropriate format for communicating admission decisions.

Intake Procedures:

If parent is not accessible to receive copies of polices, document in the file the attempts made to provide the policies.

OAR 410-170-0030 (11) BRS Program Policies and Procedures provides additional information about required program policies and the approval process.
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<td><strong>(8) (a) (C)</strong> Appendix J provides the standard rights for BRS clients and their families and applies to all BRS programs regardless of agency contracting for services.</td>
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</tr>
<tr>
<td><strong>(8) (a) (D)</strong> OAR 410-170-0060 Discharge from the BRS Contractor or BRS Provider provides more information about discharge policy requirements.</td>
<td></td>
</tr>
<tr>
<td><strong>(8) (b)</strong> To meet this requirement providers can use a sign off sheet that copies were provided to the parent, BRS client, and caseworker. Maintain the documentation in the BRS client’s record. If the parent is not accessible to provide copies of polices, document in the BRS clients record the attempts made to provide the policies.</td>
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<tr>
<td><strong>(8) (c)</strong> If any of the policies described in section (8) of this rule are individualized for a specific BRS client and differ from the program’s standard documented practices, these variations shall be explained and documented, and included in or attached to the BRS client’s service plan;</td>
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<tr>
<td><strong>(9)</strong> If there are any changes to:</td>
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<td></td>
<td>• Information identifying the person or entity with legal authority over the BRS client, which may be the BRS client’s parent, guardian or legal custodian;</td>
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<td></td>
<td>• Any prior evaluations, assessment, or other document that provide background information about their BRS client or that supports the need for the BRS client’s current level of services; and</td>
</tr>
<tr>
<td></td>
<td>• The caseworker’s case plan describing necessary services or similar planning form for the BRS client, the agency is responsible for notifying the BRS Contractor or Provider.</td>
</tr>
<tr>
<td><strong>(9) (a)</strong> If there is a change in the items listed above, the Agency must renew the written authorization.</td>
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</tr>
<tr>
<td><strong>(9) (b)</strong> Some BRS clients will have private health insurance. Private health insurance documentation in the BRS client’s record is required. If there is no private health insurance, the prepaid health plan or Coordinated Care Organization (CCO) must be documented in the BRS client’s record. The BRS provider is responsible for ensuring that the information in the BRS client’s record is current.</td>
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<tr>
<td><strong>(9) (c)</strong> The agency is responsible for providing the following information:</td>
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<td>• Dental and Mental Health evaluations, assessment, treatment plans, etc.;</td>
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<tr>
<td></td>
<td>• MAR’s, Medical, dental and mental health appointments that need follow up;</td>
</tr>
<tr>
<td></td>
<td>• list of doctors, dentists, and mental health providers the BRS client has seen in the last three years;</td>
</tr>
</tbody>
</table>
### Oregon Health Authority

<table>
<thead>
<tr>
<th>Provider Guide Quick Links</th>
</tr>
</thead>
<tbody>
<tr>
<td>• list of any major medical, dental or mental health conditions; and</td>
</tr>
<tr>
<td>• any current medical or mental health diagnosis.</td>
</tr>
</tbody>
</table>

#### (9) (d)

The agency is responsible for providing the school information including: transcripts, copies of IEP’s and 504’s, vocation education histories, and related documents.

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#### 410-170-0060 — Discharge from the BRS Contractor or BRS Provider

##### (2) (a)

When the BRS client is in immediate danger to self or others in addition to contacting the caseworker, BRS contractor or BRS provider is expected to seek necessary emergency services as needed. For example, if the youth is suicidal emergency medical services must be provided.

##### (2) (c)

Initiated by the parent or guardian: If the BRS Contractor or BRS Provider is not certain the parent has appropriate legal authority to remove the BRS client from program, the BRS Contractor or BRS Provider is required to contact the BRS Client’s caseworker.

Discharge from a specific program does not change the BRS client’s prior authorization for the BRS program generally. Please refer to 410-170-0060 (4).

##### (3) (a)

Behavior Rehabilitation Services is a Medicaid service; Medicaid services are voluntary.

BRS services as defined are provided throughout the BRS client’s awake hours. Services and placement related activities are integrated. The Integration is central to the success of Behavior Rehabilitation Services.

BRS contractors and BRS providers must adopt an agency approved process to be used when a BRS client has provided notice of the decision to leave the placement.

Following is an outline of an approved provider process after receiving notice the BRS client has requested discharge.

The BRS contractor or BRS provider must provide:

1. The BRS contractor or BRS provider must immediately provide verbal notification to the caseworker and the contractor administrator. Written notification is required within 24 hours of verbal notification BRS client has initiated discharge. Upon receiving verbal notification from the BRS contractor or BRS provider, the caseworker shall begin working with the BRS client and the BRS contractor or provider to address the barriers to service.

2. And, if applicable, notify the BRS client’s parent, guardian or legal custodian. In notifying the parent, guardian or legal custodian, clarify that
the appropriate agency will be working with the BRS client, the parents, etc. and the program to resolve barriers.

3. BRS contractor or BRS provider must continue to document services delivered during the period between when the BRS client initiates discharge and issues are addressed, or placement ends.

Sometimes when a BRS client initiates discharge an opportunity is presented where the providers can deliver crisis counseling and skills training. A central service provided by BRS client programs is a structured, predictable living environment to enhance the BRS client’s biological, social, emotional and cognitive development. Example: a BRS client may refuse to attend individual counseling sessions but continues to participate in structured social and recreational activities designed to deliver skills training. Document the BRS client’s participation in these activities.

Discharge from a specific program does not change the BRS client’s prior authorization for the BRS program, 410-170-0060 (4).

(3) (b) 42 CFR 435.1010

(5) Temporary Removal:

This section of the rule is to cover circumstances when a BRS client is not physically in program and the circumstances are not covered elsewhere in the rule. The caseworker will identify to the provider if the removal of the BRS client is a temporary removal.

(6) (b) Additional expectations managing BRS client’s clothing or personal property:

- In the case of a discharge for refusal of services, the timing should allow for the BRS client to carry belongings to the next placement. The BRS contractor or BRS provider must provide a reasonable means for the BRS client to pack and transport belongings.

- Storage of BRS client’s personal property will be necessary when the BRS client receives an emergency discharge.

- Storage of BRS client’s personal property will be necessary when the BRS client receives a temporary discharge. The BRS client will return but personal belongings must be securely stored during the BRS client’s absence.

Personal Belongings Notification to Caseworker and contract administrator

- The BRS contractor or BRS providers must contact the BRS client’s caseworker as soon as possible to make arrangement for the property to be retrieved.

- If the property has not been retrieved by the 15th day following the discharge, the BRS contractor or BRS provider must contact the caseworker
or agency contact once more reminding the caseworker of the 30-day storage limit.

- After 30 days the BRS contractor or BRS provider must notify the caseworker or agency contact that they have disposed of the BRS clients belongs. The BRS contractor or BRS provider may retain any items usable by other BRS clients in the program. Items not usable by other clients shall be donated to a charitable organization. Non-usable items may be disposed.

410-170-0070 — BRS Service Planning

(1) (a) (A) Social Service staff are those staff that meet the qualifications 410-170-0030 (4).

(1) (a) (B) Family involvement is a very important element for all services to the BRS client. In scheduling the meeting, the provider must invite the caseworker and request to the caseworker that they invite family and other significant persons. Typically, the provider does not have contact information for the family or other significant persons prior to the ISP, therefore it is important for the provider to work with the caseworker to have these individuals invited. Notify meeting attendees through telephone, email contact or any means that informs attendees of the meeting. Timelines sometimes prevent use of the mail system to notify family and others of the meeting. If time does permit (one week’s notice at a minimum) use the mail system; this method can be added to telephone and email.

The BRS client may decline permission for family or other significant persons to attend the ISP meeting. Maintain written documentation in the BRS client record of any decline of permission for anyone to attend the meeting. Refer to 410-170-0030 (3) Confidentiality of BRS Client information.

(1) (a) (C) Document in the BRS client’s record, either hard copy or electronically the notification made to family, social services staff, caseworker and any other significant persons. Options for documentation include: listing times of phone calls and whether contact was made, or message left; include copies of emails or texts with dates sent and/or copies of letter with dates mailed. Maintain documentation in the BRS client’s record.

(1) (a) (D) Approval of the ISP by the BRS client, caseworker and as appropriate parent, or guardian or legal custodian is required. Obtaining signatures on the approved plan is the preferred standard. Circumstances do not always accommodate meeting this standard. At a minimum the signature of the BRS client’s approval of the plan is required. Options for documenting written approval of other participants in the planning process include an email or text stating the individual has read the plan and approved or documentation by staff of a phone, (or in person) conversation the plan has been read and approved. Other methods of documenting approval may be presented during BRS reviews by the state agency if the options listed are not available.
If after sending the report to any of the involved individuals and no approval is received, the provider is required to document that attempt.

(1) (a) (E) If the MSP is completed before the 45 days expires, the MSP replaces the ISP.

(1) (b) Initial Service Plan is developed based on referral received through the referral, screening, and intake process. Providers need to review the information they have received on the BRS client’s and develop an ISP based on the BRS client’s needs. It is not appropriate to use the same plan and interventions for all BRS clients. The ISP should focus on the plan for the first 45 days of placement.

(1) (b) (B) Include in the ISP a plan for overnight home visits if appropriate. For some BRS clients it will be known that overnight home visits are a part of the ISP and potentially the MSP. BRS providers should make an effort to outline the plan for these visits. However, many ISP’s will state that the plan for home visits will be detailed in the MSP.

(1) (b) (C) It may seem unrealistic to the BRS provider and caseworker to estimate a discharge date in the ISP. If all the referral information is available when the ISP is developed a reasonable estimate, based on the accessible information, an estimated discharge date is required.

(1) (b) (D) The anticipated next placement can be stated in general terms to meet this requirement. For example: home, step down BRS program, foster care, independent living, and home with a relative.

(1) (b) (G) This section could include for example: the BRS client’s needed additional supervision short-term to stabilize behavior, etc.

(2) (a) NOTE: The next update of the BRS rule will eliminate Short-term Stabilization from this section of the rule. Short-term stabilization Assessment and Evaluations requirements are detailed in 0070 (11).

(2) (a) (A) The person required to conduct the comprehensive assessment is any staff member who meets the qualifications of a social service staff [410-170-0030 (4) (c)].

(2) (a) (B) DHS licensing rule requires AER’s to be submitted to the caseworker within 30 days of admission to the program.

DHS anticipates that licensing rules will be updated in 2018 and include an update for the AER timeframe due date to 45 days. Until this change is adopted BRS programs are required to submit the AER to caseworkers within 30 days of admission.

(2) (b) References to other assessments can be used when completing the requirement of the AER.
Clarify history of the custody of the BRS client if the legal custody is not known. Providers need to check with caseworker regarding BRS client’s legal custody status. If the BRS client is a DHS voluntary placement this should be indicated here.

Include specific date of last medical and dental exams, known allergies to medication or food, in addition to history of significant medical issues or concerns, current medical status and medication list with dosages.

Include diagnosis, past involvement with mental health professionals, suicidal behavior and ideation, any hospitalizations, medications and dosages specific to mental health issues (note if they are listed above) and any other medical issues that could impact mental health status of the BRS client.

A summary of both current and historical alcohol and drug use meets this section of the rule.

Include the number of credits toward high school diploma, if there is a current or past IEP (Individualized Education Plan), list any known educational challenges, if a modified diploma has been granted or the BRS client is on a path to receive a modified diploma, etc. These are examples. Be as inclusive as possible describing the BRS client educational history as well as needs.

BRS clients aged 14 and older must have a defined vocational plan that helps move them towards independence. The plan can include on site or off-site work opportunities, skill development in completing job applications, etc. The plan must be specific. This is the link to the federal legislation that changed the age to 14: https://www.congress.gov/bill/113th-congress/house-bill/4980

This may include interpersonal skills, interactions with peers, staff & others in authority, youth’s response to previous interventions/services current problems youth is exhibiting in program (frequency/duration/intensity), how youth is responding to program structure, level of participation, new problems not previously noted, attitude toward placement.

Include in this section the plan for home visits, discharge date and after care placement resources that the BRS client will be working toward.

The following items are in addition to the Domains listed in (b) (A) through (I). The following items are incorporated into the Master Service Plan (MSP) 410-170-0070 (3).

This information should be included throughout the domains of the assessment.

Include the date of all incidents with a simple straight forward summary narrative of the incident.
(2) (c) (D) Examples include: fire setting behavior, inappropriate sexual behavior and other behaviors at this level of need for supervision.

(2) (c) (E) This section of the AER is intended to inform the MSP. Include any information that would be helpful in developing the MSP.

(2) (c) (F) This section of the AER is intended to inform the MSP. Include any information that would be helpful in developing the MSP.

(2) (d) The section of the rule below (C) describes the contents of an Abbreviated AER: “abbreviated AER includes at minimum the information in section (2) (b) (A) of this rule and any other specific information requested by the caseworker. If the information is available, the BRS contractor or BRS provider must also include the information in section (2) (b)(B) through (D) of this rule; “

More detail provided under section (C). More examples of when an Abbreviated AER would be required in the next section.

(2) (d) (A) An abbreviated AER contains limited information. The circumstances when the caseworker would need an abbreviated AER are rare.

The caseworker’s request is required to be in writing and include a timeline for submitting the abbreviated AER.

To request a copy of the most recent AER the BRS provider contacts the caseworker and the contract administer to request a copy.

(2) (d) (B) At a minimum an abbreviated AER includes the Legal custody and basis for custody of the BRS client, medical information, family information and mental health information. These are the items from the AER section (2) (b) (A) through (D). This is the minimum for an Abbreviated AER. The caseworker may request additional information be included.

Unless unavailable, the abbreviated AER includes medical information with medications and dosages; family information includes specific cultural factors and mental health information; includes diagnosis and past involvement in treatment. Reference 410-170-0030 (2) AER (b) (B), (C) and (D).

(3) (a) (A) Master Service Plan (MSP): Social service staff are those staff who meet the qualifications 410-170-0030 (4) Staff Qualifications.

(3) (a) (B) Section (1) (a) (B) are the same people involved in the Initial Service Plan.

Family involvement is a very important element for all services to the BRS client. In scheduling the meeting for the MSP, the provider must invite family, caseworker and other significant persons involved with the BRS client. Notify people through telephone and email contact. Timelines for the MSP often prevent use of the USPS to notify family and others. If time does permit (one week’s notice at a minimum) use of USPS, this method can be added to telephone and email (if address known).
At a minimum, providers make one attempt to notify the parents, (one phone call, one email, one letter, if time permits) of the MSP meeting. These notifications should encourage the parents or other significant person’s participation in the MSP.

The BRS client may decline permission for family or other significant persons to attend the MSP meeting. Maintain written documentation in the client record of any decline of permission to attend the MSP by the BRS client. Refer to 410-170-0030 (3) Confidentiality of BRS Client information.

(3) (a) (C) Document in the BRS client’s record, either hard copy or electronically the notification made to family, social services staff, caseworker and any other significant persons. Options for documentation include: listing times of phone calls and whether contact was made or message left; include copies of emails or texts with dates sent and/or copies of letter with dates mailed. Maintain documentation in the BRS client’s record.

(3) (a) (D) Approval of the MSP by the BRS client, caseworker and as appropriate parent, or guardian or legal custodian is required. Obtaining signatures on the approved plan is the preferred standard. Circumstances do not always accommodate meeting this standard. At a minimum the signature of the BRS client’s approval of the plan is required. Options for documenting written approval of other participants in the planning process include an email or text stating the individual has read the plan and approved or documentation by staff of a phone, (or in person) conversation the plan has been read and approved. Other methods of documenting approval may be presented during BRS reviews by the state agency if the options listed are not available.

If after sending the report to any of the involved individuals and no approval is received, the provider is required to document that attempt.

(3) (b) Appendix F includes documentation examples.

(3) (b) (A) Include the same information from the ISP and AER. If this has changed since the ISP or last AER, please note the new custody status and that it is different from the ISP.

(3) (b) (C) Include goals related to home visits.

(3) (b) (D) Include any goals related to mental health needs identified in the assessment.

(3) (b) (E) Include any goals related to alcohol and drug use identified in the assessment.

(3) (b) (F) Include any goals related to educational needs identified in the assessment.

(3) (b) (G) Vocational needs and goals are requirements if need is identified in the AER for BRS clients age 14 and older. The vocational information must be as detailed as the education information for BRS clients 14 an older. Include any volunteer or paid work experience (other than chores) the BRS client participated; vocation education.
programs participation, vocational needs and BRS client vocational goals and aspirations.

(3) (b) (H) This section includes any behavioral concerns/issues, goals the BRS client would like to pursue and needs the BRS client has looking toward living a productive life as an adult in the community.

(3) (b) (I) Detail the home visit plan, and placement resources being pursued for post BRS program living circumstances

(3) (b) (K) Completion criteria is specific to what the BRS client needs to complete while in program. Completion criteria should be written in a way that the BRS client understands what they need to do to successfully complete the program.

(3) (c) (A) The service goals are those of the BRS client and the caseworker; what does the BRS client want to accomplish and what does the caseworker want the BRS client to work on.

The service goals are behavioral changes the BRS client wants to achieve and the changes the BRS client’s caseworker wants the BRS client to work on. Refer to Appendix F for guidance.

(3) (c) (B) Write the interventions and services in language that addresses the goal domains.

(3) (c) (C) Identify if it is the social services staff, the direct care staff, other staff who may be involved in a particular goal, etc.

(3) (c) (D) The criteria must be measurable and written in language that the BRS client can evaluation their own progress in achieving the goals.

(3) (c) (E) Include a general timeline for goal completion; make the timeline achievable for the specific BRS client and their behavioral challenges.

(3) (c) (G) This section of the MSP is general aftercare and transition goals. The MSP begins the planning for transition but is not as fully developed as the ATP. 410-170-0070 (5) Aftercare and Transition Plan (ATP) includes the specific requirements.

(3) (d) Some needs of the BRS client identified in the AER may need to be provided by someone other than the BRS program preparing the MSP. If there is a need that will not be addressed by the BRS program, the program must identify the need and who will be providing the service. The BRS program researches who best could meet the need, how the service could be secured and connects the BRS client to the person/organization that would be providing the service. Facilitating the connection more than giving the BRS client or family a list of possible resources. The BRS program insures that BRS client makes a connect with the person who will provide the service, that resources available to pay for the service if required and the BRS client is comfortable and will follow through once they leave the BRS program. Collaborating with the BRS client’s caseworker is an effective way to meet the client’s needs identified in the assessment when services are outside of the BRS
program. Examples of some of these needs include: family therapy, dental care, medical care, alcohol and drug treatment, child of an alcoholic/co-dependency counseling, tattoo removal, etc.

These services would also be identified in the ATP.

(3) (e) For some BRS clients home visit plans may be difficult to forecast. Usually there are many factors affecting home visit planning, frequency and duration. If there are circumstances that make it difficult to be specific in outlining the plan, detail those issues. Describe how the program plans to address these issues so every attempt is made for the BRS client to participate in the home visits.

One option in addressing this section in the MSP if home visits are difficult to forecast is to outline a general home visit plan for the BRS client which specifies the client’s caseworker will provide approval for each planned home visit in advance. This approach meets the goal of receiving approval for any changes to the home visit plan. The MSP could also outline when in the treatment plan home visits would begin and that the caseworker would approve in advance.

410-170-0030 (13) Overnight Absences requires prior written approval from the caseworker when the BRS client will be sleeping outside of its program for any reason, for example home visits.

410-170-0110 (4) details the rules regarding the maximum of 8 days per month for home and transitional visits.

(4) Master Service Plan 90 Day Updates:
ILP and Short-term Stabilization programs are not required to complete a MSP 90 day update.

(4) (a) Appendix C summarizes requirements for each BRS type of care and program name.

(4) (a) (A) Social service staff are those staff that meet the qualifications 410-170-0030 (4) Staff Qualifications.
An update to the MSP is required if there is new information that wasn’t available when the MSP was written. Examples include: new offense, emergent treatment need not included in the plan, etc.

(4) (a) (B) Provide the same opportunity for participation in the updated plan that was provided in the development of the MSP.

(4) (a) (C) Document in the BRS client’s record, either hard copy or electronically the notification made to family, social services staff, caseworker and any other significant persons. Options for documentation include: listing times of phone calls and whether contact was made, or message left; include copies of emails or texts with dates sent and/or copies of letter with dates mailed. Maintain documentation in the BRS client’s record.
(4) (a) (D) Approval of the updated MSP by the BRS client, caseworker and as appropriate parent, or guardian or legal custodian is required. Obtaining signatures on the approved plan is the preferred standard. Circumstances do not always accommodate meeting this standard. At a minimum the signature of the BRS client’s approval of the plan is required. Options for documenting written approval of other participants in the planning process include an email or text stating the individual has read the plan and approved or documentation by staff of a phone, (or in person) conversation the plan has been read and approved. Other methods of documenting approval may be presented during BRS reviews by the state agency if the options listed are not available.

If after sending the report to any of the involved individuals and no approval is received, the provider is required to document that attempt.

(5) (a) (A) Aftercare and Transition Plan (ATP):
Social service staff are those staff that meet the qualifications 410-170-0030 (4) Staff Qualifications.

(5) (a) (B) Provide the same opportunity for participation in the updated plan that was provided in the development of the MSP.

The BRS client may decline permission for family or other significant persons to attend the ATP meeting. Maintain written documentation in the BRS client record of any decline of permission for anyone to attend the meeting. Refer to 410-170-0030 (3) Confidentiality of BRS Client information.

(5) (a) (C) Document in the BRS client’s record, either hard copy or electronically the notification made to family, social services staff, caseworker and any other significant persons. Options for documentation include: listing times of phone calls and whether contact was made or message left; include copies of emails or texts with dates sent and/or copies of letter with dates mailed. Maintain documentation in the BRS client’s record.

(5) (a) (E) Approval of the ATP by the BRS client, caseworker and as appropriate parent, or guardian or legal custodian is required. Obtaining signatures on the approved plan is the preferred standard. Circumstances do not always accommodate meeting this standard. At a minimum the signature of the BRS client’s approval of the plan is required. Options for documenting written approval of other participants in the planning process include an email or text stating the individual has read the plan and approved or documentation by staff of a phone, (or in person) conversation the plan has been read and approved. Other methods of documenting approval may be presented during BRS reviews by the state agency if the options listed are not available.

If after sending the report to any of the involved individuals and no approval is received, the provider is required to document that attempt.

(5) (b) The agency caseworker and the BRS contractor collaborate to assist the BRS client with a successful transition from the program to the community. The transition
The plan developed by the BRS contractor in collaboration with BRS client, caseworker, family and others important to the client, focuses on the 90 days immediately after discharge.

The ATP outlines the BRS client specific needs to make a successful transition from the BRS program to the planned next place the client will be living. The plan also must include any unmet goals. This will help inform the caseworker, family and others how best to assist the client in the transition process.

Examples include: Mental health services, drug and alcohol treatment, school, recreation activities, etc.

The client will need assistance transitioning from a BRS program which includes lots of support and supervision to an environment with much less support. Identify who will be working with the client to adjust to the new environment. If client is receiving services from other providers, please list the names of the agency or person providing the services. It is helpful to the caseworker if the phone number and address are also provided.

Both the provider and the caseworker are responsible to assist the client with transitioning from the BRS program. Contact with the BRS client is a regular part of the caseworker’s responsibilities. The ATP plan would detail the BRS provider’s telephone contact plan with the client, family and any other identified persons important to the client’s success.

The BRS provider and the caseworker could determine that regular telephone contact with client, family, or other persons is not in the best interest of the client’s successful transition, the ATP will detail what is planned to replace telephone contact if anything. A caseworker may approve an ATP that outlines a plan that does not include telephone calls. Caseworker’s signature is required on the ATP.

As with all BRS services (410-170-0060 (1)(a)), BRS clients may choose not to participate in regular telephone contract.

If the client is removed with less than 7 calendar days’ notice, an ATP is not required.

On an emergency basis is generally assumed to be less than 7 calendar days’ notice.

Immediate voluntary discharge from the program – refer to 410-170-0060 (3) Discharge initiated by the BRS client.

Discharge Summary:

A discharge summary is required for all BRS clients served by the BRS contractor regardless of the number of days in the program. If the BRS client was in the program before an ISP was developed, the discharge summary is not required to
include progress towards service goals since no service goals were identified or written.

If an ISP was developed the discharge summary would include progress towards these service goals. If an MSP was developed the discharge summary would include progress towards all of the goals identified in the MSP and/or updated MSP.

(7) (a) (A) Aftercare Summary:

BRS contractors follow up with BRS clients post discharge for 90 days. See 410-170-0070 (5) of this rule. A summary of the BRS client’s status and progress for those 90 days is required 30 days after the 90-day period ends or as stated in section (5) of this rule 120 days after the discharge date.

The report must include the contact efforts made by the BRS contractor, the BRS client’s response, family and other significant persons contributions to the BRS client’s adjustment to the community and post discharge living environment. Include recommendations that would further the BRS client’s continued success in the community.

If the BRS client voluntarily chose not to participate in these aftercare services, include in Aftercare Summary documentation that services were declined.

(7) (b) Refer to 410-170-0070 (5) (c) of this rule.

(8) (a) (A) Master Service Plan – Transition (MSP-T):

Transition Facilitators are social service Staff. Social service staff are those staff that meet the qualifications 410-170-0030 (4) Staff Qualifications.

Provide copies to the individuals listed in OAR 410-170-0070 section (1)(a)(B).

(8) (a) (D) Family involvement is a very important element for all services to the BRS client. In scheduling the meeting, the provider must invite the caseworker and request to the caseworker that they invite family and other significant persons. Typically, the provider does not have contact information for the family or other significant persons prior to the MSP-T, therefore it is important for the provider to work with the caseworker to have these individuals invited. Notify meeting attendees through telephone, email contact or any means that informs attendees of the meeting. Timelines sometimes prevent use of the mail system to notify family and others of the meeting. If time does permit (one week’s notice at a minimum) use the mail system; this method can be added to telephone and email.

Document in the BRS client’s record, either hard copy or electronically the notification made to family, social services staff, caseworker and any other significant persons. Options for documentation include: listing times of phone calls and whether contact was made, or message left; include copies of emails or texts with dates sent and/or copies of letter with dates mailed. Maintain documentation in the BRS client’s record.

The BRS client may decline permission for family or other significant persons to attend the MSP-T meeting. Maintain written documentation in the BRS client
record of any decline of permission for anyone to attend the meeting. Refer to 410-170-0030 (3) Confidentiality of BRS Client information.

**8 (a) (E) (i)** The services goals are behavioral changes the BRS client wants to achieve and the changes the caseworker wants the BRS client to work on.

**8 (a) (E) (ii)** Write the interventions and services in language that addresses the goal domains.

**8 (a) (E) (iii)** Identify if it is the social services staff, the direct care staff, other staff who may be involved in a particular goal, etc.

**8 (a) (E) (iv)** The criteria must be measurable and written in language that the BRS client can evaluate their own progress in achieving the goals.

**8 (a) (E) (v)** Include a general timeline for goal completion; make the timeline achievable for the specific BRS client and their behavioral challenges.

**8 (a) (E) (vi)** For example, if the specifically stated behavioral criteria for evaluating the achievement of goals lists the client will demonstrate a skill 75% of the time, how will it be measured? Service documentation, treatment curriculum completion, daily tracking logs, etc.

**8 (b)** Document in the BRS client’s record, either hard copy or electronically the notification made to family, social services staff, caseworker and any other significant persons. Options for documentation include: listing times of phone calls and whether contact was made, or message left; include copies of emails or texts with dates sent and/or copies of letter with dates mailed. Maintain documentation in the BRS client’s record.

**8 (c)** Approval of the ATP by the BRS client, caseworker and as appropriate parent, or guardian or legal custodian is required. Obtaining signatures on the approved plan is the preferred standard. Circumstances do not always accommodate meeting this standard. At a minimum the signature of the BRS client’s approval of the plan is required. Options for documenting written approval of other participants in the planning process include an email or text stating the individual has read the plan and approved or documentation by staff of a phone, (or in person) conversation the plan has been read and approved. Other methods of documenting approval may be presented during BRS reviews by the state agency if the options listed are not available.

If after sending the report to any of the involved individuals and no approval is received, the provider is required to document that attempt.

**9 (a) (A)** Master Service Plan – Transition 30-day Updates:
Transition Facilitators are social service Staff. Social service staff are those staff that meet the qualifications 410-170-0030 (4) Staff Qualifications.
<p>| <strong>9 (a) (B)</strong> | Provide the same opportunity for participation in the updated plan that was provided in the development of the MSP-T. |
| <strong>9 (a) (C)</strong> | Document in the BRS client’s record, either hard copy or electronically the notification made to family, social services staff, caseworker and any other significant persons. Options for documentation include: listing times of phone calls and whether contact was made or message left; include copies of emails or texts with dates sent and/or copies of letter with dates mailed. Maintain documentation in the BRS client’s record. |
| <strong>9 (a) (D)</strong> | Approval of the MSP-T by the BRS client, caseworker and as appropriate parent, or guardian or legal custodian is required. Obtaining signatures on the approved plan is the preferred standard. Circumstances do not always accommodate meeting this standard. At a minimum the signature of the BRS client’s approval of the plan is required. Options for documenting written approval of other participants in the planning process include an email or text stating the individual has read the plan and approved or documentation by staff of a phone, (or in person) conversation the plan has been read and approved. Other methods of documenting approval may be presented during BRS reviews by the state agency if the options listed are not available. |
| <strong>10</strong> | The Short-Term Stabilization program is a BRS Type of Care designed to provide short-term intervention to BRS clients in need of behavioral stabilization. |
| <strong>10 (a)</strong> | Social service staff are those staff that meet the qualifications 410-170-0030 (4) Staff Qualifications. |
| <strong>10 (c)</strong> | Document in the BRS client’s record, either hard copy or electronically the notification made to family, social services staff, caseworker and any other significant persons. Options for documentation include: listing times of phone calls and whether contact was made, or message left; include copies of emails or texts with dates sent and/or copies of letter with dates mailed. Maintain documentation in the BRS client’s record. |
| <strong>10 (d)</strong> | Approval of the ISP-S by the BRS client, caseworker and as appropriate parent, or guardian or legal custodian is required. Obtaining signatures on the approved plan is the preferred standard. Circumstances do not always accommodate meeting this standard. At a minimum the signature of the BRS client’s approval of the plan is required. Options for documenting written approval of other participants in the planning process include an email or text stating the individual has read the plan and approved or documentation by staff of a phone, (or in person) conversation the plan has been read and approved. Other methods of documenting approval may be presented during BRS reviews by the state agency if the options listed are not available. |</p>
<table>
<thead>
<tr>
<th>Section</th>
<th>Rule</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>(10) (f) (B)</td>
<td>Include in the ISP-S a plan for overnight home visits if appropriate. For some BRS clients it will be known that overnight home visits are a part of the ISP-S and potentially the MSP-S. BRS providers should try to outline the plan for these visits. However, many ISP-S’s will state that the plan for home visits will be detailed in the MSP-S.</td>
<td></td>
</tr>
<tr>
<td>(11) (a)</td>
<td>Assessment and Evaluation Report – Stabilization (AES-S): The person required to conduct the comprehensive assessment is any staff member who meets the qualifications of a social service staff (410-170-0030) (4) (d).</td>
<td></td>
</tr>
<tr>
<td>(11) (b) (A)</td>
<td>These problems and needs may be related to the following areas: legal custody and basis for custody, medical information including prescribed medication and dosages, family information including specific cultural factors, mental health information, alcohol and drug use both current and historical, educational and vocational needs, social living skills.</td>
<td></td>
</tr>
<tr>
<td>(12) (a) (C)</td>
<td>Document in the BRS client’s record, either hard copy or electronically the notification made to family, social services staff, caseworker and any other significant persons. Options for documentation include: listing times of phone calls and whether contact was made, or message left; include copies of emails or texts with dates sent and/or copies of letter with dates mailed. Maintain documentation in the BRS client’s record.</td>
<td></td>
</tr>
<tr>
<td>(12) (a) (D)</td>
<td>Approval of the MSP-S by the BRS client, caseworker and as appropriate parent, or guardian or legal custodian is required. Obtaining signatures on the approved plan is the preferred standard. Circumstances do not always accommodate meeting this standard. At a minimum the signature of the BRS client’s approval of the plan is required. Options for documenting written approval of other participants in the planning process include an email or text stating the individual has read the plan and approved or documentation by staff of a phone, (or in person) conversation the plan has been read and approved. Other methods of documenting approval may be presented during BRS reviews by the state agency if the options listed are not available.</td>
<td></td>
</tr>
<tr>
<td>(12) (c) (B)</td>
<td>Identify if it is the social services staff, the direct care staff, or other staff who may be involved in delivering service related to a particular goal, etc.</td>
<td></td>
</tr>
<tr>
<td>(12) (c) (C)</td>
<td>The criteria must be measurable and written in language so the BRS client can evaluate their own progress in achieving the goals.</td>
<td></td>
</tr>
<tr>
<td>(12) (c) (D)</td>
<td>Include a general timeline for goal completion; make the timeline achievable for the specific BRS client and their behavioral challenges.</td>
<td></td>
</tr>
<tr>
<td>(12) (c) (E)</td>
<td>For example, if the specifically stated behavioral criteria for evaluating the achievement of goals lists the client will demonstrate a skill 75% of the time, how will it be measured? Service documentation, treatment curriculum completion, daily tracking logs, etc.</td>
<td></td>
</tr>
</tbody>
</table>
### Oregon Health Authority

#### Section III – Provider Guide (Quick Links)

<table>
<thead>
<tr>
<th>Rule (a)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(12) (d)</strong></td>
<td>The program must identify the need to be addressed outside of the BRS program and identify who will be providing the service. In collaboration with the BRS client’s caseworker, the BRS program finds a provider who could best meet the need, describes how the service could be provided and follows through to connect the BRS client to the person/organization to provide the service. Facilitating the connection to the service is a very important part of this requirement. Ensuring a connection is made requires more effort and personal contact that just making the referral or providing the name and phone number of the outside service. In collaboration with the caseworker, the BRS program must ensure that BRS client makes a connection with the service provider. In addition, the BRS program and the caseworker ensure resources are available to pay for the service if required. The BRS program also needs to ensure the BRS client is comfortable and will follow through with the service once the client leaves the BRS program. Collaborating with the BRS client’s caseworker is an effective way to ensure outside services are provided. Examples of some of needs from an AER-S that would be provided outside the BRS program include: family therapy, dental care, medical care, alcohol and drug treatment, child of an alcoholic/co-dependency counseling, tattoo removal, etc.</td>
</tr>
<tr>
<td><strong>(12) (e)</strong></td>
<td>For some BRS client’s home and transitional visit plans may be difficult to forecast. Usually there are many factors affecting home and transitional visit planning, frequency and duration. If there are circumstances that make it difficult to be specific in outlining the plan, detail those issues. Describe how the program plans to address these issues so every attempt is made for the BRS client to participate in home and transitional visits. One option to address home and transitional visit requirements of the MSP-S, if they are difficult to forecast, is to outline a general home and transitional visit plan for the BRS client. The general outline would require the client’s caseworker to provide approval in advance for each planned visit. The MSP-S could also outline when in the treatment plan visits would begin and that the caseworker would approve and home and transitional visits in advance. In addition, 410-170-0030 (13) Overnight Absences requires prior written approval from the caseworker when the BRS client will be sleeping outside of its program for any reason. 410-170-0110 (4) details the rules regarding the maximum of 8 days per month for home and transitional visits.</td>
</tr>
<tr>
<td><strong>(13) (a) (A)</strong></td>
<td>Master Service Plan – Stabilization Updates (MSP-S): Social service staff are those staff that meet the qualifications 410-170-0030 (4) Staff Qualifications.</td>
</tr>
<tr>
<td><strong>(13) (a) (B)</strong></td>
<td>Section (1) (a) (B) are the same people involved in the Initial Service Plan.</td>
</tr>
<tr>
<td><strong>(13) (a) (C)</strong></td>
<td>Document in the BRS client’s record, either hard copy or electronically the notification made to family, social services staff, caseworker and any other</td>
</tr>
</tbody>
</table>
significant persons. Options for documentation include: listing times of phone calls and whether contact was made or message left; include copies of emails or texts with dates sent and/or copies of letter with dates mailed. Maintain documentation in the BRS client’s record.

(13) (a) (D) Approval of the MSP-S by the BRS client, caseworker and as appropriate parent, or guardian or legal custodian is required. Obtaining signatures on the approved plan is the preferred standard. Circumstances do not always accommodate meeting this standard. At a minimum the signature of the BRS client’s approval of the plan is required. Options for documenting written approval of other participants in the planning process include an email or text stating the individual has read the plan and approved or documentation by staff of a phone, (or in person) conversation the plan has been read and approved. Other methods of documenting approval may be presented during BRS reviews by the state agency if the options listed are not available.

(14) (a) (A) Aftercare and Transition Plan – Stabilization (ATP-S):
Social service staff are those staff that meet the qualifications 410-170-0030 (4) Staff Qualifications.
Foster care includes DHS and OYA foster care, this does not include proctor programs. Home may include living with parents, other relative, or living independently.

(14) (a) (B) Family involvement is a very important element for all services to the BRS client. In scheduling the meeting for the ATP-S, the provider must invite family, caseworker and other significant persons involved with the BRS client. Notify people through telephone and email contact. Timelines for the ATP-S often prevent use of the USPS to notify family and others. If time does permit (one week’s notice at a minimum) use of USPS, this method can be added to telephone and email (if address known).

At a minimum, providers make one attempt to notify the parents, (one phone call, one email, one letter – if time permits) of the ATP-S meeting. These notifications should encourage the parents or other significant person’s participation in the ATP-S.

The BRS client may decline permission for family or other significant persons to attend the ATP-S meeting. Maintain written documentation in the client record of any decline of permission to attend the ATP-S by the BRS client. Refer to 410-170-0030 (3) Confidentiality of BRS Client information.

(14) (a) (C) Document in the BRS client’s record, either hard copy or electronically the notification made to family, social services staff, caseworker and any other significant persons. Options for documentation include: listing times of phone calls and whether contact was made, or message left; include copies of emails or texts with dates sent and/or copies of letter with dates mailed. Maintain documentation in the BRS client’s record.
Approval of the ISP by the BRS client, caseworker and as appropriate parent, or guardian or legal custodian is required. Obtaining signatures on the approved plan is the preferred standard. Circumstances do not always accommodate meeting this standard. At a minimum the signature of the BRS client’s approval of the plan is required. Options for documenting written approval of other participants in the planning process include an email or text stating the individual has read the plan and approved or documentation by staff of a phone, (or in person) conversation the plan has been read and approved. Other methods of documenting approval may be presented during BRS reviews by the state agency if the options listed are not available.

If after sending the report to any of the involved individuals and no approval is received, the provider is required to document that attempt.

The agency caseworker and the BRS contractor collaborate to assist the BRS client with a successful transition from the program to the community. This includes returning to live with family members, foster care, or living independently. The plan developed by the BRS contractor in collaboration with BRS client, caseworker, family and others important to the client, focus on the 90 days immediately after discharge.

The ATP-S will outline the BRS client specific needs in order to make a successful transition from the BRS program to the community. The plan also must include any unmet goals. This will help inform the caseworker, family and others how best to assist the client in the process.

This plan would outline services provided by the caseworker, services available in the BRS client’s community, and natural supports.

Program will list the people/entity who will be providing the services the BRS client is accessing in the community. The program only lists known service providers being accessed.

Little or no notice would be considered 48 hours or less.

**410-170-0080 — Services**

**Types of Services**

These five essential services help define Behavioral Rehabilitation Services program. In order to qualify as a BRS intervention the service provided must meet the requirements of one of the following types of service. Services provided under another contract do not count as BRS hours.

**Milieu therapy** defines the environment for all the other services provided to BRS clients. The concept of milieu therapy supports the daily rate concept employed by
BRS program to compensate BRS Contractor and BRS providers. All services are provided in the milieu. Documentation for BRS services are required for the other types of services. All the BRS client’s activities are provided within the milieu by all of the staff, foster/proctor parents and others having contact with the BRS client. The milieu is the foundation for the delivery of all services and placement related activities.

(3) (b) Any appropriately trained staff or proctor/foster parents working in the BRS program can provide the crisis counseling.

(3) (c) Individual and group counseling is provided within the curriculum the BRS provider has identified through adopted program policies as the approach used in delivering these services.

The resources to be used and the goals of the counseling are identified in the BRS client’s Initial and service plan.

OAR 410-170-0090 BRS types of care specifies the staff and the minimum hours of counseling services. Outside of the hours specified by the rule for social service staff any appropriately trained staff or approved proctor foster parent working in the BRS program can provide counseling.

The counseling services are designed to remediate the problem behaviors outlined in the service plan for each BRS client. The resources and approaches are outlined in the individual BRS client plans. If enough progress towards goals is not being achieved, different approaches or resources may be needed to remediate the problem behaviors.

(3) (d) Parent training approaches and resources would be identified in the BRS provider’s approved program policies. The BRS client’s service plan would include goals for parent training and specify how the parent training will support the BRS client’s effort to change, improve and strengthen skills.

Any appropriately trained staff or approved proctor foster parent working in the BRS program can provide the parent training. Mentors, volunteers, cooks, receptionists, etc. are not appropriate staff to provide parent training.

Video conferencing is an acceptable technology to use to deliver parent training.

(3) (e) Skills-training are provided within the curriculum, approaches or framework adopted by the BRS provider as identified through approved program policies.

The resources to be used and the goals of the skills training are outlined in the BRS client’s Initial and Master Service plan.

Any appropriately trained staff or approved proctor foster parent working in the BRS program can provide skills-training.

Volunteers, cooks, receptionists, etc. are not appropriate members of the program to provide skills training.
BRS Types of Care

(1) (a) Refer to 410-170-0030 (8) (a), (b) Proctor Care Model and (c) Residential Care Model for staff requirements, staffing ratios and other requirements and restrictions for each of these program models. 410-170-0030 (12) includes documentation requirements; 410-170-0070 Service Planning and 410-170-0080 Services for more information relevant to requirements for each BRS type of care. Appendix C summarizes requirements for each BRS type of care and program name.

(5) New level of care designed to provide services to BRS client’s requiring a higher level of structure.

Placement-Related Activities for the Authority’s BRS Contractors and BRS Providers

(1) (a) Caseworkers are responsible for arranging transportation to court proceedings. Occasionally there may be extenuating circumstances related to transporting the BRS client to these activities regularly. The BRS provider is required to communicate any concerns to the referring agency caseworker or contract administrator during the referral process.

Independent Living Programs as defined in 410-170-0090 are responsible for BRS client transportation as follows: BRS clients are responsible for taking public transportation to and from employment and other daily activities. The BRS Contractor or BRS provider must assist the BRS client as necessary with transportation for attendance at school, (to the extent none is provided by the school district) medical, dental, and therapeutic appointment; recreations and community activities; places of employment; and shopping for incidental items.

Regardless of type of care the BRS Contractor or BRS Provider are financially responsible for the transportation for items outlined in the rule.

Agency specific rules may have additional transportation requirements.

(1) (b) It is required that BRS clients are actively engaged in educational and vocational activities within the first week of placement. BRS contractor and BRS providers must make concerted effort to engage BRS clients in educational activities for the youth. Document the attempts in the BRS client’s record.

Vocational activities can be broader than enrollment in a vocational training class or program. Vocational activities can include working in the dining room, janitorial duties (exclusive of chores), landscaping, office skills, etc. The activities need to assist the BRS client in developing the foundation upon which vocational classes or program can be a successful experience for the BRS client.
(1) (c) (A) Best practice is to identify the recreational activity that the BRS client was engaged in that day. This can be documented in the daily note or weekly summary. Each day’s recreational activity is included in that document.

(1) (c) (B) Best practice is to document the weekly community activity in the weekly summary.

(1) (c) (C) The BRS contractor and BRS provider must allow a BRS client to speak his or her primary language and must honor his or her culture.

(1) (c) (D) Appendix K includes Prudent Parenting standards adopted by Department of Human Services and outlines for OHA, OYA and DHS the caseworker approval process required for certain recreational activities.

(2) Non BRS-Related Medical Care: Accessing medical care, non BRS related services is different for OHA, DHS and OYA contractors. Information on how to access Oregon Health Plan services for BRS clients depending on the contracting agency can be found posted on the respective agency’s website, BRS provider page.

- https://www.oregon.gov/oya/Pages/providerresources.aspx
- https://aix-xweb1p.state.or.us/es_xweb/DHSforms/Served/he3101.pdf

(2) (b) The Oregon Health Plan is always the payer of last resort. Third party insurance must be the first payer for health and dental services if available before OHP.

(2) (c) Providers are also required to follow an agency specific rule. For OYA contractors, OYA OAR 416-340-0070 that applies to medication management requirements.

- http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-e331.pdf
- https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=168

410-170-0110 — Billing and Payment for Services and Placement-Related Activities

(1) From 410-170-0020 Definitions

“Billable care day means each calendar day the BRS client is in the direct care of the BRS provider at 11:59 p.m. or meets the requirements in OAR 410-170-0110.”

(2) The BRS Rate Table is available on the Oregon Health Authority, Department of Human Services and Oregon Youth Authority websites. If there are discrepancies among the rate tables. The official rate table is located on the Oregon Health Authority website.

All contracted providers will be notified by the contracting agency when changes to the rate table are made.
Medicaid rules require reimbursement for the same service to be at the same rate.

http://www.oregon.gov/oha/HSD/OHP/Pages/Policy-BRS.aspx

(3) (a) It is intended that direct care means the BRS client is sleeping at the location of the program and the program remains responsible for the youth if they are engaged in other off-site approved activities (i.e. work).

(3) (b) Refer to 413-095-0060 and 416-335-0080 for more information about payment in these circumstances.

Under Medicaid rules services must be delivered to be eligible for reimbursement for a billable care day. Therefore, these circumstances compromise the BRS’s client’s ability to receive services.

OHA contractors do not receive an absent rate. More information is provided in the OHA contract with county BRS providers and section (6) (b) of this section of the rule, referring to Medicaid Claims.

Emergency room or urgent care visits do not qualify as inpatient in a hospital. During Emergency Room and Urgent care visits the BRS provider or BRS contractor is responsible for supervising the BRS clients and the BRS clients can receive skills training and other BRS services. Therefore, these visits are included in the billable care day.

Inpatient psychiatric residential is not a billable care day.

(4) (a) Home and Transitional Visits: The DHS and OYA agency specific rules include more information about how BRS providers can request an exception. Refer to 413-095-0060 and 416-335-0090.

(4) (b) (A) It is essential that home visits be specifically identified, if appropriate in the BRS client’s service plan. In addition to connecting the home visit through the service plan, home and transitional visits, to be considered for a billable care day, the services must be documented in the BRS client’s record.

(4) (b) (B) The BRS provider is responsible for receiving regular reports from the family during the home visit. The home or transitional visit form can be used to document the reports. Reports include phone calls, phone messages back and forth, in person meetings (for example during pick up and drop off if a conversation occurs, not just picking up the BRS client without talking to the family), service plan meetings where home or transitional visit activities are discussed, conversations arranging the home or transitional visit, etc. Documentation of contact during the visit, and the substance of the contact is essential to be included in the BRS client’s record.

The BRS provider is responsible for continued and consistent outreach before and during the visit with the goal of receiving information about the BRS client’s progress during the visit.

(4) (b) (C) The BRS provider is required to document that on-call services are available to the family while the BRS client is on a home or transitional visit. One approach is to
include the on-call number on the visit form and identify on the form that families or the transitional visit location staff can call for support, questions, etc. during the visit. The standard of practice for on-call response time is 15 minutes or less.

(4) (b) (D) All documentation for the visit is required to be maintained in the BRS client’s record. If adequate documentation is not provided on the visit form, the BRS provider can document conversations about the BRS client’s progress while on the visit.

(5) (a) Invoice form: Agency websites include details about what is acceptable to each agency contracting for BRS invoice forms. Correction processes are included in agency contracts with the BRS Contractor. OHA website includes detailed billing and invoice information.

(5) (b) The agency contract with the BRS contractor provides the necessary information about how BRS client’s location for each day is claimed. The information may be a part of the invoicing and corrections process.

(5) (c) Prior authorization rules are 410-170-0040 for OHA. 413-095-0040 for DHS specific requirements and 416-335-0040 for OYA specific requirements.

(6) (a) Payment for a Billable Care Day:
BRS contractors will be notified electronically or by mail that the rate table has been updated including the effective date. Links to the rate table are provided earlier in this section of the rule.

(6) (b) This section applies only to OHA contractors. OHA contracts with county governments and provides the federal share of the Medicaid claim. Counties provide the State’s share with local county tax revenue of the Medicaid claim as well as the payment for the placement related activities which are not matched (Appendix B).

(6) (c) The rules in this section apply to all Oregon Medicaid providers including hospitals, doctors, mental health organizations, etc. Behavior Rehabilitation Services is a Medicaid program and all contractors are required to comply with the OHA Medicaid rules. Below is the link to OAR 410-120-0000 to 1980.

(7) (a) Third Party Resources:
This is a standard Medicaid requirement. Medicaid is the “last” payer. Third party insurers are billed before Medicaid if insurance is available. The cited rule covers the requirement. Link to 410-120-1280 follows:

(7) (b) DHS and OYA are responsible for Third Party Billing and collection for contracts with DHS and OYA.
Public child-caring agencies, who are responsible by rule or contract:

This section applies to county governments contracting with the Oregon Health Authority. Counties are Public agencies.

In cases where the BRS contractor is not always the BRS provider:

The definitions section of this rule describes the difference between the BRS contractor and the BRS provider. The Oregon Health Authority is not responsible for paying the BRS provider if the BRS contractor, once compensated by OHA, does not compensate the BRS provider.

The BRS provider is responsible for following contract language with the BRS contractor to determine their options in recovering compensation.

The Authority (OHA) shall not be financially responsible for payment of any claim:

Behavior Rehabilitation Services is a Medicaid program. If Oregon makes a Federal claim for reimbursement for BRS that is disallowed by the Federal Medicaid authority (CMS), the Oregon Health Authority is not financially responsible. Rules and contract language for DHS and OYA will apply if there is a disallowance. A disallowance would occur if Oregon claimed reimbursement for a BRS client who was not eligible for Medicaid or made a claim for a service that was not Medicaid eligible. Service and eligibility must be documented to make a Medicaid claim.

Following are links to OAR’s referenced in this section of the rule.

- [https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=83176](https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=83176)
- [https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=230061](https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=230061)

Note: The BRS rule is in process of being updated. OHA 943-120-0360 will be removed, it no longer exists.

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**410-170-0120 — Compliance Reviews and Sanctions**

Agency contracts with BRS contractors provide more information addressing breach of contract, remedies, and process for contractor claims against the state. Reviewing both contract provisions and BRS rule will provide the complete information.

The Department of Human Services and Oregon Youth Authority monitor, review, and evaluate Behavior Rehabilitation Services being offered by BRS Contractors for compliance with Oregon Administrative Rule and Agency contracts. Oregon Health Authority BRS contractors are reviewed by the Oregon Youth Authority through interagency agreement.

BRS Contractors and BRS providers may request a copy of the BRS compliance review tool from their agency contract administrator. A common Review Tool had
been agreed upon and is being used by DHS and OYA, who conduct all the BRS provider reviews.

Whenever possible OYA and DHS coordinate the timing of BRS compliance reviews with DHS licensing compliance reviews. All BRS providers are required to comply with Oregon licensing rules and BRS rules.

Contracts include additional compliance requirements.

Additional compliance requirements for Department of Human Service’s contractors include but are not limited to the Department’s provider rules 407-120-0170, 407-120-0180, 407-120-0310, and 407-120-1505.

https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1638

Additional compliance requirements for Oregon Youth Authority include but are not limited to the OYA provider rules OAR 416-250-0000 through 416-250-0090 and OAR chapter 416 (specifically 416-530-0090).

https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1957

https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=104946

Generally, Compliance Reviews are conducted every two years. Compliance review can occur more frequently as determined by agency or as requested. Follow up schedule is based on corrective action plans and can occur more frequently.

(3) (a) Technical assistance is an ongoing service provided regularly to BRS contractor or BRS providers. BRS contractor or BRS provider are encouraged to request technical assistance at any time.

(3) (b) The agency may request the BRS provider and BRS contractor develop a corrective action plan any time the BRS provider or BRS contractor is not meeting BRS requirements. A Corrective Action Plan details the BRS contractor’s actions to achieve compliance in all areas. The plan also includes a system solution to help the provider remain in compliance. More information about corrective action plans is available in the BRS Review tool. BRS contractors or providers may request a copy of the review tool from their Agency contract administrator.

(3) (c) Any and all remedies can include actions up to and including removing all youth, deferring referrals and termination of the contract. Contract termination process and remedies are a part of the contract.

(4) All State of Oregon contractors are required to comply with federal and state laws. Language regarding compliance and remedies is included in each contract.

(5) This section of the OAR is included to insure BRS contractors and BRS providers are aware of specific Medicaid sanctions that could be applied if non-compliance with state and federal laws were found to be substantiated. Office of Payment Accuracy and Recovery of the Oregon Health Authority is responsible for non-compliance with Medicaid law.
(5) (a)  

https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=247700

The above is a link to OAR 410-120-1400 for the Oregon Health Authority.

(6)  Overpayment: This section is required in the BRS rules as standard language for all Medicaid programs. Contracts with OHA, DHS or OYA include language addressing provider underpayments and the process for remedies.
<table>
<thead>
<tr>
<th>Rule Number</th>
<th>Title</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>413-095-0000</td>
<td>Definitions</td>
<td>(1) Rules for absent day reimbursement apply only to BRS programs contracting with DHS or OYA.</td>
</tr>
<tr>
<td>413-095-0010</td>
<td>Effective Date and Administration of the BRS Program</td>
<td>(1) Department of Human Services provides services to Oregon’s federally recognized tribes. The language referring the tribes is different than the language for providers in 410-170-0000- to 0120.</td>
</tr>
<tr>
<td>413-095-0020</td>
<td>Purpose</td>
<td>BRS Purpose statement is included in OHA 410 Division 170 Rule as well as in the DHS 413 Division 95 and OYA 416 Division 335 OAR’s. The purpose statements are the same except there is the additional requirement to follow the agency specific rules.</td>
</tr>
<tr>
<td>413-095-0030</td>
<td>BRS Provider Requirements</td>
<td>(1) (c) <a href="https://www.oregonlegislature.gov/bills_laws/ors/ors418.html">https://www.oregonlegislature.gov/bills_laws/ors/ors418.html</a></td>
</tr>
<tr>
<td>413-095-0040</td>
<td>Prior Authorization for the BRS Program; Appeal Rights</td>
<td>(1) (b) (B) The Medicaid program was authorized by Congress under Title XIX (nineteen) of the Social Security Act. Following is a link to 413-100-0400 <a href="https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=99503">https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=99503</a></td>
</tr>
<tr>
<td>413-095-0050</td>
<td>BRS Placement-Related Activities for a Department BRS Contractor and BRS Provider</td>
<td>(3) Educational and vocational activities can be more than attending school. Enrollment in an educational program meets the standard for this rule. Vocational activities can be broader than enrollment in a vocational training class or program. Vocational activities can include working in the dining room, janitorial duties (exclusive of chores), landscaping, office skills, etc. The activities need to assist the BRS client in developing the foundation upon which vocational classes or program can be a successful experience for the BRS client. <a href="http://www.oregon.gov/DHS/children/Pages/sb1515.aspx">http://www.oregon.gov/DHS/children/Pages/sb1515.aspx</a></td>
</tr>
</tbody>
</table>
Department of Human Services Provider Guide Quick Links

(4) The BRS contractor and BRS provider must comply with —
   - Child Welfare Policy I-A.4.1, "Right of Children and Young Adults"

(5) The following is a link to 413-010-0170:
   - https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=239928

**413-095-0060 — Billing and Payment for Services and Placement-Related Activities**

(1) (b) Overnight transitional visits are billable to Medicaid for OYA and DHS BRS contractors and/or BRS providers. Transitional visits are not part of the billable care day for OHA contractors such as county programs.

(1) (b) (B) The BRS Provider must document in the BRS client record how the transitional visit is in support of the current service plan goals. Include in the documentation specifics of how the transitional visit will help the BRS client achieve the service plan goals.

(1) (c) A child may be transitioning to a foster home or another BRS program.

(2) (a) Appendix L includes the DHS Absent Day payment request form.

   The dedicated email address for invoice questions is:
   - central.contractinvoices@dhsoha.state.or.us

(2) (c) Both the caseworker and the contract administrator must approve the request.

(3) BRS providers may operate more than one BRS type of care or more than one program name. The reimbursement rates for different programs vary based on the requirements. The BRS rule lists the requirements for each program and Appendix C provides a quick reference.

   Providers will be reimbursed for care based on the program name in the contract. If the provider offered or even delivered a different level of care, the reimbursement will be based on the program listed in the contract.

(4) The dedicated email address for DHS payment questions is:
   - central.contractinvoices@dhsoha.state.or.us
## 416-335-0010 — Purpose

BRS purpose statement is included in OHA 410 Division 170 Rule as well as in the DHS 413 Division 95 and OYA 416 Division 335 OAR’s. The purpose statements are identical in all three agencies.

## 416-335-0020 — Definitions

1. contractors are required to contact both the JPPO and the contract administrator to request written permission. The contract administrator will communicate the request to the OYA Community Resources Manager.

## 416-335-0030 — Additional Requirements for OYA BRS Contractors and BRS Providers

1. Following is the link to 416 Division 530 rules: [https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1987](https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1987)

2. Following is the link to 416 Division 550 rules: [https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1989](https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1989)

3. Following is the link to 416 Division 800 rules: [https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1996](https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1996)

4. Following is the link to 416 Division 340 rules: [https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1965](https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1965)

5. OYA Approved Proctor Foster Parents ratios for children and adults can be found in these rules.  
   - [410-170-0030 (8) (b) (A) (ii)](https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1965)

6. Appendix N includes OYA Room Sharing and Approval Process for OYA BRS Providers.  
   - Refer to OHA OAR’s 410-170-0030 (8) for other requirements.

## 416-335-0040 — Prior Authorization for the BRS Program; Appeal Rights

1. 416-335-0020 (7) includes a definition for young person. This only applies to OYA contracted providers.

2. The Oregon Health Authority conducts all case hearings for the BRS program. 
   - Following are the links to 410-120-1860 and 1865:
Placement Related Activities for OYA’s BRS Contractors and BRS Providers

1. Home visit transportation: It is the shared responsibility of OYA and BRS contractor or BRS provider, to ensure the cost of transportation is paid for when that transportation is for a home visit, visit to a foster home or relatives. The BRS contractor, BRS provider, and the caseworker must jointly plan the transportation method as far in advance as possible.

1(a) Upon intake BRS provider or BRS contractor are responsible for inventorying youth clothing and documenting on YA 3070 (Appendix M) and submit document to JPPO prior to the JPPO authorizing the funds. Clothing authorizations are limited both in scope and frequency. The rule, form and policy provide details.

1(e)(B) Following is a link to OYA policy for recreational activities in substitute care.


Following is a link to Provider Resources, including policies Providers are required to follow.

https://www.oregon.gov/oya/Pages/providerresources.aspx

2(c) Following is the link to OYA’s Medication management OAR 416 Division 340.

https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1965

OYA may be able to provide services to some OYA eligible BRS clients through agency programs outside of Medicaid. Approval from the caseworker is required to access other programs.

Billing and Payment for Services and Placement Related Activities

1(b)(A) Prior Approval is required from the JPPO and the OYA contract administrator.

1(b)(B) The BRS Provider must document in the BRS client record how the home or transition visit is in support of the current service plan goals. Include in the documentation specifics of how the visit will help the BRS client achieve the specific service goals.

1(c) A BRS client may be transitioning to a foster home or another BRS program. The BRS sending program will receive the absent rate as published. The hosting program will be paid their established rate.

3 The contracted BRS type of care (410-170-0090) will be used to determine the level of reimbursement. BRS contractors cannot claim nor will be reimbursed for a level of care or associated absent rate that is not included in the contract.
(4) Appendix O includes an excerpt from OYA’s JPAS manual.

(4) (a) Juvenile Justice Information System (JJIS) is the system OYA uses to authorize payment for BRS services and Placement Related Activities. The OYA JPPO verifies the services in the JJIS system five days after the end of the month for BRS services received by the BRS client. An invoice is mailed to the BRS contracted provider. The BRS contracted provider verifies and signs the invoice returning it to the OYA. Payment is processed based on the signed invoice. For discrepancies and more detail about OYA’s payment process, contact the assigned Community Resources specialist.
SECTION IV

APPENDICES
## APPENDIX A — BRS Rates Table

(Effective July 1, 2019)

<table>
<thead>
<tr>
<th>BRS Type of Care</th>
<th>Placement Model</th>
<th>Service Rate per Billable Care Day</th>
<th>Placement Related Activities Rate per Billable Care Day</th>
<th>Total Daily Rate per Billable Care Day</th>
<th>Absent Day Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Shelter</td>
<td>Residential Care</td>
<td>$136.62</td>
<td>$61.03</td>
<td>$197.65</td>
<td>$98.83</td>
</tr>
<tr>
<td>▪ Community Step-Down</td>
<td>Proctor Care</td>
<td>$136.62</td>
<td>$61.03</td>
<td>$197.65</td>
<td>$98.83</td>
</tr>
<tr>
<td>▪ Independent Living Program</td>
<td>Proctor Care</td>
<td>$130.36</td>
<td>$68.34</td>
<td>$198.70</td>
<td>$99.35</td>
</tr>
<tr>
<td>▪ Proctor Care</td>
<td>Proctor Care</td>
<td>$143.39</td>
<td>$69.64</td>
<td>$213.03</td>
<td>$106.52</td>
</tr>
<tr>
<td>▪ Assessment &amp; Evaluation Proctor</td>
<td>Proctor Enhanced</td>
<td>$165.76</td>
<td>$70.89</td>
<td>$236.65</td>
<td>$118.33</td>
</tr>
<tr>
<td>▪ Enhanced Structure Independent</td>
<td>Residential Care</td>
<td>$166.43</td>
<td>$71.10</td>
<td>$237.53</td>
<td>$118.77</td>
</tr>
<tr>
<td>▪ Basic Residential</td>
<td>Residential Care</td>
<td>$199.67</td>
<td>$71.15</td>
<td>$270.82</td>
<td>$135.41</td>
</tr>
<tr>
<td>▪ Rehabilitation Services</td>
<td>Residential Care</td>
<td>$288.21</td>
<td>$96.76</td>
<td>$384.97</td>
<td>$192.49</td>
</tr>
<tr>
<td>▪ Assessment &amp; Evaluation Residential</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BRS Rules Guide (June 2019)  
Section IV - Appendix A - Page 157
APPENDIX B — Oregon Health Authority MMIS Local Match Leveraging Form

The DMAP 3049 form is available from OHA’s website:  
https://apps.state.or.us/Forms/Served/oe3049.doc

MMIS Local Match Leveraging Form

For Behavior Rehabilitation Services, Targeted Case Management and School-Based Health Services claims

Reimbursement authority

42 CFR 433 Subpart B authorizes a unit of government to participate in Federal Financial Participation (FFP) when the unit of government provides the non-federal share (“local match”) of public funds for Medicaid reimbursement for covered services.

By completing and submitting this form, the unit of government agrees that the government provider(s) listed below will retain the full amount of the total computable payment received from the Oregon Health Authority (OHA) for leveraged Medicaid-covered services.

Instructions

- Complete this form for each prepayment submitted for local match. To find out the amount you need to prepay, please see the Leverage Claims Payable – Not Paid section of the payment issuance advice for each provider you list below.
- Enter the authorized unit of government’s information and the specific match amount for each unit of government provider listed. Make sure the prepayment clearly identify the match amount(s) to associate with each provider number listed below.
- Prepayments received and reported on this form to DHS/OHA by 5:00 p.m. Wednesday will be available for claims that process the following weekend.

If you have questions about submitting local match prepayments, call DHS/OHA Financial Services at 503-947-5017 or 503-947-5007 (Salem).

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Oregon Medicaid Provider Number</th>
<th>Government Provider Name</th>
<th>Match Amount</th>
</tr>
</thead>
</table>

Unit of Government Name:  
Telephone:  

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Oregon Medicaid Provider Number</th>
<th>Government Provider Name</th>
<th>Match Amount</th>
</tr>
</thead>
</table>

Total prepayment submitted: $0.00
Prepayment type: Select
Check/Electronic Funds Transfer (EFT) #: if known:
Submission date (MM/DD/YY):

EFT payments:  
- E-mail the completed form to medicaid.leveraging@state.or.us (enter “MMIS” in the subject line of the e-mail) or
- Fax to 503-378-2806 (Salem).

Check payments:  
- Mail the check with the completed form to: DHS/OHA Receipting Unit P.O. Box 14006 Salem, OR 97309-5830
### APPENDIX C — Types of Care Requirements by Program Name

Comparing the following types of care: Shelter, Community Step-Down, and Independent Living Program

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Shelter 0090 (1)</th>
<th>Community Step Down 0090 (1)</th>
<th>Independent Living Program 0090 (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Models used</strong></td>
<td>Residential care model or proctor care model (1)(a)</td>
<td>Residential care model or proctor care model (1)(a)</td>
<td>Residential care model or proctor care model (1)(a)</td>
</tr>
<tr>
<td><strong>Summary</strong></td>
<td>The BRS client is placed in this BRS type of care as a short-term intervention to develop necessary skills. (1)(c)</td>
<td>The BRS client is placed in this BRS type of care when the BRS client only requires six BRS hours of service but the same level of BRS structure and support. (1)(d)</td>
<td>The BRS client placed in this BRS type of care requires a structured, supervised setting prior to transitioning to a supported community placement or living independently. (1)(e)</td>
</tr>
<tr>
<td><strong>BRS Hours Requirement</strong></td>
<td>6 hours (1)(b)</td>
<td>6 hours (1)(b)</td>
<td>6 hours (1)(b)</td>
</tr>
<tr>
<td><strong>BRS Individual Hours Requirement</strong></td>
<td>One hour of individual counseling or individual skills-training provided by social service staff (1)(b)(A)</td>
<td>One hour of individual counseling or individual skills-training provided by social service staff (1)(a)(A)</td>
<td>One hour of individual counseling or individual skills-training provided by social service staff (1)(a)(A)</td>
</tr>
<tr>
<td><strong>Additional Hours Requirement</strong></td>
<td>Five hours of any combination of individual or group counseling, crisis counseling, skills training or parent training (1)(b)(B)</td>
<td>Five hours of any combination of individual or group counseling, crisis counseling, skills training or parent training (1)(b)(B)</td>
<td>Five hours of any combination of individual or group counseling, crisis counseling, skills training or parent training (1)(b)(B)</td>
</tr>
<tr>
<td><strong>Intended Length of placement</strong></td>
<td>30-90 days</td>
<td>Varies based on youth needs</td>
<td>Varies based on youth needs</td>
</tr>
<tr>
<td><strong>Service Documents Required</strong></td>
<td>Initial Service Plan (due within 2 business days of intake) 0070 (1) (A) Assessment and Evaluation Report (due within 45 days of intake) 0070 (2)(a)(B)</td>
<td>Initial Service Plan (due within 2 business days of intake) 0070 (1)(A) Assessment and Evaluation Report (due within 45 days of intake) 0070 (2)(a)(B) Abbreviated AER maybe required under certain circumstances 0070 (2)(d)</td>
<td>Initial Service Plan (due within 2 business days of intake) 0070 (1)(A) Master Service Plan – Transition (due within 30 days of intake) 0070 (8)(a)(B) Master Service Plan – Transition Updates (updates due every 30 days) 0070 (9)(a)(A)</td>
</tr>
<tr>
<td>Type of Care</td>
<td>Shelter 0090 (1)</td>
<td>Community Step Down 0090 (1)</td>
<td>Independent Living Program 0090 (1)</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Abbreviated AER maybe required under certain circumstances 0070 (2)(d)</td>
<td>Master Service Plan (due within 45 days of intake) 0070 (3)(a)(A)</td>
<td>Discharge Summary – Due within 15 days of discharge 0070(6)</td>
</tr>
<tr>
<td></td>
<td>Master Service Plan (due within 45 days of intake) 0070 (3)(a)(A)</td>
<td>Master Service Plan 90-day updates (due every 90 days during placement) 0070 (4)(a)(A)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Master Service Plan 90-day updates (due every 90 days during placement) 0070 (4)(a)(A)</td>
<td>Aftercare and Transition Plan (due 30 days prior or as close as possible to discharge) 0070 (5)(a)(A)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discharge Summary (due within 15 days of discharge) 0070(6)</td>
<td>Discharge Summary – Due within 15 days of discharge 0070(6)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Aftercare Summary – Due 120 days following discharge for youth who received 90-day aftercare 0070 (a)(A)(B)</td>
<td>Summary not required in certain circumstances 0070 (7)(b)</td>
</tr>
<tr>
<td></td>
<td>Respite Care 0030 (8)(b)(A)(iii)</td>
<td></td>
<td>Respite Care 0030 (8)(b)(A)(iii)</td>
</tr>
<tr>
<td>Residential Minimum Staffing Ratio</td>
<td>Residential care model – Awake hours 1:7; Asleep hours 1:10 0030 (8)(c)(A)(i)</td>
<td>Residential care model – Awake hours 1:6; Asleep hours 1:10 0030(8)(c)(B)(i)</td>
<td>Residential care model – Awake hours 1:7; Asleep hours 1:10 0030 (8)(c)(A)(i)</td>
</tr>
<tr>
<td>Residential Required Weekly Average Staffing Ratio</td>
<td>Residential care model – Awake hours 1:5.5; Asleep hours 1:10 0030 (8)(c)(A)(ii)</td>
<td>Residential care model – Awake hours 1:4.7; Asleep hours 1:10 0030(8)(c)(B)(ii)</td>
<td>Residential care model – Awake hours 1:5.5; Asleep hours 1:10 0030 (8)(c)(A)(ii)</td>
</tr>
</tbody>
</table>
Comparing the following types of care: Proctor Care, Proctor Enhanced Services, and Assessment and Evaluation Proctor

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Proctor Care 0090(3)</th>
<th>Proctor Enhanced Services 0090(3)</th>
<th>Assessment and Evaluation Proctor 0090 (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Models used</td>
<td>Proctor care model (3)(a)</td>
<td>Proctor care model (3)(a)</td>
<td>Proctor care model (3)(a)</td>
</tr>
<tr>
<td>Summary</td>
<td>The BRS client placed in these BRS types of care requires structure, behavior management, and support services to develop the skills necessary to be successful in a less restrictive home setting with an approved proctor foster parent. (3)(c)</td>
<td>The BRS client placed in this BRS type of care requires enhanced structure during the day time hours. This level of care provides the structure of day treatment for necessary skill development with a less restrictive home setting with an approved proctor foster parent. (3)(d)</td>
<td>The BRS client is placed in assessment and evaluation type of care to identify deficiencies and develop necessary skills. (3)(e)</td>
</tr>
<tr>
<td>BRS Hours Requirement</td>
<td>11 hours (3)(b)</td>
<td>11 hours (3)(b)</td>
<td>11 hours (3)(b)</td>
</tr>
<tr>
<td>BRS Individual Hours Requirement</td>
<td>Two hours of individual counseling or individual skills-training, one of which is provided by social service staff (3)(b)(A)</td>
<td>Two hours of individual counseling or individual skills-training, one of which is provided by social service staff (3)(b)(A)</td>
<td>(3)(b)(A)</td>
</tr>
<tr>
<td>Additional Hours Requirement</td>
<td>Nine hours of any combination of individual or group counseling, crisis counseling, skills-training, or parent training. (3)(b)(B)</td>
<td>Nine hours of any combination of individual or group counseling, crisis counseling, skills-training or parent training. (3)(b)(B)</td>
<td>Nine hours of any combination of individual or group counseling, crisis counseling, skills-training, or parent training. (3)(b)(B)</td>
</tr>
<tr>
<td>Intended Length of placement</td>
<td>Varies based on youth needs</td>
<td>Varies based on youth needs</td>
<td>30-90 days</td>
</tr>
<tr>
<td>Service Documents Required</td>
<td>Initial Service Plan (due within 2 business days of intake) 0070 (1)(A) Assessment and Evaluation Report (due within 45 days of intake) 0070 (2)(a)(B) Abbreviated AER maybe required under certain circumstances 0070 (2)(d) Master Service Plan (due within 45 days of intake) 0070 (3)(a)(A)</td>
<td>Initial Service Plan (due within 2 business days of intake) 0070 (1)(A) Assessment and Evaluation Report (due within 45 days of intake) 0070 (2)(a)(B) Abbreviated AER maybe required under certain circumstances 0070 (2)(d) Master Service Plan (due within 45 days of intake) 0070 (3)(a)(A)</td>
<td>Initial Service Plan (due within 2 business day of intake) 0070 (1)(A) Assessment and Evaluation Report (due within 45 days of intake) 0070 (2)(a)(B) Abbreviated AER maybe required under certain circumstances 0070 (2)(d) Master Service Plan (due within 45 days of intake) 0070 (3)(a)(A)</td>
</tr>
<tr>
<td>Type of Care</td>
<td>Proctor Care 0090(3)</td>
<td>Proctor Enhanced Services 0090(3)</td>
<td>Assessment and Evaluation Proctor 0090 (3)</td>
</tr>
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<td>-----------------------------------</td>
<td>---------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Master Service Plan 90-day updates (due every 90 days during placement) 0070 (4)(a)(A)</td>
<td>Master Service Plan 90-day updates (due every 90 days during placement) 0070 (4)(a)(A)</td>
<td>Master Service Plan 90-day updates (due every 90 days during placement) 0070 (4)(a)(A)</td>
</tr>
<tr>
<td></td>
<td>Aftercare Transition Plan (due 30 days prior or as close as possible to discharge) 0070 (5)(a)(A)</td>
<td>Aftercare Transition Plan (due 30 days prior or as close as possible to discharge) 0070 (5)(a)(A)</td>
<td>Discharge Summary (due within 15 days of discharge) 0070(6)</td>
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<td></td>
<td>Discharge Summary – Due within 15 days of discharge 0070(6)</td>
<td>Discharge Summary – Due within 15 days of discharge 0070(6)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aftercare Summary – Due 120 days following discharge for youth who received 90-day aftercare 0070 (a)(A)(B)</td>
<td>Aftercare Summary – Due 120 days following discharge for youth who received 90-day aftercare 0070 (a)(A)(B)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Summary not required in certain circumstances 0070 (7)(b)</td>
<td>Summary not required in certain circumstances 0070 (7)(b)</td>
<td></td>
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<tr>
<td>Proctor Home ratio</td>
<td>Proctor Care (DHS) – maximum 2 BRS clients 0030 (b)(A)(ii)</td>
<td>Proctor Care (DHS) – maximum 2 BRS clients 0030 (b)(A)(ii)</td>
<td>Proctor Care (DHS) – maximum 2 BRS clients 0030 (b)(A)(ii)</td>
</tr>
<tr>
<td></td>
<td>BRS Proctor (OYA) – Based on home certification 0030 (8)(b)(B)</td>
<td>BRS Proctor (OYA) – Based on home certification0030 (8)(b)(B)</td>
<td>BRS Proctor (OYA) – Based on home certification0030 (8)(b)(B)</td>
</tr>
<tr>
<td>Residential Minimum Staffing Ratio</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Residential Required Weekly Average Staffing Ratio</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Comparing the following types of care: Enhanced Structure Independent Living, Basic Residential Rehabilitation Services, and Assessment and Evaluation Residential

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Enhanced Structure Independent Living 0090 (2)</th>
<th>Basic Residential, Rehabilitation Services 0090 (4)</th>
<th>Assessment and Evaluation Residential 0090 (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Models used</td>
<td>Residential care model (2)(a)</td>
<td>Residential care model (4)(a)</td>
<td>Residential care model (4)(a)</td>
</tr>
<tr>
<td>Summary</td>
<td>The BRS client placed in this BRS type of care requires a structured, supervised setting with increased staff supervision and support, prior to transitioning to a supported community placement or living independently. (2)(c)</td>
<td>The BRS client placed in these BRS types of care requires 24-hour supervision of the BRS client ensuring that at least one direct care staff is on duty and awake whenever a BRS client is present in its program. (4)(a) And the BRS client requires structure, behavior management, and support services of a residential care model for necessary skill development. (4)(c) and (d)</td>
<td>The BRS client is placed in this BRS type of care requires 24-hour supervision of the BRS client ensuring that at least one direct care staff is on duty and awake whenever a BRS client is present in its program. (4)(a) And the BRS client requires the type of care to identify deficiencies and develop necessary skills. (4)(e)</td>
</tr>
<tr>
<td>BRS Hours Requirement</td>
<td>6 hours (2)(b)</td>
<td>11 hours (4)(b)</td>
<td>11 hours (4)(b)</td>
</tr>
<tr>
<td>BRS Individual Hours Requirement</td>
<td>One hour of individual counseling or individual skills-training provided by social service staff (2)(b)(A)</td>
<td>Two hours of individual counseling or individual skills-training, one of which is provided by social service staff (4)(b)(A)</td>
<td>Two hours of individual counseling or individual skills-training, one of which is provided by social service staff (4)(b)(A)</td>
</tr>
<tr>
<td>Additional Hours Requirement</td>
<td>Five hours of any combination of individual or group counseling, crisis counseling, skills training or parent training (2)(b)(B)</td>
<td>Nine hours of any combination of individual or group counseling, crisis counseling, skills-training or parent training. (4)(b)(B)</td>
<td>Nine hours of any combination of individual or group counseling, crisis counseling, skills-training or parent training. (4)(b)(B)</td>
</tr>
<tr>
<td>Intended Length of placement</td>
<td>Varies based on youth needs</td>
<td>Varies based on youth needs</td>
<td>30-90 days</td>
</tr>
<tr>
<td>Service Documents Required</td>
<td>Initial Service Plan (due within 2 business days of intake) 0070 (1)(A)</td>
<td>Initial Service Plan (due within 2 business days of intake) 0070 (1)(A)</td>
<td>Initial Service Plan (due within 2 business days of intake) 0070 (1)(A)</td>
</tr>
<tr>
<td>Type of Care</td>
<td>Enhanced Structure</td>
<td>Basic Residential, Rehabilitation Services</td>
<td>Assessment and Evaluation Residential</td>
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<td></td>
<td>Independent Living</td>
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<td></td>
<td>0090 (2)</td>
<td>Assessment and Evaluation Report (due within</td>
<td>Assessment and Evaluation Report (due</td>
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<td>within 45 days of intake) 0070 (2)(a)(B)</td>
<td>within 45 days of intake) 0070 (2)(a)(B)</td>
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<td>Abbreviated AER maybe required under certain</td>
<td>Abbreviated AER maybe required under</td>
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<td>circumstances 0070 (2)(d)</td>
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<td>Master Service Plan (due within 45 days</td>
<td>Master Service Plan (due within 45</td>
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<td>of intake) 0070 (3)(a)(A)</td>
<td>days of intake) 0070 (3)(a)(A)</td>
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<td>Master Service Plan 90-day updates (due</td>
<td>Master Service Plan 90-day updates</td>
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<td>every 90 days during placement) 0070 (4)(a)(A)</td>
<td>(due every 90 days during placement)</td>
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<td></td>
<td>Aftercare and Transition Plan (due 30 days</td>
<td>0070 (4)(a)(A)</td>
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<td></td>
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<td>prior or as close as possible to discharge) 0070 (5)(a)(A)</td>
<td>Aftercare Summary – Due 120 days</td>
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<td></td>
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<td>Discharge Summary – Due within 15 days of</td>
<td>following discharge for youth who</td>
</tr>
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<td></td>
<td></td>
<td>discharge) 0070(6)</td>
<td>received 90-day aftercare</td>
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<td>0070 (a)(A)(B)</td>
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<td>Summary not required in certain</td>
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<td></td>
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<td></td>
<td>circumstances 0070 (7)(b)</td>
</tr>
<tr>
<td>Proctor Home ratio</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Residential Minimum Staffing</td>
<td>Residential care</td>
<td>Residential care model –</td>
<td>Residential care model –</td>
</tr>
<tr>
<td>Ratio</td>
<td>Model –</td>
<td>Awake hours 1:6;</td>
<td>Awake hours 1:6;</td>
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<td></td>
<td>Residential care</td>
<td>Asleep hours 1:10</td>
<td>Asleep hours 1:10</td>
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<td></td>
<td>model –</td>
<td>0030(8)(c)(B)(i)</td>
<td>0030(8)(c)(B)(i)</td>
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<tr>
<td>Residential Required Weekly</td>
<td>Residential care</td>
<td>Residential care model –</td>
<td>Residential care model –</td>
</tr>
<tr>
<td>Average Staffing Ratio</td>
<td>model –</td>
<td>Awake hours 1:4.7; Asleep hours 1:10</td>
<td>Awake hours 1:4.7; Asleep hours 1:10</td>
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<td></td>
<td>model –</td>
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</table>
Comparing the following types of care: Intensive Residential/Intensive Rehabilitation Services, Short-term Stabilization, and Intensive Behavioral Support

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Intensive Residential, Intensive Rehabilitation Services 0090 (4)</th>
<th>Short Term Stabilization 0090 (4)</th>
<th>Intensive Behavioral Support 0090(5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Models used</td>
<td>Residential care model (4)(a)</td>
<td>Residential care model (4)(a)</td>
<td>Residential care model (5)(a)</td>
</tr>
</tbody>
</table>
| Summary     | The BRS client placed in these BRS types of care requires    | The BRS client placed in this BRS type of care requires | The BRS client placed in these BRS types of care requires 24-hour supervision of the BRS client ensuring that at least one direct care staff is on duty and awake whenever a BRS client is present in its program. (4)(a)
<p>|             | requires 24-hour supervision of the BRS client ensuring that at least one direct care staff is on duty and awake whenever a BRS client is present in its program. (4)(a) | requires 24-hour supervision of the BRS client ensuring that at least one direct care staff is on duty and awake whenever a BRS client is present in its program. (4)(a) | BRS clients placed in this type of care have difficulty re-regulating their emotions due to the presence of complex developmental trauma or other mental health concerns. And the BRS client placed in this BRS type of care require skills-training and intensive behavioral support. (5)(c) |
|             | And the BRS client requires more intensive structure, behavior management and support services than a BRS client in the basic residential or rehabilitation BRS types of care. (4)(f) | And short-term intervention is provided to BRS clients in need of behavioral stabilization. (4)(h) | |
| BRS Hours Requirement | 11 hours (4)(b) | 11 hours (4)(b) | 11 hours (5)(b) |
| BRS Individual Hours Requirement | Two hours of individual counseling or individual skills-training, one of which is provided by social service staff (4)(b)(A) | Two hours of individual counseling or individual skills-training, one of which is provided by social service staff (4)(b)(A) | Three hours of individual counseling or individual skills-training, two of which are provided by social services staff. (5)(b)(A) |
| Additional Hours Requirement | Nine hours of any combination of individual or group counseling, crisis counseling, skills-training or parent training. (4)(b)(B) | Nine hours of any combination of individual or group counseling, crisis counseling, skills-training or parent training. (4)(b)(B) | Eight hours of any combination of individual or group counseling, crisis counseling, skills-training or parent training. (5)(b)(B) |
| Intended Length of placement | Varies based on youth needs | 7-90 days | Varies based on youth needs |</p>
<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Intensive Residential, Intensive Rehabilitation Services 0090 (4)</th>
<th>Short Term Stabilization 0090 (4)</th>
<th>Intensive Behavioral Support 0090(5)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service Documents Required</strong></td>
<td>Initial Service Plan (due within 2 business days of intake) 0070 (1)(A) Assessment and Evaluation Report (due within 45 days of intake) 0070 (2)(a)(B) Abbreviated AER maybe required under certain circumstances 0070 (2)(d) Master Service Plan (due within 45 days of intake) 0070 (3)(a)(A) Master Service Plan 90-day updates (due every 90 days during placement) 0070 (4)(a)(A) Aftercare and Transition Plan (due 30 days prior or as close as possible to discharge) 0070 (5)(a)(A) Discharge Summary – Due within 15 days of discharge 0070(6) Aftercare Summary – Due 120 days following discharge for youth who received 90-day aftercare 0070 (a)(A)(B) Summary not required in certain circumstances 0070 (7)(b)</td>
<td>Initial Service Plan – Stabilization (due within 2 business days of intake) 0070 (10)(a) Assessment and Evaluation Report – Stabilization (due within 30 days of placement) 0070(11)(a) (b) NOTE: Short-term stabilization requirements for the A&amp;E report are included in 0070(11). The rule will be updated to eliminate Short-term stabilization from requirements in 0070 (2)(a). Master Service Plan – Stabilization (due within 30 days of intake) 0070(12)(a) (A) Master Service Plan – Stabilization Updates (updates due every 30 days) 0070(13)(a)(A) Aftercare and Transition Plan – Stabilization (Initial completed upon admission and final ATP 5 (30 days prior to planned discharged)0070 (14)(a)(A) Discharge Summary – Due within 15 days of discharge</td>
<td>Initial Service Plan (due within 2 business days of intake) 0070 (1)(A) Assessment and Evaluation Report (due within 45 days of intake) 0070 (2)(a)(B) Abbreviated AER maybe required under certain circumstances 0070 (2)(d) Master Service Plan (due within 45 days of intake) 0070 (3)(a)(A) Master Service Plan 90-day updates (due every 90 days during placement) 0070 (4)(a)(A) Aftercare and Transition Plan (due 30 days prior or as close as possible to discharge) 0070 (5)(a)(A) Discharge Summary – Due within 15 days of discharge 0070(6) Aftercare Summary – Due 120 days following discharge for youth who received 90-day aftercare 0070 (a)(A)(B) Summary not required in certain circumstances 0070 (7)(b)</td>
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<tr>
<th>Proctor Home ratio</th>
<th>N/A</th>
<th>N/A</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Residential Minimum Staffing Ratio</td>
<td>Residential care model – Awake hours 1:5; Asleep hours 1:10 0030(8)(c)(C)(i)</td>
<td>Residential care model – Awake hours 1:5; Asleep hours 1:10 0030(8)(c)(C)(i)</td>
<td>Residential care model – Awake hours 1:3.5; Asleep hours 1:4.5 0030(8)(c)(D)(i)</td>
</tr>
<tr>
<td>Type of Care</td>
<td>Intensive Residential, Intensive Rehabilitation Services 0090 (4)</td>
<td>Short Term Stabilization 0090 (4)</td>
<td>Intensive Behavioral Support 0090(5)</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-----------------------------------------------------------------</td>
<td>----------------------------------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td>Residential Required Weekly Average Staffing Ratio</td>
<td>Residential care model – Awake hours 1:3.7; Asleep hours 1:9 0030(8)(c)(C)(ii)</td>
<td>Residential care model – Awake hours 1:3.7; Asleep hours 1:9 0030(8)(c)(C)(ii)</td>
<td>Residential care model – Awake hours 1:2.8; Asleep hours 1:4.5 0030(8)(c)(D)(ii)</td>
</tr>
</tbody>
</table>
This functional Excel spreadsheet is available from OYA’s website at:

[https://www.oregon.gov/OYA/docs/ProviderResources/BRS-Staffing-Ratio.xlsx](https://www.oregon.gov/OYA/docs/ProviderResources/BRS-Staffing-Ratio.xlsx) (Use “Save as” to download a local copy.)
APPENDIX E — Approved Service Plan Forms and Report Templates

- Initial Service Plan (ISP)
- Assessment and Evaluation Report (AER)
- Master Service Plan (MSP)
- MSP 90-Day Updates
- Aftercare and Transition Plan (ATP)
- Discharge Summary
- Aftercare Summary
- Master Service Plan — Transition (MSP-T)
- MSP-T 30-Day Updates
- Initial Service Plan — Stabilization (ISP-S)
- Assessment and Evaluation Report — Stabilization (AER-S)
- Master Service Plan — Stabilization (MSP-S)
- MSP-S 30 Day Updates
- Aftercare and Transition Plan Stabilization (ATP-S)
Initial Service Plan (ISP)

OAR 410-170-0070(1)(a)(A)

(1) Initial Service Plan (ISP):
   (a) A BRS contractor that provides services and placement-related activities in a Shelter, Community Step-down, Independent Living program, Enhanced Structure Independent Living program, Proctor Care, Proctor Enhanced Services, Assessment and Evaluation, Basic Residential, Basic Rehabilitation, Intensive Residential, Intensive Rehabilitation, or Intensive Behavioral Support program shall and shall require that its BRS providers:
      (A) Ensure that a social service staff member completes a written ISP within two business days of the BRS client’s admission to its program

Individuals Involved in ISP

Provide an opportunity for the following individuals to participate in the development of the BRS client’s ISP. Programs must maintain signatures or proof of participation for all individuals involved.

- BRS Client
- BRS Client’s Family
- Social Service Staff
- BRS Client’s Caseworker
- Other significant persons involved (i.e. therapist, school representative, CASA worker, mentor, etc.)

Approval Process

Caseworker and as appropriate BRS client and the BRS client’s parent, guardian or legal custodian must give approval prior to implementation of service plan. Email approval is appropriate. If unable to get a response, program must keep documentation of attempts to get approval.

Delivery of Services Identified in ISP

BRS contractor or BRS provider is responsible for providing services identified in the ISP during the first 45 days in program or until the MSP is written. Services should be delivered in a manner that integrates a gender-responsive, culturally-sensitive, trauma-informed, and developmentally-appropriate approach.

Development of ISP

The BRS contractor or BRS provider must ensure that the ISP is individualized, developmentally appropriate, and based on a thorough assessment of the BRS client’s referral information, and include the following:

- Plan to address specific behaviors identified in the referral information including the intervention to be used
- Plan to address any needs identified in the referral information
- Plan for overnight home or transition visit
- Anticipated discharge date and anticipated type of placement at discharge
- Existing orders for medication and prescribed treatment for medical conditions, mental health conditions, or substance abuse
- Behavior management system used as an intervention
- Plan for behavior management needs if needs are greater than usual for the program
# Initial Service Plan

<table>
<thead>
<tr>
<th>Needs and Behaviors to Address Based on Referral</th>
<th>Interventions Provided, Including Behavior Management System</th>
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</thead>
<tbody>
<tr>
<td>1)</td>
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</table>

Plan for behavior management needs if needs are greater than usual for the program

- [ ] No
- [ ] Yes if yes, please explain.

## Home and Transition Visit Plan

<table>
<thead>
<tr>
<th>Approved Visit Resource(s) and Location(s)</th>
</tr>
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<tbody>
<tr>
<td>Tentative Visit Plan including frequency of visits</td>
</tr>
<tr>
<td>How will it be determined youth is eligible for Home or Transition Visit</td>
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### Initial Service Plan

#### Aftercare / Transition Planning

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<thead>
<tr>
<th>Anticipated Discharge Date</th>
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<tbody>
<tr>
<td>Anticipated Placement Type</td>
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#### Medication and Other Prescribed Treatments

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<th>Frequency and Dosage</th>
<th>Prescriber</th>
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#### Current Medical Conditions

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#### Existing Services including Medical, Mental Health, and Substance Treatment

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<tr>
<th>Service Type</th>
<th>Provider Name</th>
<th>Provider Address</th>
<th>Provider Phone</th>
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#### SIGNATURES

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<tr>
<th>Youth</th>
<th>Date</th>
<th>Caseworker/JPPO</th>
<th>Date</th>
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<th>Social Service Staff</th>
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<th>Parent</th>
<th>Date</th>
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<th>Other</th>
<th>Date</th>
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**Assessment and Evaluation Report (AER)**

<table>
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<tbody>
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<td>(2) Assessment and Evaluation Report (AER):</td>
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<tr>
<td>(a) A BRS contractor that provides services and placement-related activities in a Shelter, Community Step-Down, Proctor Care, Proctor Enhanced Services, Assessment and Evaluation, Basic Residential, Basic Rehabilitation, Intensive Residential, Intensive Rehabilitation, or Intensive Behavioral Support program shall and shall require that its BRS providers:</td>
</tr>
<tr>
<td>(A) Ensure that the social service staff member conducts a comprehensive assessment of the BRS client and completes a written AER; and</td>
</tr>
<tr>
<td>(B) Submit the written AER to the caseworker within 45 days of the BRS client’s admission to the program.</td>
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<tr>
<td>(b) The BRS contractor or BRS provider must ensure that the AER includes information about the BRS client regarding the following domains:</td>
</tr>
</tbody>
</table>

**Note:** Short-term stabilization is included in the 1-1-2019 adopted OAR for this section in error. It will be corrected in the next iteration. 0070 (11) applies to AER for Short-term stabilization.

**Individual Involved in AER:**

To complete a comprehensive AER the social staff may reach out to the following individuals. The following individuals are provided an opportunity to give input regarding the youth’s needs and strengths. Programs must maintain signatures or proof of participation for all individuals involved.

- BRS Client
- BRS Client’s Family
- BRS Client’s Caseworker
- Social Service Staff
- Other Program Staff
- Other significant persons involved (i.e. therapist, school representative, CASA worker, mentor, etc.)

**Assessment Domains:**

Summarize current and historical information for each domain.

- Legal custody and basis for custody (Including but not limited to: Who is the legal guardian of the BRS client, if BRS client is in state custody explain why, include current and historical court referrals.)
- Medical information including prescribed medications and dosage (Including but not limited to: historical medical concerns, developmental concerns, most recent medical exam, current medical concerns including allergies, current medications/doses and reasons for medications.)
- Family information (Including but not limited to: cultural factors, family relationships and dynamics, historical or current abuse within family, historical or current legal issues of family members, historical or current substance use of family members, current needs related to family dynamics)
- Mental health information (Including but not limited to: historical mental health needs, current mental health needs, diagnosis, suicidal/self-harm history, mental health hospitalization,
historical/current needs for counseling/therapy

- Alcohol and drug use (Including but not limited to: historical and current summary of substance use including age and frequency, history of treatment related to substance use and current treatment needs)

- Education (Including but not limited to: history of IEP and 504 plans, current IEP or 504 plan, grade level, credits, identified areas of struggle, academic strengths and interests, standard or modified diploma, interest in college)

- Vocation (Including but not limited to: applicable to youth 14 or older, history of employment and volunteer experience, vocational interests, vocational training history and future interests)

- Social Living Skills (Including but not limited to: historical and current peer interactions, identified skills deficits, skill building needs)

Home Visit and Transition Planning:

- Approved visit resource(s) and location(s)

- Home and transitional visit plan and summary of any home visits already taken place

- Goals related to home and transitional visits

- Anticipated discharge date and placement resources

- Natural Supports

BRS Client’s Current Status:

- Identified problems/needs, reason for referral/placement, and pertinent historical information not previously covered

- Summarized BRS client’s current behaviors, response to services being provided, and strengths and assets identified.

- Summary of incidents since intake and interventions or both

- Plan for behavior management needs if needs are greater than usual for the program

- Identification of service goals

- Identification of needs by assessment and history

Abbreviated AER:

- Includes update of the BRS client’s current status for all domains, including changes since last AER.

- Abbreviated AER’s may be done in place of AER when the BRS client transfers from another BRS program and the AER is less than 90 days old and submitted to the caseworker within 30 days after transfer.

- Abbreviated AER’s may be requested by the BRS client’s caseworker when the youth has been in program for more than one year or as needed for court.
# Assessment Evaluation Report

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Service Staff</th>
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<tbody>
<tr>
<td>Date of Birth</td>
<td>Intake Date</td>
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<tr>
<td>Caseworker/JPPO</td>
<td>Date of Report</td>
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</tbody>
</table>

## Legal Custody and Basis for Custody

*(Including but not limited to: Who is the legal guardian of the BRS client, if BRS client is in state custody explain why, include current and historical court referrals.)*

## Medical Information

*(Including but not limited to: historical medical concerns, developmental concerns, most recent medical exam, current medical concerns including allergies, current medications/doses and reasons for medications.)*

## Family Information

*(Including but not limited to: cultural factors, family relationships and dynamics, historical or current abuse within family, historical or current legal issues of family members, historical or current substance use of family members, current needs related to family dynamics)*

## Mental Health Information

*(Including but not limited to: historical mental health needs, current mental health needs, diagnosis, suicidal/self-harm history, mental health hospitalization, historical/current needs for counseling/therapy)*
## Assessment Evaluation Report

### Alcohol and Drug Use

*(Including but not limited to: historical and current summary of substance use including age and frequency, history of treatment related to substance use and current treatment needs)*

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### Education

*(Including but not limited to: history of IEP and 504 plans, current IEP or 504 plan, grade level, credits, identified areas of struggle, academic strengths and interests, standard or modified diploma, interest in college)*

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### Vocation

*(Including but not limited to: applicable to youth 14 or older, history of employment and volunteer experience, vocational interests, vocational training history and future interests)*

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### Social Living Skills

*(Including but not limited to: historical and current peer interactions, identified skills deficits, skill building needs)*

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### Home Visit and Transition Planning

*(Including but not limited to: approved visit resource(s) and location(s), home visit plan and summary of any home visits already taken plan, goals related to home or transition visits, anticipated discharge date and location, natural supports)*

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# Assessment Evaluation Report

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<th>Identified problems/needs, reason for referral/placement, and pertinent historical information not previously covered</th>
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<th>Summary of youth current behaviors, response to services being provided, identified strengths and assets, youth’s status of behavior management system (if applicable)</th>
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<table>
<thead>
<tr>
<th>Summary of incidents since intake</th>
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<tr>
<th>Plan for behavior management needs if needs are greater than usual for the program</th>
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<table>
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<tr>
<th>Identification of any service goals</th>
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</thead>
</table>

**SIGNATURE**

Social Service Staff  Date

Report sent to Caseworker/JPPO  Date
Master Service Plan (MSP)

OAR 410-170-0070(3)(a)(A)

(3) Master Service Plan (MSP):
   (a) A BRS contractor that provides services and placement-related activities in a Shelter, Community Step Down, Proctor Care, Proctor Enhanced Services, Assessment and Evaluation, Basic Residential, Rehabilitation, Intensive Residential, Intensive Rehabilitation, or Intensive Behavioral Support program shall and shall require that its BRS provider:
      (A) Ensure that a social service staff member completes a written individualized MSP within 45 days of the BRS client’s admission to its program

Individuals Involved in MSP

Provide an opportunity for the following individuals to participate in the development of the BRS client’s MSP. Programs are required to maintain documentation of participation.

- BRS Client
- BRS Client’s Family
- Social Service Staff
- BRS Client’s Caseworker
- Other significant persons involved (i.e. therapist, school representative, CASA worker, mentor, etc.)

Approval Process

Caseworker and as appropriate BRS client and the BRS client’s parent, guardian or legal custodian must give approval prior to implementation of service plan. Email approval is appropriate. If unable to get a response, program must keep documentation of attempts to get approval.

Delivery of Services Identified in MSP

BRS contractor or BRS provider is responsible for providing services identified in the MSP. Services should be delivered in a manner that integrates a gender-responsive, culturally-sensitive, trauma-informed, and developmentally-appropriate approach.

Domains of Master Service Plan

When need is identified in the assessment and BRS client’s history, goals must be developed for each of the following domains. Domains where no need is identified by the assessment do not need to be completed. Goals must be written in a manner that they can be measured and be attainable within the identified time frame. Goals should include input from youth, caseworker/JPPO, family, program, and other important persons involved.

Domains:

- Legal custody/basis for custody
- Medical information including medications and dosages
- Family information
- Mental health information
- Alcohol and drug use both current and historical
- Educational needs
- Vocational needs
- Social Living Skills

Structure of Domain Goals

Long Term Goal(s) – These goals will likely be for the duration of the program
Short Term Goal(s)/Objective(s) – *These are goals/objectives that should be completed by the BRS client prior to the next service plan review*

Time Frame of Short Term Goal(s)/Objective(s)

List Interventions Provider and Who Provides – Interventions

Method for monitoring progress on goals (Long and Short Term Goals)

Completion Criteria – *How will program determine that the BRS client has met the Long-Term Goal*

**Other Information Included in Master Service Plan**

- Medical information including the following
  - Current medications including dose, frequency and prescriber
  - Current medical conditions

- School information including the following (This is in addition to educational goals)
  - Current grade level
  - Current school
  - Current credits earned
  - IEP needed, if yes describe reason for IEP

- Home and Transition Visit Plan including the following
  - Approved visit resource(s) and location(s)
  - Tentative visit plan including frequency
  - Approval process for change in plan
  - Goals to be addressed on home and transition visits

- Aftercare / Transition Planning including the following
  - Anticipated discharge date and location
  - Natural Supports
  - Professional services recommended and who is responsible for scheduling

- Services from outside providers including the following
  - Type of service
  - Provider name, address, and phone number

- Incident Reports since last service plan review

- Plan for behavior management needs if needs are greater than usual for the program
Master Service Plan

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Service Staff</th>
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<th>Date of Birth</th>
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<tr>
<th>Caseworker/JPPO</th>
<th>Date of Report</th>
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**LEGAL CUSTODY AND BASIS FOR CUSTODY**

**Long-Term Goal**


**Short-Term Goals/Objectives**

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<thead>
<tr>
<th>Short-Term Goals/Objectives</th>
<th>Time Frame</th>
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**Interventions**

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<th>Interventions</th>
<th>Individual Providing Intervention</th>
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**Method for Monitoring Progress**


**Completion Criteria for Long-Term Goal**


## Master Service Plan

### FAMILY

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<th>Long-Term Goal</th>
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### Method for Monitoring Progress

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### Completion Criteria for Long-Term Goal

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# Master Service Plan

## MENTAL HEALTH

### Long-Term Goal

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### Method for Monitoring Progress

### Completion Criteria for Long-Term Goal
## Master Service Plan

### ALCOHOL AND DRUG

#### Long-Term Goal

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#### Method for Monitoring Progress

#### Completion Criteria for Long-Term Goal
# Master Service Plan

## EDUCATION

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### Method for Monitoring Progress

### Completion Criteria for Long-Term Goal

<table>
<thead>
<tr>
<th>Grade Level</th>
<th>Current School</th>
<th>Credits Earned</th>
<th>IEP or 504 Plan (if yes, describe need)</th>
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## Master Service Plan

### VOCATION

#### Long-Term Goal

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### Method for Monitoring Progress

### Completion Criteria for Long-Term Goal

### Current Employer
# Master Service Plan

## SOCIAL LIVING SKILLS

### Long-Term Goal

<table>
<thead>
<tr>
<th>Short-Term Goals/Objectives</th>
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### Method for Monitoring Progress

### Completion Criteria for Long-Term Goal

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# Master Service Plan

## OTHER NEEDS

<table>
<thead>
<tr>
<th>Long-Term Goal</th>
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## Short-Term Goals/Objectives

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## Method for Monitoring Progress

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## Completion Criteria for Long-Term Goal

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## Plan for behavior management needs if needs are greater than usual for the program

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# Master Service Plan

## MEDICAL

### Medication and Other Prescribed Treatments

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<thead>
<tr>
<th>Medication/ Prescribed Treatment</th>
<th>Frequency and Dosage</th>
<th>Prescriber</th>
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### Current Medical Conditions

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### Services Provided by Other Providers

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Provider Name</th>
<th>Provider Address</th>
<th>Provider Phone</th>
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### Home and Transition Visit Plan

- Approved Visit Resource(s) and Location(s)
- Tentative Visit Plan including frequency of visits
- Approval process for change in plans
- Goals to be addressed on Home or Transition Visits

### Aftercare / Transition Planning

- Anticipated Discharge Date and Location
- Natural Support
- Professional services recommended and individual responsible for scheduling
  1. 
  2. 
  3. 
  4.
Master Service Plan

### INCIDENT REPORTS

<table>
<thead>
<tr>
<th>Summary of incidents since last Service Plan Review</th>
</tr>
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</table>

### SIGNATURES

<table>
<thead>
<tr>
<th>Youth</th>
<th>Date</th>
<th>Caseworker/JPPO</th>
<th>Date</th>
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<tr>
<th>Social Service Staff</th>
<th>Date</th>
<th>Parent</th>
<th>Date</th>
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</table>
MSP 90 Day Updates

<table>
<thead>
<tr>
<th>OAR 410-170-0070(4)(a)(A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(4) Master Service Plan 90 Day Updates:</td>
</tr>
<tr>
<td>(a) A BRS contractor that provides services and placement-related activities in a Shelter, Community Step Down, Proctor Care, Proctor Enhanced Services, Assessment and Evaluation, Basic Residential, Rehabilitation, Intensive Residential, Intensive Rehabilitation, or Intensive Behavioral Support program shall and shall require that its BRS provider:</td>
</tr>
<tr>
<td>(A) Ensure that a social service staff member reviews and updates in writing the BRS client’s MSP no later than 90 days from the date the MSP was first finalized or the last time it was updated and every 90 days thereafter Social service staff must review the MSP and update it in writing if necessary, earlier whenever additional information becomes available that suggests that other services should be provided;</td>
</tr>
</tbody>
</table>

**Individuals Involved in MSP Updates**

Provide the opportunity for the following individuals to participate in the development of the BRS client’s MSP Updates. Programs must maintain signatures or proof of participation for all individuals involved.

- BRS Client
- BRS Client’s Family
- Social Service Staff
- BRS Client’s Caseworker
- Other significant persons involved (i.e. therapist, school representative, CASA worker, mentor, etc.)

**Approval Process**

Caseworker and as appropriate BRS client and the BRS client’s parent, guardian or legal custodian must give approval prior to implementation of service plan. Email approval is appropriate. If unable to get a response, program must keep documentation of attempts to get approval.

**Delivery of Services Identified in MSP Update**

BRS contractor or BRS provider is responsible for providing services identified in the most recent MSP update. Services should be delivered in a manner that integrates a gender-responsive, culturally-sensitive, trauma-informed, and developmentally-appropriate approach.

**Development of MSP Update**

The BRS contractor or BRS provider must ensure that the written update to the MSP is individualized and developmentally appropriate, and includes the following:

- The BRS client’s progress towards achieving service goals
- The BRS client’s performance on the behavior management system
- The BRS client’s performance on any individualized plans developed to address specific behaviors
- Any modifications to services based on the BRS client’s new behaviors or identified needs
- Any changes regarding recommendations, the discharge date, or aftercare and transition plans
- A summary of incidents involving the BRS client that have occurred since the last time the MSP was updated
Aftercare and Transition Plan (ATP)

OAR 410-170-0070(5)(a)(A)

(5) Aftercare and Transition Plan (ATP):
   (a) A BRS contractor that provides services and placement-related activities in Community Step Down, Proctor Care, Proctor Enhanced Services, Basic Residential, Rehabilitation, Intensive Residential, Intensive Rehabilitation, or Intensive Behavioral Support shall and shall require that its BRS provider:
   (A) Ensure that a social service staff member develops and completes a written ATP at least 30 days prior to, or when there is insufficient notice, as close as possible to 30 days prior to the BRS client’s planned discharge;

Individuals Involved in ATP

Provide an opportunity for the following individuals to participate in the development of the BRS client’s ATP. Programs must maintain signatures or proof of participation for all individuals involved.

- BRS Client
- BRS Client’s Family
- Social Service Staff
- BRS Client’s Caseworker
- Other significant persons involved (i.e. therapist, school representative, CASA worker, mentor, etc.)

Approval Process

Caseworker and as appropriate BRS client and the BRS client’s parent, guardian or legal custodian must give approval prior to implementation of service plan. Email approval is appropriate. If unable to get a response, program must keep documentation of attempts to get approval.

Development of ATP

The BRS contractor or BRS provider must ensure that the written ATP describe how the BRS client will successfully transition from its program to the community, specifically addressing the period of 90 days after the discharge from its program. The BRS contractor or BRS provider must ensure that the written ATP includes, at minimum, the following:

- Identification of the BRS client’s individual needs and unmet goals
- Identification of the aftercare services and supports outside of the program that will be available for the 90-day time period after discharge
- Identification of the person or entity responsible for providing aftercare services
- Schedule for regular contact (in person or telephone) by BRS provider staff with the BRS client and, as applicable, the BRS client’s family, caseworker or other identified significant persons

ATP is Not Required When:

- Agency, legal guardian, or custodian removes the BRS client from the program with little or no advance notice and in a manner not in accordance with the current transition plan
- The BRS client is discharged from the program on an emergency basis due to the BRS client’s behavior, runaway status, or transfer to another program or higher level of care
- The BRS client initiates a voluntary discharge from program
### Aftercare and Transition Plan

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Service Staff</th>
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<tbody>
<tr>
<td>Date of Birth</td>
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<td>Date of Report</td>
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#### Current Needs and Unmet Goals

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#### Aftercare Services / Supports Outside of Program

<table>
<thead>
<tr>
<th>Service/Support Type</th>
<th>Name of Provider</th>
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#### Phone Contact / Support Provided by Program

<table>
<thead>
<tr>
<th>Individuals to be Contacted</th>
<th>Scheduled Contact (day/time)</th>
<th>Identified Program Staff Making Contact</th>
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<td>(include youth, and as applicable family, caseworker, and others of importance)</td>
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#### Signatures

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## Discharge Summary

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<th>OAR 410-170-0070(6)</th>
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<td><strong>(6)</strong> Discharge Summary: For a discharge summary, a BRS contractor that provides services and placement-related activities in a Shelter, Community Step-down, Independent Living program, Enhanced Structure Independent Living program, Proctor Care, Proctor Enhanced Services, Assessment and Evaluation, Basic Residential, Rehabilitation Services, Intensive Residential, Intensive Rehabilitation, or Intensive Behavioral Support program shall and shall require that its provider ensure that a social service staff member completes and provides a written discharge summary to the caseworker within 15 days following the BRS client’s planned or actual discharge from its program. The discharge summary must include the BRS client’s progress towards service goals.</td>
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## Development of Discharge Summary

A discharge summary is required for all BRS clients served by the BRS contractor regardless of the number of days in the program. If the BRS client was in the program before an ISP was developed, the discharge summary is not required to include progress towards service goals since no service goals were identified or written.

If an ISP was developed the discharge summary would include progress towards these service goals. If an MSP was developed the discharge summary would include progress towards all of the goals identified in the MSP and/or updated MSP.
## Discharge Summary

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### LEGAL CUSTODY AND BASIS FOR CUSTODY

**Long-Term Goal**

**Progress toward Goal**

### FAMILY

**Long-Term Goal**

**Progress toward Goal**

### MENTAL HEALTH

**Long-Term Goal**

**Progress toward Goal**
# Discharge Summary

## ALCOHOL AND DRUG

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## VOCATION

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## Discharge Summary

### SOCIAL LIVING SKILLS

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### OTHER NEEDS

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### SIGNATURE

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Social Service Staff  Date

Report sent to Caseworker/JPPO  __________

Date
Aftercare Summary

OAR 410-170-0070(7)

(7) Aftercare Summary:

(a) A BRS contractor that provides services and placement-related activities in Community Step-down, Proctor Care, Proctor Enhanced Services, Basic Residential, Rehabilitation Services, Intensive Residential, Intensive Rehabilitation, and Intensive Behavioral Support program shall and shall require that its provider:

(A) Ensure that a social service staff member completes and provides a written aftercare summary to the caseworker within 120 days following the BRS client’s discharge from its program;

When is the Aftercare Summary Required?

An Aftercare Summary is required when youth have completed their 90 days of aftercare post discharge. An aftercare summary is not required if the BRS provider was not required to complete an ATP.

Development of Aftercare Summary

The aftercare summary must summarize the BRS client’s status and progress on the ATP for the 90 days following the BRS client’s discharge from the BRS provider, including but not limited to the BRS client’s adjustment to the community and any further recommendations.

BRS contractors follow up with BRS clients post discharge for 90 days. A summary of the BRS client’s status and progress for those 90 days is required 30 days after the 90 period ends. Or as stated in the rule 120 days after the discharge date.

The report must include the contact efforts made by the BRS contractor, the BRS client’s response, family and other significant persons contributions to the BRS client’s adjustment to the community or post discharge living environment and recommendations that would further the BRS client’s continued success in the community.
## Aftercare Summary

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## Current Needs and Unmet Goals from ATP

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2) 

3) 

4) 

## Client’s Status and Progress During Aftercare


## Summary on Client’s Adjustment into Community


## Recommendations


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Report sent to Caseworker/JPPO

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Master Service Plan – Transition (MSP-T)

OAR 410-170-0070(11)(a)(A-B)

(11) Master Service Plan - Transition (MSP-T):
   (a) A BRS contractor that provides services and placement-related activities in an Independent living program or Enhanced Structure Independent Living program shall and shall require that its provider:
      (A) Ensure that the transition facilitator completes with the BRS client a standardized assessment of independent living skills prior to the development of the MSP-T;
      (B) Ensure that a transition facilitator in collaboration with the BRS client completes a written MSP-T within 30 days of the BRS client’s admission to the program;

Individuals Involved in MSP-T

The following individuals must have opportunity to participate in the development of the BRS client’s MSP-T. Programs must maintain signatures or proof of participation for all individuals involved
- BRS Client
- BRS Client’s Family
- Transition Facilitator – Social Service Staff
- BRS Client’s Caseworker
- Other significant persons involved (i.e. therapist, school representative, CASA worker, mentor, etc.)

Approval Process

Caseworker and as appropriate BRS client and the BRS client’s parent, guardian or legal custodian must give approval prior to implementation of service plan. Email approval is appropriate. If unable to get a response, program must keep documentation of attempts to get approval.

Delivery of Services Identified in MSP -T

BRS contractor or BRS provider is responsible for providing services identified in the MSP-T. Services should be delivered in a manner that integrates a gender-responsive, culturally-sensitive, trauma-informed, and developmentally-appropriate approach.

Domains of Master Service Plan Transition

When need is identified in the assessment and BRS client’s history, goals must be developed for each of the following domains. Domains where no need is identified by the independent living skills assessment do not need to be completed. Goals must be written in a manner that they can be measured and be attainable within the identified time frame. Goals should include input from youth, caseworker/JPPO, family, program, and other important persons involved.

Domains:
- Legal custody/basis for custody
- Medical information including medications and dosages;
- Family information
- Mental health information
- Alcohol and drug use current, historical and relapse prevention
- Educational needs
- Vocational needs
- Placement plans
- Social Living Skills
- Independent Living Skills
Structure of Domain Goals

Long Term Goal(s) – *These goals will likely be for the duration of the program*

Short Term Goal(s)/Objective(s) – *These are goals/objectives that should be completed by the BRS client prior to the next service plan review*

Time Frame of Short Term Goal(s)/Objective(s)

List Interventions Provider and Who Provides – Interventions

Method for monitoring progress on goals (Long and Short Term Goals)

Completion Criteria – *How will program determine that the BRS client has met the Long Term Goal*

Other Information Included in Master Service Plan

- Medical information including the following
  - Current medications including dose, frequency and prescriber
  - Current medical conditions

- School information including the following (This is in additional to educational goals)
  - Current grade level
  - Current school
  - Current credits earned
  - IEP needed, if yes describe reason for IEP

- Home or Transition Visit Plan including the following
  - Approved visit resource(s) and location(s)
  - Tentative visit plan including frequency
  - Approval process for change in plan
  - Goals to be addressed on home or transition visits

- Aftercare/ Transition Planning including the following
  - Anticipated discharge date and location

- Services from outside providers including the following
  - Type of service
  - Provider name, address, and phone number

- Incident Reports since last service plan review

- Plan for behavior management needs if needs are greater than usual for the program
# Master Service Plan - T

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## LEGAL CUSTODY AND BASIS FOR CUSTODY

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### Master Service Plan - T

#### FAMILY

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### Master Service Plan - MENTAL HEALTH

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## ALCOHOL AND DRUG

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# Master Service Plan - T

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<th>IEP or 504 Plan <em>(if yes, describe need)</em></th>
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## Master Service Plan - T

### VOCATION

#### Long-Term Goal

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#### Method for Monitoring Progress

#### Completion Criteria for Long-Term Goal

#### Current Employer

Master Service Plan - T

SOCIAL LIVING SKILLS

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Method for Monitoring Progress

Completion Criteria for Long-Term Goal

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Master Service Plan - T

## INDEPENDENT LIVING SKILLS

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### Method for Monitoring Progress

### Completion Criteria for Long-Term Goal
### Master Service Plan - T

#### OTHER NEEDS *(if identified in assessment)*

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#### Plan for behavior management needs if needs are greater than usual for the program

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# Master Service Plan - T

## MEDICAL

### Medication and Other Prescribed Treatments

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<th>Frequency and Dosage</th>
<th>Prescriber</th>
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### Current Medical Conditions


### Services Provided by Other Providers

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<th>Provider Phone</th>
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### Home and Transition Visit Plan *(if applicable)*

- Approved Visit Resource(s) and Location(s)
- Tentative Visit Plan including frequency of visits
- Approval process for change in plans
- Goals to be addressed on Home or Transition Visits

### Aftercare / Transition Planning

- Anticipated Discharge Date and Location

### SIGNATURES

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<th>Caseworker/IPPO</th>
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MSP-T 30 Day Updates

**OAR 410-170-0070(12)(a)(A)**

(12) Master Service Plan - Transition 30 Day Updates:

(a) The BRS contractor of an Independent Living or Enhanced Structure Independent Living program shall and shall require that its BRS provider:

(A) Ensure that the transition facilitator in collaboration with the BRS client reviews and updates in writing the BRS client’s MSP-T no later than 30 days from the date the MSP-T was first finalized or the last time it was updated and every 30 days thereafter;

**Individuals Involved in MSP-T Updates**

The following individuals must have opportunity to participate in the development of the BRS client’s MSP Updates. Programs must maintain signatures or proof of participation for all individuals involved

- BRS Client
- BRS Client’s Family
- Transition Facilitator - Social Service Staff
- BRS Client’s Caseworker
- Other significant persons involved (i.e. therapist, school representative, CASA worker, mentor, etc.)

**Approval Process**

Caseworker and as appropriate BRS client and the BRS client’s parent, guardian or legal custodian must give approval prior to implementation of service plan. Email approval is appropriate. If unable to get a response, program must keep documentation of attempts to get approval.

**Delivery of Services Identified in MSP-T Update**

BRS contractor or BRS provider is responsible for providing services identified in the most recent MSP-T update. Services should be delivered in a manner that integrates a gender-responsive, culturally-sensitive, trauma-informed, and developmentally-appropriate approach.

**Development of MSP-T Update**

The BRS contractor or BRS provider must ensure that the written update to the MSP-T is individualized and developmentally appropriate, meets the requirements of the MSP-T and includes the following update information:

- The BRS client’s progress towards achieving service goals
- The BRS client’s performance on the behavior management system
- The BRS client’s performance on any individualized plans developed to address specific behaviors
- Any modifications to services based on the BRS client’s new behaviors or identified needs
- Any changes regarding recommendations, the discharge date, or aftercare and transition plans
- A summary of incidents involving the BRS client that have occurred since the last time
# Master Service Plan Transition 30-Day Update

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## LEGAL CUSTODY AND BASIS FOR CUSTODY

### Long-Term Goal


### NEW Short-Term Goals/Objectives

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### Method for Monitoring Progress


### Completion Criteria for Long-Term Goal


### Summary of Progress since last MSP Review


## Master Service Plan Transition 30-Day Update

### FAMILY

**Long-Term Goal**

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**Method for Monitoring Progress**

**Completion Criteria for Long-Term Goal**

**Summary of Progress since last MSP Review**
# Master Service Plan Transition 30-Day Update

## MENTAL HEALTH

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### Summary of Progress since last MSP Review
# Master Service Plan Transition 30-Day Update

## ALCOHOL AND DRUG

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### Method for Monitoring Progress

### Completion Criteria for Long-Term Goal

### Summary of Progress since last MSP Review
### Master Service Plan Transition 30-Day Update

#### EDUCATION (if in school)

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#### Summary of Progress since last MSP Review

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<th>Grade Level</th>
<th>Current School</th>
<th>Credits Earned</th>
<th>IEP or 504 Plan (if yes, describe need)</th>
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## Master Service Plan Transition 30-Day Update

### VOCATION

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#### Method for Monitoring Progress

#### Completion Criteria for Long-Term Goal

#### Summary of Progress since last MSP Review

#### Current Employer
# Master Service Plan Transition 30-Day Update

## SOCIAL LIVING SKILLS

### Long-Term Goal

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### Master Service Plan Transition 30-Day Update

#### OTHER NEEDS

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#### Summary of Progress since last MSP Review

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<th>Summary of Progress since last MSP Review</th>
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#### Summary of Progress on behavior management system *(if used)*

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<thead>
<tr>
<th>Summary of Progress on behavior management system <em>(if used)</em></th>
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</table>
## Master Service Plan Transition 30-Day Update

### MEDICAL

#### Medication and Other Prescribed Treatments

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<th>Medication/ Prescribed Treatment</th>
<th>Frequency and Dosage</th>
<th>Prescriber</th>
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#### Current Medical Conditions


### Services Provided by Other Providers

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<tr>
<th>Service Type</th>
<th>Provider Name</th>
<th>Provider Address</th>
<th>Provider Phone</th>
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### Home Visit Plan

- Approved Visit Resource(s) and Location(s)
- Tentative Visit Plan including frequency of visits
- Approval process for change in plans
- Goals to be addressed on Home Visit

### Aftercare / Transition Planning

- Anticipated Discharge Date and Location
- Natural Support
- Professional services recommended and individual responsible for scheduling
  1. 
  2. 
  3. 
  4.
# Master Service Plan Transition 30-Day Update

## INCIDENT REPORTS

<table>
<thead>
<tr>
<th>Summary of incidents since last Service Plan Review</th>
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## SIGNATURES

<table>
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<tr>
<th>Youth</th>
<th>Date</th>
<th>Caseworker/JPPO</th>
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<th>Social Service Staff</th>
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<th>Parent</th>
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</table>
Initial Service Plan - Stabilization (ISP-S)

<table>
<thead>
<tr>
<th>OAR 410-170-0070(10)(a)</th>
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<tbody>
<tr>
<td>(10) For an Initial Service Plan – Stabilization (ISP-S), a BRS contractor that provides services and placement-related activities in a Short-term Stabilization program shall or shall require that its BRS provider:</td>
</tr>
<tr>
<td>(a) Ensure that a social service staff completes a written ISP-S within two business days of the BRS client’s admission to the program;</td>
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</table>

Individuals Involved in ISP-S

The following individuals must have opportunity to participate in the development of the BRS client’s ISP-S. Programs must maintain signatures or proof of participation for all individuals involved

- BRS Client
- BRS Client’s Family
- Social Service Staff
- BRS Client’s Caseworker
- Other significant persons involved (i.e. therapist, school representative, CASA worker, mentor, etc.)

Approval Process

Caseworker and as appropriate BRS client and the BRS client’s parent, guardian or legal custodian must give approval prior to implementation of service plan. Email approval is appropriate. If unable to get a response, program must keep documentation of attempts to get approval.

Delivery of Services Identified in ISP-S

BRS contractor or BRS provider is responsible for providing services identified in the ISP during the first 30 days in program or until the MSP-S is written. Services should be delivered in a manner that integrates a gender-responsive, culturally-sensitive, trauma-informed, and developmentally-appropriate approach.

Development of ISP-S

The BRS contractor or BRS provider must ensure that the ISP-S is individualized, developmentally appropriate, and based on a thorough assessment of the BRS client’s referral information, and include the following:

- Objective for placement as described by caseworker/JPPO
- Plan to address specific behaviors identified in the referral information including the intervention to be used
- Plan to address any needs identified in the referral information
- Plan for overnight home or transition visit
- Anticipated discharge date and anticipated type of placement at discharge
- Existing orders for medication and prescribed treatment for medical conditions,
- Mental health conditions,
- Substance abuse issues
- Behavior management system used as an intervention
- Goals that are measurable and attainable within the first 30 days of the BRS client’s placement
- Plan for behavior management needs if needs are greater than usual for the program
### Initial Service Plan - Stabilization

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<tr>
<th>Name</th>
<th>Social Service Staff</th>
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**Date of Birth**

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**Caseworker/JPPO**

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### Caseworker/JPPO Identified Objective for Placement:

**Needs and Behaviors to Address in first 30 days Based on Referral**

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<th>Interventions Provided, Including Behavior Management System</th>
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## Initial Service Plan - Stabilization

### Additional Behavior Management Needs Specific to BRS Client

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### Home or Transition Visit Plan

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<td>Approved Visit Resource(s) and Location(s)</td>
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<tr>
<td>Tentative Visit Plan including frequency of visits</td>
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<tr>
<td>How will it be determined youth is eligible for Home or Transition Visit</td>
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### Aftercare / Transition Planning

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<td>Anticipated Discharge Date</td>
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<tr>
<td>Anticipated Placement Type</td>
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### Current Medical Conditions

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## Initial Service Plan - Stabilization

### Existing Services including Medical, Mental Health, and Substance Treatment

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<tr>
<th>Service Type</th>
<th>Provider Name</th>
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Assessment and Evaluation Report Stabilization (AER-S)

<table>
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<tr>
<th>OAR 410-170-0070(11)</th>
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<tbody>
<tr>
<td>(11) Assessment and Evaluation Report — Stabilization (AER-S):</td>
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<tr>
<td>(a) A BRS contractor that provides services and placement-related activities in a short-term stabilization program shall and shall require that its BRS provider ensure a social service staff member conducts an assessment of each BRS client who is expected to remain in the program for more than 30 days;</td>
</tr>
<tr>
<td>(b) After conducting the assessment, the staff member shall submit a written AER-S to the BRS client’s caseworker within 30 days from the date the client was admitted into the program. The written AER-S shall include the following information about the BRS client:</td>
</tr>
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</table>

Individual Involved in AER-S:

To complete a comprehensive AER the social staff may reach out to the following individuals. The following individuals are provided an opportunity to give input regarding the youth’s needs and strengths. Programs must maintain signatures or proof of participation for all individuals involved.

- BRS Client
- BRS Client’s Family
- BRS Client’s Caseworker
- Social Service Staff
- Other Program Staff
- Other significant persons involved (i.e. therapist, school representative, CASA worker, mentor, etc.)

Assessment Requirements:

- Identified Problems and Needs – This information is obtained from the referral as well as through observation, interaction, and collateral information gathered during the first 30 days of placement. This includes problems/needs from all domains: legal, social skill, mental health, medical, family, education, vocation, alcohol and drug.
- Reason for placement – This information is likely obtained from referral or caseworker/JPPO.
- Pertinent Historical Information – This includes information that is important for the program to consider when working with the youth.
- Identified Reason for Behavioral Instability – This section describes the underlying causes for the youth’s problematic behaviors which led to a short-term stabilization placement.
- Modification of Services Needed for Youth – If applicable, describe how the program will modify service delivery to meet the needs of the youth.
- Response to Current Services – How has the youth responded to the interventions provided for the first 30 days of placement.
- Identified Strengths and Assets – Description of the youth and family strengths and assets that the youth can utilize to help them be successful.
- Summary of Readiness of Next Placement – Describe how prepared the youth is for next placement, be as specific as possible regarding what the youth has completed and still needs to complete.
- Summary of Incidents Since Intake – List and summarize all incidents since date of intake.
- Plan for behavior management needs if needs are greater than usual for the program. Include information that staff should be aware of regarding supervision such as self-harm behaviors, boundary concerns, tendencies to isolate, etc.
- Medical – Current medications and medical conditions.
Assessment Evaluation Plan - Stabilization

Name ___________________________ Social Service Staff ___________________________

Date of Birth ___________________________ Intake Date ___________________________

Caseworker/JPPO ___________________________ Date of Report ___________________________

Identified Problems and Needs

Areas where need is indicated:

☐ Legal  ☐ Medical  ☐ Mental Health  ☐ Family (including specific cultural factors)

☐ Alcohol and Drug  ☐ Education  ☐ Vocational  ☐ Social Living Skills

Reason for Placement


Pertinent Historical Information


Identified Reason for Behavioral Instability


### Assessment Evaluation Plan - Stabilization

#### Modification of Services Needed for Youth

#### Response to Current Services

#### Identified Strengths and Assets

#### Summary of Readiness for Next Placement

#### Medication and Other Prescribed Treatments

<table>
<thead>
<tr>
<th>Medication/ Prescribed Treatment</th>
<th>Frequency and Dosage</th>
<th>Prescriber</th>
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Assessment Evaluation Plan - Stabilization

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<th>Plan for behavior management needs if needs are greater than usual for the program</th>
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SIGNATURE

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Report sent to Caseworker/IPPO

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Master Service Plan – Stabilization (MSP-S)

OAR 410-170-0070(12)(a)(A)

(12) Master Service Plan – Stabilization (MSP-S)
   (a) The BRS contractor of a short-term stabilization program shall and shall require that
       its BRS provider:
       (A) Ensure that a social service staff completes a written MSP-S within 30 days of the
           BRS client’s admission to the program;

Individuals Involved in MSP-S

Provide an opportunity for the following individuals to participate in the development of the BRS client’s MSP-S. Programs are required to maintain documentation of participation.

- BRS Client
- BRS Client’s Family
- Social Service Staff
- BRS Client’s Caseworker
- Other significant persons involved (i.e. therapist, school representative, CASA worker, mentor, etc.)

Approval Process

Caseworker and as appropriate BRS client and the BRS client’s parent, guardian or legal custodian must give approval prior to implementation of service plan. Email approval is appropriate. If unable to get a response, program must keep documentation of attempts to get approval.

Delivery of Services Identified in MSP-S

BRS contractor or BRS provider is responsible for providing services identified in the MSP-S. Services should be delivered in a manner that integrates a gender-responsive, culturally-sensitive, trauma-informed, and developmentally-appropriate approach.

Domains of Master Service Plan Stabilization

When need is identified in the Assessment and Evaluation Report Stabilization, goals must be developed for each of the following domains. Domains where no need is identified by the Assessment and Evaluation Report Stabilization do not need to be completed. Goals must be written in a manner that they can be measured and be attainable within the identified time frame. Goals should include input from youth, caseworker/JPPO, family, program, and other important persons involved.

Domains:

- Legal custody/basis for custody
- Family
- Mental health
- Alcohol and drug use
- Educational needs
- Vocational needs
- Social Living Skills
- Independent Living Skills

Structure of Domain Goals

Long Term Goal(s) – These goals will likely be for the duration of the program
Short Term Goal(s)/Objective(s) – These are goals/objectives that should be completed by the BRS client prior to the next service plan review
Time Frame of Short-Term Goal(s)/
Objective(s)
List Interventions Provider and Who Provides
– Interventions
Method for monitoring progress on goals
(Long and Short-Term Goals)
Completion Criteria – How will program
determine that the BRS client has met the
Long-Term Goal

Other Information Included in Master Service
Plan-S

• Medical information including the
  following
  o Current medications including dose,
    frequency and prescriber
    o Current medical conditions
• School information including the
  following (This is in additional to
  educational goals)
  o Current grade level
  o Current school
  o Current credits earned
  o IEP needed, if yes describe reason for
    IEP
• Home and Transitional Visit Plan including
  the following
  o Approved visit resource(s) and
    location(s)
  o Tentative visit plan including
    frequency
  o Approval process for change in plan
  o Goals to be addressed on visits
• Aftercare/ Transition Planning including
  the following
  o Anticipated discharge date and
    location
• Services from outside providers including
  the following
  o Type of service
  o Provider name, address, and phone
    number

• Incident Reports since last service plan
  review
• Plan for behavior management needs if
  needs are greater than usual for the
  program
### Master Service Plan - S

<table>
<thead>
<tr>
<th>Name</th>
<th>Transition Facilitator</th>
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<tbody>
<tr>
<td>Date of Birth</td>
<td>Intake Date</td>
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<tr>
<td>Caseworker/JPPO</td>
<td>Date of Report</td>
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#### LEGAL CUSTODY AND BASIS FOR CUSTODY

**Long-Term Goal**

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<thead>
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<th>Time Frame</th>
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<th>Individual Providing Intervention</th>
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**Method for Monitoring Progress**

**Completion Criteria for Long-Term Goal**

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Master Service Plan - S

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Method for Monitoring Progress

Completion Criteria for Long-Term Goal
### Master Service Plan - S

#### MENTAL HEALTH

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**Method for Monitoring Progress**

**Completion Criteria for Long-Term Goal**
## Master Service Plan - S

### ALCOHOL AND DRUG

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### Method for Monitoring Progress

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# Master Service Plan - S

## EDUCATION

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# Master Service Plan - S

## VOCATION

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### Method for Monitoring Progress

### Completion Criteria for Long-Term Goal

### Current Employer

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BRS Rules Guide (June 2019)  
Section IV - Appendix E - Page 256
### Master Service Plan - S

#### SOCIAL LIVING SKILLS

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## Master Service Plan - S

### INDEPENDENT LIVING SKILLS

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**Method for Monitoring Progress**

**Completion Criteria for Long-Term Goal**
**Master Service Plan - S**

### OTHER NEEDS *(if identified in assessment)*

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### Short-Term Goals/Objectives | Time Frame
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**Method for Monitoring Progress**

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**Plan for behavior management needs if needs are greater than usual for the program**

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*Oregon Administrative Rules — OHA, DHS, OYA*  
Behavior Rehabilitation Services Program
## Master Service Plan - S

### MEDICAL

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<th>Medication/ Prescribed Treatment</th>
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<th>Prescriber</th>
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### Current Medical Conditions


### Services Provided by Other Providers

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### Home or Transition Visit Plan *(if applicable)*

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<th>Approved Visit Resource(s) and Location(s)</th>
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<tr>
<td>Tentative Visit Plan including frequency of visits</td>
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</tr>
<tr>
<td>Approval process for change in plans</td>
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<tr>
<td>Goals to be addressed on Home or Transition Visit</td>
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### Aftercare / Transition Planning

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<th>Anticipated Discharge Date and Location</th>
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### SIGNATURES

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<th>Caseworker/JPPO</th>
<th>Date</th>
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<th>Parent</th>
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MSP-S 30 Day Updates

**OAR 410-170-0070(13)(a)(A)**

<table>
<thead>
<tr>
<th>(13) Master Service Plan – Stabilization Updates (MSP-S):</th>
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<tbody>
<tr>
<td>(a) The BRS contractor of a Short-term Stabilization program shall and shall require that its BRS provider:</td>
</tr>
<tr>
<td>(A) Ensure that a social service staff member reviews and updates in writing the BRS client’s MSP-S no later than 30 days from the date the MSP-S was first finalized or the last time it was updated and every 30 days thereafter. Social service staff must review the MSP-S and update it in writing earlier, if necessary, whenever additional information becomes available that suggests that other services should be provided;</td>
</tr>
</tbody>
</table>

**Individuals Involved in MSP-S Updates**

The following individuals must have opportunity to participate in the development of the BRS client’s MSP-S Updates. Programs must maintain signatures or proof of participation for all individuals involved

- BRS Client
- BRS Client’s Family
- Social Service Staff
- BRS Client’s Caseworker
- Other significant persons involved (i.e. therapist, school representative, CASA worker, mentor, etc.)

**Approval Process**

Caseworker and as appropriate BRS client and the BRS client’s parent, guardian or legal custodian must give approval prior to implementation of service plan. Email approval is appropriate. If unable to get a response, program must keep documentation of attempts to get approval.

**Development of MSP-S Update**

The BRS contractor or BRS provider must ensure that the written update to the MSP-S is individualized and developmentally appropriate, meets the requirements of the MSP-S and includes the following update information:

- The BRS client’s progress towards achieving service goals
- The BRS client’s performance on the behavior management system
- The BRS client’s performance on any individualized plans developed to address specific behaviors
- Any modifications to services based on the BRS client’s new behaviors or identified needs
- Any changes regarding recommendations, the discharge date, or aftercare and transition plans
- A summary of incidents involving the BRS client that have occurred since the last time the MSP-S was updated
Aftercare and Transition Plan Stabilization (ATP-S)

OAR 410-170-0070(14)(a)(A)

(14) Aftercare and Transition Plan - Stabilization (ATP-S):

(a) The BRS contractor of a Short-term Stabilization program shall and shall require that its BRS provider:

(A) Ensure that a social service staff member develops and completes a written ATP-S at least 30 days prior to or as close as possible to the BRS client’s planned discharge;

Individuals Involved in ATP-S

The following individuals must have opportunity to participate in the development of the BRS client’s ATP-S. Programs must maintain signatures or proof of participation for all individuals involved

- BRS Client
- BRS Client’s Family
- Social Service Staff
- BRS Client’s Caseworker
- Other significant persons involved (i.e. therapist, school representative, CASA worker, mentor, etc.)

Approval Process

Caseworker and as appropriate BRS client and the BRS client’s parent, guardian or legal custodian must give approval prior to implementation of service plan. Email approval is appropriate. If unable to get a response, program must keep documentation of attempts to get approval.

Development of ATP-S

The BRS contractor or BRS provider must ensure that the written ATP-S describe how the BRS client will successfully transition from its program to the community, specifically addressing the period of 90 days after the discharge from its program. The BRS contractor or BRS provider must ensure that the written ATP includes, at minimum, the following:

- Identification of the BRS client’s individual needs and unmet goals
- Identification of the aftercare services and support outside of the program that will be available for the 90 day time period after discharge
- Identification of the person or entity responsible for providing aftercare services

ATP-S is Not Required When:

- Agency, legal guardian, or custodian removes the BRS client from the program with little or no advance notice and in a manner not in accordance with the current transition plan
- The BRS client is discharged from the program on an emergency basis due to the BRS client’s behavior, runaway status, or transfer to another program or higher level of care
- The BRS client initiates a voluntary discharge from program
### Aftercare Transition Plan – Stabilization

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<th>Name</th>
<th>Social Service Staff</th>
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#### Current Needs and Unmet Goals

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#### Aftercare Services / Supports Outside of Program

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<tr>
<th>Service / Support Type</th>
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APPENDIX F — Documentation for Service Plans

Service Plans are the roadmaps for the BRS client’s treatment while in the program.

**BRS Service Plan - Goals**
- Specifically, stated and prioritized service goals
- Specific interventions/services to be provided for each goal
- Behavioral criteria for evaluating progress toward goal
- Time frame for goal completion
- Method for monitoring progress
- Staff responsible for providing service

Goals have a behavioral outcome, are observable, and have a defined result. Goals may have one or more objectives to be achieved within a fixed time frame.

**Developing Service Goals**
- Review all referral and assessment information
- Collaborate with the individual, their family, and JPPO; when identifying goals
- Prioritize behaviors and difficulties that have resulted in the need for BRS level of care
- Identify the objectives that need to be met to achieve the prioritized goals

**Getting Input from the BRS Client**
Ask the client:
- What do you want to accomplish?
- What do you want to do differently?
- What skills would you like to learn that you think will improve your life?
- How do you see your life improving with these services?

*Be sure to keep the conversation focused on the reasons for BRS level of care.*

**BRS Service Plan – Objectives**
A clear, concise declarative statement that directs action toward a specific goal. They should be measurable and describe what the individual will accomplish as a result.

**Importance of Objectives**
- Objectives identify the BRS priorities
- Objectives are the means to monitor progress toward a goal
- Objectives specify timelines for achievement
- Objectives provide the framework for BRS services and outcomes
- Objectives describe the BRS provider’s work with the BRS client
Goals and Objectives

Specifics

- WHO – is providing the service/intervention?
- WHAT – is the service/intervention that is being provided?
- WHEN – is the service/intervention being provided?
- WHERE – if outside of program, is the service being provided?
- WHICH – goals will the service/intervention help the client achieve?
- WHY – what is the desired outcome of the service/intervention?

Measurable

Established concrete criteria for measuring progress toward the attainment of each goal or objective.

To determine if your goal is measurable, ask questions such as . . .

- How many times should the change occur?
- How will I know the goal is on track?
- How will I know when it is accomplished?

Example: “five out of seven days”

Attainable

- Is the individual capable of what is expected of them?
- Are there any potential barriers to achieving the goal/objective?
- What can be done to overcome the barriers?
- Is the established timeframe realistic for the individual?

“When you identify goals that are most important to you, you begin to figure out ways you can make them come true. You develop attitudes, abilities, skills and . . . capacity to reach them.”

Realistic

- Is the goal/objective meaningful to the client and their family?
- Is the goal/objective set too high or too low?
- Are the expectations realistic, given the individual’s strengths and resources available?
- Are the expectations realistic for the age of the individual?

Timely

A goal/objective needs to be grounded within a specific time frame.

- Are the target dates achievable and realistic?
- Are target dates identified for each objective?
Putting It All Together

**Problem**

When the BRS client feels disrespected by someone, they have an outburst which may include verbal threats, screaming, cursing, and property destruction. Client engages in these behaviors on average 4 times a week and each time they last approximately 5 minutes.

**Goal**

Client will recognize when he is feeling disrespect and manage those emotions as evidenced by not engaging in outbursts for 30 consecutive days.

**Behavioral Objectives**

- Client will learn what events, person, places, or things cause him to feel disrespected
  
  **Target date:** 7/2019

- Client will recognize the physical or emotional signs he is feeling disrespected
  
  **Target date:** 8/2019

- Client will recognize how his aggressive responses affect those around him
  
  **Target Date:** 9/2019

**Interventions**

*The BRS Services provided to address the service plan goals/objectives.*

- Weekly individual counseling
- ART Group
- Skills Training Group

*Don’t forget to include who will be providing the intervention and the specific method identified to monitor progress such as incident reports and BRS service notes.*

**Objective**

- Client will learn what events, person, places, or things cause him to feel angry and lashing out
  
  **Target date:** 7/2019

- Client will recognize the physical or emotional signs he is feeling very angry and it is time to take a time out
  
  **Target date:** 8/2019

- Client will recognize when to return to the situation to have a calm discussion to consider alternative behavior
  
  **Target date:** 8/2019

- Client will recognize how his aggressive responses affect those around him
  
  **Target Date:** 9/2019

**Interventions**

*The BRS Services provided to address the service plan goals/objectives.*

- Weekly individual counseling
- Skills Training Group
- Prompting by direct care staff or proctor parent
Goals/objectives should be updated when . . .

- Client is no longer willing to work on goal/objective
- Client meets expectations of goal/objective
- Client is unable to meet expectations of goal/objective
- Goal/objective is no longer relevant

Service Plan – Additional Requirements

- Use of behavior management system as an intervention
- Plan for behavior management needs if needs are greater than usual for the program
- Aftercare and transition goals and planning including home visit planning
- Summary of incidents since last service plan
- Progress on goals and objectives

What makes a quality BRS note?

- Name of the client including legal name
- Type of service (i.e. counseling, skills training, crisis counseling, or parent training)
- Date of service
- Length of service (i.e. time spent delivering the service)
- Goal addressed taken directly from the service plan
- Description of Intervention provided (i.e. what services were provided)
- Description of client's participation in the service (i.e. how did they engage)
- Staff name and position providing the service

Tips for writing notes:

1. Remember BRS documentation must include the intervention provided and a description of how the youth participated in that intervention.
2. In the service description clearly detail what was provided by the staff
3. For youth participation, be sure to describe what they did, not how you believe they were feeling during the intervention. Example of client participation: client engaged in role play and identified when the skill would be helpful.
4. A service plan goal is always included in a service note
5. Chores are not BRS services. Recreation activities by themselves are not BRS services, an intervention provided by a staff member or proctor parent related to a service plan goal is required to qualify as a BRS service.
6. Documenting what staff or proctor parents observe in client behavior does not qualify as a BRS note.
APPENDIX G — BRS Client Record Requirements

410-170-0030 (12) Documentation Requirements

(a) The BRS contractor and BRS provider shall:

(D) Create, maintain, and update an individualized case file for each BRS client either in hard copy or electronically, including but not limited to signed consent for the BRS client to participate in the BRS program; documentation regarding home or other family visits and transitional visits; documentation of recreational, social, and cultural activities; documentation of legal custody or voluntary placement status; service documentation (service plans, weekly service description and hour records, and discrete service notes); face sheet with frequently referenced information; medical insurance information; education and vocation activities; school enrollment, attendance, progress, and discipline information; referral information; and any restriction or special permission for participation in activities, which shall be readily available for on-site review by the BRS provider’s direct care staff and social service staff, the caseworker, the agency, and the appropriate licensing or oversight entity;

The following list includes items referenced throughout the OAR’s.

1. Fact sheet with frequently referenced information
2. Medical insurance information (private and OHP)
3. Documentation of legal custody or voluntary placement status
4. Education and vocation activities including as appropriate school enrollment, attendance records, academic progress and discipline information during the BRS client’s stay in the program
5. Signed consent for the BRS client’s participation in the program
6. Documentation regarding the individuals authorized to consent to medical or mental health or alcohol and drug treatment services for the BRS client
7. Documentation regarding home or other family visits
8. Documentation of recreational, social and cultural activities
9. Referral information
10. All services documentation as required for the particular program as required in 410-170-0070
11. Any restrictions on or special permission for the BRS client’s participation in activities or outings and the duration of any restrictions or special permissions
12. Written Documentation for BRS services provided
13. Program must create and maintain a written weekly record in each client’s case file Including:
   a. Total number of services hours provided each day
   b. Breakdown of the number of hours spend providing each particular type of service
14. Program must ensure that social service staff review the documentation described in this section each week for quality, content, and appropriateness with the youth’s ISP or MSP.
### APPENDIX H — Is it a BRS Activity?

<table>
<thead>
<tr>
<th>NOT A BRS ACTIVITY</th>
<th>COULD BE BRS – MUST TIE TO SERVICE PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Movies</td>
<td>Treatment Groups</td>
</tr>
<tr>
<td>Recreation</td>
<td>Skill Training Groups/ Activities</td>
</tr>
<tr>
<td>Cultural Activities</td>
<td>Individual Skill Training</td>
</tr>
<tr>
<td>Chores</td>
<td>Teaching / Follow up on Skills Training</td>
</tr>
<tr>
<td>NA/AA meetings</td>
<td>Crisis De-escalation</td>
</tr>
<tr>
<td>Quiet Time/ Reflection Time</td>
<td>Teaching/Practicing Coping Skills</td>
</tr>
<tr>
<td>Exercise Groups/ Activities</td>
<td>Problem Solving Conversations</td>
</tr>
<tr>
<td>Gardening</td>
<td>Individual Counseling</td>
</tr>
<tr>
<td>Talking about interests</td>
<td>Group Counseling</td>
</tr>
<tr>
<td>Supervision</td>
<td>In the moment Skill Training</td>
</tr>
<tr>
<td>Meals</td>
<td>Parent Training</td>
</tr>
<tr>
<td>Arts and Crafts</td>
<td></td>
</tr>
<tr>
<td>Parenting of own child</td>
<td></td>
</tr>
</tbody>
</table>
**APPENDIX I — Incident Report Documentation and Timelines**

Incident Reporting and Documentation Requirements as outlined in the BRS rules: 410-170-0030 BRS Contractor and BRS Provider Requirements (12) Documentation Requirements (b) Incident Reports (A) (vii) “Documentation showing that any necessary reports were made to the appropriate agency, any other entity required by law to be notified, and, as applicable the BRS client’s parent, guardian or legal custodian; “

<table>
<thead>
<tr>
<th>NOTIFICATION</th>
<th>Agency Caseworker/Guardian</th>
<th>Agency Contract Administrator</th>
<th>DHS Licensing</th>
<th>Parent or Guardian (as applicable)</th>
<th>Legal Custodian (if different from parent or agency)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TIMEFRAME</strong></td>
<td>Critical events, including seclusion and restraints — immediate notification with report within one business day. Other incidents sent at end of month.</td>
<td>Critical events — immediate notification with report within one business day. Other incidents sent at end of month.</td>
<td>Critical events — immediate notification with report within one business day.</td>
<td>As soon as report is completed.</td>
<td>As soon as report is completed</td>
</tr>
<tr>
<td><strong>METHOD</strong></td>
<td>Critical events — immediate verbal or electronic notification. Written report by email, fax, or mail.</td>
<td>Critical events — immediate verbal or electronic notification. Written report by email, fax, or mail.</td>
<td>Critical events — immediate verbal or electronic notification. Written report by email, fax, or mail.</td>
<td>Notify by telephone and follow up by email or mail.</td>
<td>Notify by telephone and follow up by email or mail.</td>
</tr>
</tbody>
</table>
## INCIDENT REPORT EXAMPLE

<table>
<thead>
<tr>
<th>Client name:</th>
<th>Incident Date:</th>
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<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Program:</th>
<th>Time:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Incident location:</th>
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<tbody>
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<table>
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<tr>
<th>Staff Involved:</th>
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<table>
<thead>
<tr>
<th>Staff Witnesses:</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Other Witnesses:</th>
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### Incident Type: (check all that apply)

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Youth to Youth Assault</td>
<td>Injury to Youth</td>
</tr>
<tr>
<td>Youth to Staff Assault</td>
<td>Injury to Staff</td>
</tr>
<tr>
<td>Law Enforcement Involvement</td>
<td>Emergency Medical Treatment</td>
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<tr>
<td>Unauthorized Departure (Run)</td>
<td>Medication Error</td>
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<tr>
<td>Severe Behavioral Problem</td>
<td>Youth Misuse of Medication</td>
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<tr>
<td>Potential Abuse/ Neglect</td>
<td>Hospitalization</td>
</tr>
<tr>
<td>Use of Alcohol/ Drugs</td>
<td>Self-Harm</td>
</tr>
<tr>
<td>Distribution of Alcohol/ Drugs</td>
<td>Suicide Attempt</td>
</tr>
<tr>
<td>Property Damage</td>
<td>Suicidal Ideation</td>
</tr>
<tr>
<td>Peer Fight</td>
<td>Contraband</td>
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<tr>
<td>Inappropriate Sexual Behaviors</td>
<td>Other:</td>
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</table>

### Incident Description: (include precipitating factors, preventative efforts, description of circumstance during incident)

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### Intervention by Program Staff: (describe how staff responded to incident)

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### Medical Contact: (If medical attention needed complete this section)

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<tr>
<th>Reason for Medical Follow-up</th>
<th>Medical Provider</th>
<th>Date/Time</th>
<th>Additional Follow-up Needed</th>
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### Seclusion/Restraints: (If applicable)

<table>
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<tr>
<th></th>
<th>Start Date and Time</th>
<th>End Date and Time</th>
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<td>Seclusion</td>
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<td></td>
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<tr>
<td>Restraints</td>
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</tbody>
</table>

### Notifications: (Include phone, email, fax notifications)

<table>
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<tr>
<th>Person Notified</th>
<th>Agency</th>
<th>Date/Time of Notification</th>
<th>Method of Notification</th>
<th>Individual doing the Notification</th>
<th>Copy of IR sent (Yes/No)</th>
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</table>

### Signature of Individual Completing Report

_________________________  ______________________  ____________
Signature  Title  Date
Review Follow-up of Incident:

Follow-up Recommendations for Client or Staff:

Follow-up/ Investigation Conducted by Program, DHS, OHA, OYA, or other entities: (If applicable)

Provider Review of Incident – Comments/Findings:

Signature of Individual Completing Review: __________________________________________
Name       Title       Date
APPENDIX J — Children’s Foster Care Bill of Rights, Sibling Bill of Rights and Tips and Ideas

A downloadable copy suitable for printing is available from this link:

https://aix-xweb1p.state.or.us/es_xweb/DHSforms/Served/de9014a.pdf
A downloadable copy suitable for printing is available from this link:

APPENDIX K — Recreational Caseworker Approval Process

Caseworker Approval process for Recreational Activities and Prudent Parent Standards

The BRS Contractor or BRS Provider must not permit BRS clients to participate in recreational activities that present a higher level of risk to BRS clients without pre-approval by the Community Resources Unit and JPPO. This applies to activities that require a moderate to high level of technical expertise to perform safely, present environmental hazards, or where special certification or training is recommended or required such as: whitewater rafting, rock climbing, ropes courses, activities on or in any body of water where a certified lifeguard is not present and on duty, camping, backpacking, mountain climbing, using motorized yard equipment, and horseback riding. BRS Contractor or BRS Provider must complete and submit a YA3080 to CRU. JPPO permission is granted through completion of YA 3081.

Oregon Health Authority

Oregon Health Authority contracts with Oregon counties to deliver Behavioral Rehabilitation Services at the county level. These contractors are required to receive approval from the legal guardian for all activities in this section of the OAR and manual. Counties are required to maintain guardian’s approval in the BRS client’s file. The county may receive approval at intake or on an event basis as outlined in the Department of Human Resources requirements below. Counties are required to share the Prudent Parenting standards included in this manual with all legal guardians of BRS clients served on the OHA contracts.

Department of Human Services

The BRS Contractor shall designate at least 1 on-site official who is authorized to apply the reasonable and prudent parent standard defined in OAR 413-070-0000, to determine whether to allow a child or young adult in the contractors care to participate in age-appropriate and developmentally appropriate activities as defined in OAR 413-070-0000. The on-site official must complete training provided by DHS in how to use and apply the reasonable and prudent parent standard. In residential settings the on-site official could be the child or young adult’s

Case manager or another program employee; in foster home-based programs the on-site official should be a parent in each home. The on-site official shall use their knowledge and skills to apply the reasonable and prudent parent standard in decision making on whether to allow the child to engage in social, extra-curricular, enrichment, cultural, and social activities.

Reasonable and Prudent Parent standards are included in this appendix and an accessible video training is available on YouTube — Oregon Foster Youth Connection Prudent Parent

https://www.youtube.com/watch?v=hHnQpcIkxLc&feature=youtu.be

DHS contracted providers may provide their own form citing the rule to receive permission from the legal guardian at intake. Providers may also seek an event-based request. The BRS provider emails the caseworker a request for a specific recreational activity outlining what is involved and the date/time/location of the event. BRS providers are required to maintain the written documentation in the client file whether given by the guardian at intake or approval provided by the caseworker for a specific event.
**APPENDIX L — DHS Absent Day Request Form**

This form is available from this link:

🔗 [https://www.oregon.gov/DHS/CHILDREN/PROVIDERS-PARTNERS/BRS/Documents/Absent%20Day%20Request%200094.doc](https://www.oregon.gov/DHS/CHILDREN/PROVIDERS-PARTNERS/BRS/Documents/Absent%20Day%20Request%200094.doc)

---

**SAMPLE ABSENT DAY REQUEST FORM**

![Sample Form Image]

---

<table>
<thead>
<tr>
<th>Section A — Provider Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider name:</td>
<td>Provider number:</td>
</tr>
<tr>
<td>Contact person:</td>
<td>Today’s date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section B — Reason for Absence</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Runaway:</td>
<td></td>
</tr>
<tr>
<td>Child in detention:</td>
<td></td>
</tr>
<tr>
<td>Home visit:</td>
<td>(For home visits, reference OAR 410-170-010(4): Absent days for the purposes of home visits shall only be paid following the first 8 qualified home visits and only up to 14 total days out of program per month.)</td>
</tr>
<tr>
<td>Other:</td>
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</table>

<table>
<thead>
<tr>
<th>Section C — Request Information</th>
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<tbody>
<tr>
<td>Date(s) absent from program:</td>
<td>(First night away from placement)</td>
</tr>
<tr>
<td>Start:</td>
<td>(Last night away from placement)</td>
</tr>
<tr>
<td>End:</td>
<td></td>
</tr>
<tr>
<td>Child’s name:</td>
<td>OR-Kids ID:</td>
</tr>
<tr>
<td>County:</td>
<td></td>
</tr>
<tr>
<td>Contract number:</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Section D — Child’s Current/Returning Placement</th>
<th></th>
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<tbody>
<tr>
<td>Is the child returning to the same provider?</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>□ Facility Name/OR-Kids number:</td>
<td></td>
</tr>
<tr>
<td>□ Home Name/OR-Kids number:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section E — Approval</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Approval on:</td>
<td>Caseworker:</td>
</tr>
<tr>
<td>Approval on:</td>
<td>Contract administrator:</td>
</tr>
</tbody>
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**Well Being use only**

<table>
<thead>
<tr>
<th>Entered into OR-Kids on:</th>
<th>Service category:</th>
</tr>
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<tbody>
<tr>
<td>Service type:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OR-Kids service authorization number:</th>
<th>Service dates:</th>
<th>Rate:</th>
</tr>
</thead>
</table>

Note: [Additional note or instruction here]

---

CF 0094 (11/14)
The BRS Contractor or BRS Provider must ensure that each BRS Client has an adequate wardrobe as prescribed by a “Youth Sub-Care Clothing List and Authorization" form, incorporated by reference in this rule, and available on OYA’s website or a printed copy may be obtained from OYA.

https://www.oregon.gov/oya/forms/yas3070.doc (Use “Save as” to download a local copy.)
**APPENDIX N — OYA Room Sharing and Approval Process**

**PLEASE NOTE THAT EXCEPTIONS ARE NOT SUPPOSED TO BE THE NORM —**

**THESE SITUATIONS SHOULD BE KEPT TO A MINIMUM SO THAT WE ARE STAYING IN LINE WITH OARs**

In order to allow certain types of room share placements in foster care, proctor care and residential care an approval is needed and depending on the type of room share the following people may need to be included in the process: The foster/proctor program, residential program, Juvenile Parole/Probation Officer (JPPO), OYA CRU Liaison, OYA Certifier and the Foster Care Manager or Community Resources Manager. The room shares that this process applies to per Oregon Administrative Rule (OAR) is as follows:

**PROCTOR/FOSTER CARE OAR LANGUAGE**

OAR 416-530-0060 (3) (h) Youth offenders with a history of inappropriate sexual behavior or adjudicated for a sexual offense must occupy a bedroom either individually, or in a group of three youth offenders with histories of inappropriate sexual behavior or adjudicated for a sexual offense. The assignment of two youth offenders with histories of inappropriate sexual behavior or adjudicated for a sexual offense to one bedroom must be authorized by the OYA Community Resources Manager, in consultation with OYA Community Services staff.

OAR 416-530-0070 (4) (b) Youth offender(s) age 18 or older may not share a bedroom with a youth offender under age 18 without the prior approval of the OYA Community Resources Manager.

**RESIDENTIAL CARE OAR LANGUAGE**

OAR 410-170-0030 (9)(b)(c)(d) Provide separate bedrooms for children and persons 18 years or older, except in cases where the child shares a bedroom with a young adult who is the child’s parent and caregiver or where there is written approval from the Department of Human Services’ Office of Licensing and Regulatory Oversight Coordinator and the agency;

Provide separate bedrooms for BRS clients who have inappropriate sexual behaviors identified in their service plan and BRS clients who do not have those behaviors identified in their service plan, unless there is written approval from the agency;

Provide that BRS clients, who have inappropriate sexual behaviors identified in their service plan, occupy a bedroom either individually or in a group of three or more BRS clients who have inappropriate sexual behaviors identified in their service plan, unless there is written approval from the agency;

**PROCESS FOR APPROVAL**

1. The Child Care Agency (CCA) or OYA Certifier for foster care identifies that an approval for one of the above listed room shares is needed (depending on the type of placement).

2. The CCA is responsible for contacting all the JPPOs that have youth in the proposed room share. The OYA Certifier is responsible for the contact for foster care. Below is a list of information that should be shared with JPPOs to make an informed decision;

   - Why the approval is needed and how long the approval is needed
   - Name, age and the JPPO assigned to each youth in the proposed room share
   - Location of room share request
   - If there have been any inappropriate behaviors that would cause concern for a room share to occur
   - How are the peer relations between the youth in the proposed room share
• Treatment progress/participation
• Safety Plan that is identified for the room share

3. If the room share is mixing an adult and minor in a CCA, the DHS Licensing Unit approval is required.

4. If all JPPOs and licensing (if applicable) are in agreement with the room share, the CCA will notify the OYA CRU Liaison and OYA Certifier for review. All information sent to the JPPOs shall also be sent the OYA CRU Liaison and OYA Certifier (for proctor care). The request from the CCA shall be sent at least 3 days prior to when the room share is being requested.

5. If the OYA CRU Liaison and the OYA Certifier (when applicable) are in agreement the final review and approval will go to Foster Care Manager for foster and proctor care. Community Resource Manager will provide the approval for regular residential care placements.

6. Youth are not to be placed in a foster/proctor home or residential program prior to an approval being granted.
APPENDIX O — OYA Provider Service Referrals Process

Excerpt from OYA Juvenile Provider Access (JPAS) Manual
NOTES