Health Share of Oregon

MEMORANDUM

TO: Health Share Behavioral Health Provider Group
FROM: Joseph Sullivan
DATE: 06/22/2015
RE: OAR FAQ's

Q1: Does the State plan on issuing additional clarification around the use of interns?

A: The State intends to align the outpatient and ITS mental health rules with the state plan. State plan has recently been update to allow mental health interns to provide clinical services historically provided only by Qualified Mental Health Practitioners. However, mental health interns cannot be credentialed as QMHP's and the State has not reported any plans to make changes to this standard.

Q2: Does Health Share have plans to require complexity based billing for E&M services?

A: Health Share plans to continue allowing either complexity or time based billing for E&M services.

Q3: Can we have clarification around what changes to a treatment plan require the signature of a licensed clinician?

A: Per consultation with the State certification manager, any changes to a completed, authenticated, signed and sealed service plan constitutes a new service plan and thus requires a licensed QMHP signature within 10 business days. For example, changes such as updates to goal or objective statement, adding or deleting services or changing frequency of service.

Q4: When does a service plan need to be signed by a Licensed Medical Practitioner?

A: A LMP must approve the service plan at least annually for each individual receiving mental health services for one or more continuous years. The expectation is that the annual update is signed as close to the one year mark as is feasible, but certainly before other, non-assessment services are provided after 365th day of services. For example, if member had original service plan that began on February 1st, 2014 the LMP signature is due on, or before, January 31st, 2015. If the individual has therapy or case management in February of 2015 without the LMP signature, the services provided would be in violation of the rule. Using the same example, if signature is made on January 15th, 2015, the next annual signature would be due on January 14th, 2016.

Q5: Can the LMP designate oversight of service plan approval?

A: The LMP may designate annual clinical oversight by documenting the designation to a specific licensed health care professional (i.e.: LCSW, LPC, LMFT or Licensed Psychologist). Each designation must be in writing and specific to an

individual client and clearly designate the approval authority from one LMP identified by name to another licensed health care professional by name. Examples of acceptable documentation include but are not limited to, forms signed by an LMP at entry or template letters signed by LMP at the annual update, and must be signed off and stored in the chart.

Q6: How often does the LMP have to delegate? And if they don't delegate but instead sign at the year mark, can an LCSW then revise and sign at month 15?

A: The LMP is required to review and sign the service plan annually regardless of whether the LMP is involved in the case. Delegation must be completed annually, prior to the due date. If the LMP signed the service plan at the one year mark, a licensed healthcare professional can revise and sign the service plan throughout the year until the LMP signature is required again at the annual mark.

Q7: If member has had 9-10 months of treatment, disengages for 30-90 days and returns, does an entire new assessment need to be completed, and when is LMP review and approval required?

A: The previous assessment can be used in an instance where the assessment is still current (less than 365 days old) and the period of disengagement is 90 days or less. Any assessment 365 days or older is no longer valid as a foundation for current treatment. If the previous assessment is used as foundation for treatment, the LMP is required to review and approve the assessment 365 days from the date of original authentication.

Q8: Does the ICTS portion of the outpatient rule apply to providers when a child is enrolled in Level D services? For example, if a child is receiving care coordination by Multnomah County and clinical services by Morrison Child and Family Services, does the Morrison LMP working with the child need to have the higher credentials as outlined in the ICTS section of the rule?

A: We do not issue ICTS certifications to any outpatient providers and therefore do not expect providers to meet these standards as outlined in the ICTS section of the rule. However, the State has reported a plan to update the rule to ensure that relevant sections of ICTS rule are appropriately applied to the outpatient provider of clinical services.

Q9: Does supervision have to be 1:1 when it says face-to-face?

A: Yes.

Q10: When credentialing clinical supervisors, how are the competencies (E.g. leadership and wellness) defined and how can they be evaluated? Who makes the determination?

A: Because of the diversity of the provider community, it is up to the provider to determine what is appropriate for their agency and client population. When credentials have defined competencies within the rule the provider must have a process for clarifying and confirming those competencies. The determination must be made by the staff person's supervisor or their designee. Self-attestation by the staff member is not sufficient. Examples of methods to confirm competency include but are not limited to, interview, reference checks, work samples etc.

Q11: Do training and competency verification requirements apply to licensed staff within certified agencies?

A: Yes. These rules apply to all staff working at agencies that are required to maintain a Certificate of Approval (COA).

Q12: Does orientation training apply to contractors, interns, volunteers?

A: The training as outlined in 309-019-0130 (3,a) applies to any staff, including contractors, interns and volunteers who provide services to clients.