



JEFFERSON  
BEHAVIORAL  
HEALTH

---

Managed Mental Health Care Organization for Coos, Curry, Jackson, Josephine, and Klamath Counties  
900 SE 8<sup>th</sup> Street, Suite 100, Grants Pass, Oregon 97526 • Phone: 541-955-9565 • Fax: 541-955-8290

---

# Access to Covered Services, Service Coordination, and Continuity of Care

---

Board Approved – November 2, 2009  
State Approved – [insert date]

**JBH POLICY & PROCEDURE**

**Access to Covered Services, Service Coordination, and Continuity of Care**

Approved by JBH Board of Directors: 11/02/09

Approved by State of Oregon – DHS/AMH: \_\_\_\_\_

**Table of Contents**

**I. POLICY DESCRIPTION..... 3**

**II. APPLICABILITY ..... 3**

**III. DEFINITIONS ..... 3**

**IV. PROCEDURE..... 6**

    A. Access to Covered Services ..... 6

    B. Non-Covered Mental Health Services..... 8

    C. Continuity of Care ..... 9

## JBH POLICY & PROCEDURE

### Access to Covered Services, Service Coordination, and Continuity of Care

Approved by JBH Board of Directors: 11/02/09

Approved by State of Oregon – DHS/AMH: \_\_\_\_\_

#### I. POLICY DESCRIPTION

The purpose of this policy is to ensure a consistent method for JBH to provide timely access to care that meets the requirements of State Law and OHP Standards regarding access, continuity of care, service coordination, and special health care needs.

This policy shall serve as a standard for Jefferson Behavioral Health (JBH) staff, Provider agency staff, OHP Members and/or their Representatives, stakeholders, and regional and/or allied agencies in providing the most expeditious, least formal, least restrictive and least costly process for resolving specific concerns about any aspect of service provided by or through Jefferson Behavioral Health.

#### II. APPLICABILITY

For the purposes of this policy, the term Jefferson Behavioral Health (JBH) includes the Jefferson Behavioral Health staff and its authorized representatives. JBH shall follow this policy as it applies to the OHP mental health services governed by the Mental Health Organization Agreement between the State of Oregon and JBH. Participating Providers shall follow this policy to the extent that it applies to the mental health services that they provide to JBH Members. The responsibilities outlined in this policy shall also include, but not be limited to, the Local Mental Health Authorities (LMHA) in the JBH service area, and any agency delegated with the responsibility for managing mental health services for JBH members in the LMHA's county.

#### III. DEFINITIONS

The following are key terms that relate to and/or support this procedure:

**Acute Inpatient Hospital Psychiatric Care:** Acute care provided in a psychiatric hospital with 24-hour medical supervision.

**Assessment:** The determination of a person's need for Covered Services. It involves the collection and evaluation of data pertinent to the person's mental history and current problem(s) obtained through interview, observation, and record review. The Assessment concludes with one of the following: (1) documentation of a DSM Diagnosis providing the clinical basis for a written Treatment Plan; or (2) a written statement that the person is not in need of Covered Services. Other disposition information such as to whom the person was referred is included in the Clinical Record

**Clinical Record:** The individual client service record. Defined in ORS Chapter 179.

## JBH POLICY & PROCEDURE

### Access to Covered Services, Service Coordination, and Continuity of Care

Approved by JBH Board of Directors: 11/02/09

Approved by State of Oregon – DHS/AMH: \_\_\_\_\_

**Continuity of Care:** The ability to sustain services necessary for a person's treatment. Continuity of Care is a concern when an OHP Member is transferred from one service provider to another.

**Covered Services:** Services that are included in the Capitation Payment paid to JBH with respect to an OHP Member whenever services are Medically Appropriate for the OHP Member. Services included in the Capitation Payment are described in the State of Oregon, Oregon Health Plan Service Categories for Per Capita Costs. The Capitation Payment is based on the number of condition/treatment pair lines of the List of Prioritized Health Services funded by the Legislature and adopted in OAR 410-141-0520.

Covered Services shall be substituted with and/or expanded to include Flexible Services and Flexible Service Approaches identified and agreed to by JBH, the OHP Member and, as appropriate, the family of the OHP Member as being an efficacious alternative. Covered Services are limited in accordance with OAR 410-141-0500, Excluded Services and Limitations for Oregon Health Plan Clients.

**Emergency Situation:** A mental health condition manifesting itself by acute symptoms of sufficient severity that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in (1) serious jeopardy to the health of the OHP Member (or with respect to a pregnant woman, the health of the woman or her unborn child) (2) serious impairment of bodily function, or (3) serious dysfunction of any bodily organ or part.

**Indian Health Care Provider:** An Indian Health Program or an Urban Indian Organization.

**Indian Health Program:** An Indian Health Service facility, any federally recognized tribe or tribal organization or any tribe 638 Federally Qualified Health Center (FQHC) enrolled with DHS as an American Indian/Alaska Native (AI/AN) provider.

**Urban Indian Organization:** A clinic designated as an Urban Indian Health Program (UIHP) under Title V of the Indian Health Care Improvement Act, Public Law 94-437, enrolled with DHS as a FQHC

**Intake:** The process of gathering preliminary information about a potential Consumer to determine whether the person is eligible for services, the urgency of the situation or need for services, and the initial provisional diagnosis. This information is used to schedule the first appointment, if applicable.

## JBH POLICY & PROCEDURE

### Access to Covered Services, Service Coordination, and Continuity of Care

Approved by JBH Board of Directors: 11/02/09

Approved by State of Oregon – DHS/AMH: \_\_\_\_\_

**Member:** An individual found eligible by a program of the Oregon Department of Human Services (DHS) to receive health care services under the Oregon Health Plan (OHP) Medicaid Demonstration Project or State Children's Health Insurance Program (SCHIP) and who, for purposes of this procedure, is assigned to JBH for mental health services.

**Member Representative:** A person who can make OHP related decisions for a Member who is not able to make such decisions him or herself. Member Representative may be, in the following order of priority:

1. A person who is designated as Member's health care representative;
2. A court-appointed guardian, a spouse, or other family member as designated by Member;
3. The Individual Service Plan Team (for OHP Members with developmental disabilities);
4. The DHS case manager, or other DHS designee.

For Members in the care or custody of the DHS Children, Adults and Families division or the Oregon Youth Authority (OYA), Member Representative is DHS or OYA, as applicable.

For Members placed by DHS through a Voluntary Placement Agreement (CF Form 499), the Member shall be represented by his or her parent or legal guardian.

**Outreach:** Services provided away from the service provider's office, clinic or other place of business in an effort to identify or serve OHP Members who might not otherwise obtain, keep or benefit from usual appointments. Such services include, but are not limited to, community based visits with an OHP Member in an attempt to engage him or her in Medically Appropriate treatment, and providing Medically Appropriate treatment in a setting more natural or comfortable for the OHP Member.

**Participating Provider:** An individual, facility, corporate entity, or other organization credentialed by JBH as a Provider of non-inpatient mental health services and approved by the JBH Board of Directors as a subcontractor to provide mental health services to JBH Members. Participating Providers must enter into a formal contract with JBH and agree to bill and/or submit encounter data in accordance with that contract.

For purposes of this procedure, the responsibilities listed for Participating Providers shall also apply to the LMHAs in the JBH Service Area, to each of which JBH has delegated responsibility for managing non-inpatient mental health services for JBH Members in the LMHA's county. In this capacity, the LMHA may

## JBH POLICY & PROCEDURE

### Access to Covered Services, Service Coordination, and Continuity of Care

Approved by JBH Board of Directors: 11/02/09

Approved by State of Oregon – DHS/AMH: \_\_\_\_\_

make service authorization and utilization management decisions that require issuance of a Notice of Action.

**Service Coordination:** Services provided to OHP Members who require access to and/or receive services from one or more Local and/or Regional Allied Agencies or program components according to the Treatment Plan. Services provided may include establishing pre-commitment service linkages; advocating for treatment needs; and providing assistance in obtaining entitlements based on mental or emotional disability.

**Special Health Care Needs:** Individuals who have either 1) functional disabilities, or 2) live with health or social conditions that put them at risk of developing functional disabilities (for example, serious chronic illnesses, or certain environmental risk factors such as homelessness or family problems that lead to the need for placement in foster care.

**Urgent Care:** Care which is medically necessary within 48 hours to prevent a serious deterioration in an OHP Member's mental health.

#### IV. PROCEDURE

##### A. Access to Covered Services

1. JBH shall provide reimbursement for Covered Services obtained outside its Service Area when such Covered Services are not available within its Service Area.
2. JBH shall exclude or limit Covered Services in accordance with OAR 410-141-0500, Excluded Services and Limitations for Oregon Health Plan Clients.
3. JBH shall provide all Covered Services to OHP Members but may require, except in an emergency that OHP Members obtain such Covered Services from JBH or Providers affiliated with JBH.
4. JBH shall adjudicate Valid Claims within 45 calendar days of receipt. JBH shall ensure that neither DHS nor the OHP Member receiving Services are held liable for any costs or charges related to Covered Services rendered to an OHP Member whether in an Emergency or otherwise.
5. **Emergency Services:** JBH's obligation to pay for Emergency Services that are received from non-Participating Providers is limited to Covered Services that are needed immediately, when the time required to reach JBH or a Participating Provider (or alternatives authorized by JBH) would have meant substantial risk to the OHP Member's health or safety or the health or safety of another.

## JBH POLICY & PROCEDURE

### Access to Covered Services, Service Coordination, and Continuity of Care

Approved by JBH Board of Directors: 11/02/09

Approved by State of Oregon – DHS/AMH: \_\_\_\_\_

- a. Covered Services following the provision of Emergency Services are considered to be Emergency Services as long as transfer of the OHP Member to JBH, a Participating Provider or the designated alternative is precluded because of risk to the OHP Member's health or safety or that of another because transfer would be unreasonable, given the distance involved in the transfer and the nature of the mental health condition.
  - b. JBH is responsible for arranging for transportation and transfer of the OHP Member to JBH's care when it can be done without harmful consequences.
6. JBH shall pay for Covered Services needed to assess an Emergency Situation. If JBH has a reasonable basis to believe that Covered Services claimed to be Emergency Services were not in fact Emergency Services, JBH may deny payment for such Services. Such Services shall not be considered Covered Services. In such circumstances, JBH shall, within 45 calendar days of receipt of a claim for payment, notify:
  - a. The Provider of such Services of the decision to deny payment, the basis for that decision, and the Provider's right to contest that decision.
  - b. The OHP Member of the decision to deny payment as described in Exhibit G, Oregon Health Plan Mental Health Services Client Notices, Complaint and Hearings Process.
7. JBH shall be responsible for Medicare deductibles, coinsurance and co-payments for its OHP Members who are Medicare eligible receiving Covered Services from a Medicare Provider.
8. JBH may not prohibit or otherwise limit or restrict a mental health care professional (acting within the lawful scope of practice) from advising or advocating on behalf of an OHP Member for:
  - a. the OHP Member's mental health care status, medical care or treatment options, including any alternative treatment that may be self-administered, regardless of whether JBH provides benefits for the particular type of care or treatment;
  - b. any information the OHP Member needs in order to decide among all the relevant treatment options;
  - c. the risks, benefits, and consequences of treatment or non-treatment;
  - d. the OHP Member's rights to participate in decisions regarding mental health care, including the right to refuse

## JBH POLICY & PROCEDURE

### Access to Covered Services, Service Coordination, and Continuity of Care

Approved by JBH Board of Directors: 11/02/09

Approved by State of Oregon – DHS/AMH: \_\_\_\_\_

treatment, and to express preferences about future treatment decisions.

9. JBH shall provide for a *second opinion* from a qualified mental health care professional within the Provider Panel, or arrange for the ability of the OHP Member to obtain one outside the Provider Panel, at no cost to the OHP Member.
10. JBH shall not maintain any moral or religious objections in providing services to its Members.

#### **B. Non-Covered Mental Health Services**

JBH shall assist its OHP Members in gaining access to certain mental health Services that are not Covered Services and that are provided under separate contract with DHS.

Services that are not Covered Services include, but are not limited to, the following:

1. Medical Transportation;
2. Medication;
3. Therapeutic Foster Care reimbursed under HCPC Code S5145 for OHP Members under 21 years of age;
4. Therapeutic Group Home care reimbursed for OHP Members under 21 years of age;
5. Secure Children's Inpatient Program (SCIP), Secure Adolescent Inpatient Program (SAIP), and other Secure Psychiatric Residential Treatment services for OHP members age 18 and under that are contracted directly through OMHAS;
6. Behavioral Rehabilitative Services that are financed through Medicaid and regulated by DHS Services to Children and Families and OYA;
7. Investigation of OHP Members for civil commitment;
8. Long Term Psychiatric Care for OHP Members 21 years of age and older;
9. Preadmission Screening and Resident Review (PASRR) for OHP Members seeking admission to a Nursing Home;
10. Extended care Services for OHP Members 18 years of age and older including Extended Care Management, Enhanced Care Services provided in DHS Seniors and People with Disabilities Program licensed facilities, "365" Projects, Psychiatric Vocational Projects, PASSAGES Projects, and other Services developed as

## JBH POLICY & PROCEDURE

### Access to Covered Services, Service Coordination, and Continuity of Care

Approved by JBH Board of Directors: 11/02/09

Approved by State of Oregon – DHS/AMH: \_\_\_\_\_

- less restrictive alternatives to Long Term Psychiatric Care at an Oregon State Hospital;
11. Personal Care in Adult Foster Homes for OHP Members 21 years of age and older;
  12. Other Residential Services for OHP Members 21 years of age and older provided in Residential Care Facilities, Residential Treatment Facilities and Residential Treatment Homes;
  13. Services provided to persons while in the custody of a correctional facility or jail;
  14. Abuse Investigations and Protective Services as described in OAR 309-040-0200 through 309-040-0290, Abuse Reporting and Protective Services in Community Programs and Community Facilities, and ORS 430.735 through ORS 430.765, Abuse Reporting for the Mentally Ill; and
  15. Personal Care Services as described in OAR 411-34-000 through 411-34-090 and OAR 309-040-0000 through 309-040-0100.

#### C. Continuity of Care

1. **Timely Access to Care:** JBH shall ensure that OHP standards for timely access to care and Services, taking into account the urgency of need for Services. JBH shall comply with OAR 410-141-0220, Oregon Health Plan Prepaid Health Plan Accessibility and OAR 410-141-0160, Oregon Health Plan Prepaid Health Plan Continuity of Care.
2. **Non-Discrimination Regarding Member Status:** JBH shall ensure that Providers do not discriminate between OHP Members and non-OHP persons as it relates to benefits and services to which they are both entitled and shall ensure that Providers offer hours of operation to OHP Members that are no less than those offered to non-OHP Members.
3. **Access and Continuity of Care Standards:**
  - a. For *Urgent Services and Emergency Services*, JBH shall assure that OHP Members receive an initial face-to-face or telephone screening within fifteen minutes of contact to determine the nature and urgency of the situation.
  - b. For *Emergency Services*, JBH shall assure that OHP Members receive timely Covered Services within time frames identified by the urgent and emergency response screening or within 24 hours of contact, whichever is shorter.

## JBH POLICY & PROCEDURE

### Access to Covered Services, Service Coordination, and Continuity of Care

Approved by JBH Board of Directors: 11/02/09

Approved by State of Oregon – DHS/AMH: \_\_\_\_\_

- c. For *Urgent Services*, JBH shall assure that OHP Members receive timely Covered Services within time frames identified by the urgent and emergency response screening or within 48 hours of request, whichever is shorter.
  - d. For *Routine (or non-Urgent and non-Emergency Services)*, JBH shall assure that OHP Members wait no more than two calendar weeks to be seen for an Intake Assessment following a request for Covered Services.
  - e. For *post-hospital services*, JBH shall assure that OHP Members receive a Covered Service within one calendar week following discharge from Acute Inpatient Psychiatric Hospital Care or that such OHP Members receive follow-up Covered Services within a Medically Appropriate period of time.
  - f. For *missed appointments*, JBH shall follow-up and reschedule appointments or provide Outreach Services as Medically Appropriate or needed to prevent serious deterioration of the OHP Member's mental health condition.
  - g. *Routine travel time* from the OHP Member residence to the Participating Provider shall meet the Community Standard.
  - h. For OHP Members who are placed in *substitute care* by DHS, JBH shall provide a comprehensive mental health assessment consistent with access and Continuity of Care standards. JBH shall provide this assessment no later than 60 days following the date of placement.
4. Providers will be required to submit to JBH quarterly data verifying access to services. JBH shall monitor through its Performance Indicator system and through the Quality Management Committee compliance with these timely access requirements. JBH shall take corrective action if there is a failure to comply.
  5. JBH shall have a method of responding to telephone calls from non-English speaking OHP Members and shall make available to these OHP Members, interpreters capable of effectively receiving, interpreting and translating routine and clinical information.

## JBH POLICY & PROCEDURE

### Access to Covered Services, Service Coordination, and Continuity of Care

Approved by JBH Board of Directors: 11/02/09

Approved by State of Oregon – DHS/AMH: \_\_\_\_\_

6. JBH shall have a method of responding to telephone calls from hearing impaired OHP Members and shall make available to these OHP Members, TDD Service and sign language or oral interpreters capable of effectively receiving, interpreting and translating routine and clinical information.
7. JBH shall incorporate Reasonable Accommodations into its administrative practices and Service approaches for Service access and Continuity of Care for OHP Members with Disabling Conditions.
8. JBH shall allow OHP Members to request an Assessment and Evaluation without obtaining a referral from another Provider.
9. JBH shall provide each OHP Member with an opportunity to select an appropriate Mental Health Practitioner and Service site.
10. Provider shall ensure that each Native American or Alaska Native enrolled with the Provider shall be allowed to choose an Indian Health Care Provider as the Enrollee's primary mental health care Provider if:
  - a. An Indian Health Care Provider is participating as a primary mental health care Provider within the Contractor's network; and
  - b. The Native American or Alaska Native enrollee is otherwise eligible to receive services from such Indian Health Care Provider; and
  - c. The Indian Health Care Provider has the capacity to Provide primary mental health care services to such Enrollees.
11. JBH shall provide for the identified Covered Service needs of an OHP Member during transfer from one practitioner or hospital to another regardless of whether the practitioners or hospitals are Participating Providers.
  - a. JBH shall develop a written plan for Continuity of Care to avoid a worsening of the OHP Member's mental disorder when transitioning the OHP Member.
  - b. JBH shall document that this plan is acceptable to the OHP Member and/or OHP Member Representative or that the

## JBH POLICY & PROCEDURE

### Access to Covered Services, Service Coordination, and Continuity of Care

Approved by JBH Board of Directors: 11/02/09

Approved by State of Oregon – DHS/AMH: \_\_\_\_\_

OHP Member and/or OHP Member Representative has been advised of the Complaint and DHS Hearings processes.

12. JBH shall not deny Covered Services to, or request Disenrollment of, an OHP Member based on disruptive or abusive behavior resulting from symptoms of a mental disorder or from another Disability. JBH shall develop an Appropriate Treatment Plan with the OHP Member and the Family or advocate of the OHP Member to manage such behavior.
13. **Members with Special Health Care Needs:** JBH shall ensure that each OHP Member with Special Health Care needs receives an appropriate assessment in order to identify any ongoing special conditions that require a course of mental health treatment or care management. The assessment mechanisms must use appropriate Mental Health Practitioners.
  - a. For OHP Members with Special Health Care needs determined to need a course of treatment or regular care monitoring, the treatment plan must be developed by the mental health practitioner with OHP Member participation and in consultation with any specialists caring for the OHP Member; approved by JBH in a timely manner, if approval is required; and developed in accordance with any applicable DHS quality assurance and utilization review standards.
  - b. Based on the assessment, JBH shall assist the OHP Member with Special Health Care needs in gaining access when necessary and Medically Appropriate to mental health specialists for treatment of the OHP Member's condition and identified needs.
  - c. A referral for specialty care and other benefits not covered by JBH shall be made to assist an OHP Member with Special Health Care needs.
14. **Sharing mental health information for an OHP Member with Special Health Care Needs with their Primary Care Provider and FCHP:** JBH shall ensure that information, such as a mental health diagnosis, assessment and treatment, for an OHP Member with Special Healthcare needs are regularly shared between the CMHP and the Member's primary health care provider and FCHP.

## JBH POLICY & PROCEDURE

### Access to Covered Services, Service Coordination, and Continuity of Care

Approved by JBH Board of Directors: 11/02/09

Approved by State of Oregon – DHS/AMH: \_\_\_\_\_

- a. The sharing of mental health information for an OHP Member with Special Health Care ensures that activities are not duplicated between the CMHP and the Member's primary health care provider and FCHP.
- b. Sharing of information shall be conducted within Federal and State laws, rules, and regulations governing confidentiality.
- c. Sharing of mental health information with the Member's primary health care provider and FCHP shall be performed at intake, each time a medication changes, and at termination from mental health treatment.
- d. To ensure proper sharing and coordination of mental health information with a primary health care provider and FCHP, JBH shall randomly review 10% of its charts on a quarterly basis for OHP Members that also have a documented Special Healthcare need