



JEFFERSON  
BEHAVIORAL  
HEALTH

Managed Mental Health Care Organization for Coos, Curry, Jackson, Josephine, and Klamath Counties

550 N.E. "E" St, Grants Pass, Oregon 97526 • Phone: 541-955-9565 • Fax: 541-955-8290

---

# Access/Capacity Plan and Continuity of Care Policy and Procedures

---

Board Approved Date: July 26, 2010

State Approved Date goes here

**JBH POLICY & PROCEDURE**

**ACCESS AND CAPACITY PLAN POLICY AND PROCEDURES**

Approved by JBH Board of Directors: \_7/26/2010 Approved by State of Oregon – DHS/AMH: \_\_\_\_\_

**Table of Contents**

I: DESCRIPTION AND APPLICABILITY ..... 3  
    . Policy Description ..... 3  
    . Applicability ..... 3  
II: POLICY ..... 3  
    . Provision of Covered Services. .... 3  
    . Mental Health Services which are not covered..... 5  
    . Access and Capacity Standards..... 5  
III: PROGRAM ENTRY ..... 8  
    A: Entry Guidelines ..... 8  
IV: ACCESS PLAN AND PROCEDURES FOR ROUTINE SERVICES ..... 8  
V: ACCESS PLAN AND PROCEDURES FOR URGENT/EMERGENT SERVICES..... 9  
VI: CAPACITY STANDARDS ..... 10  
VII: MONITORING OF ACCESS AND CAPACITY ..... 11

## JBH POLICY & PROCEDURE

### ACCESS AND CAPACITY PLAN POLICY AND PROCEDURES

Approved by JBH Board of Directors: \_7/26/2010 Approved by State of Oregon – DHS/AMH: \_\_\_\_\_

## PART I: DESCRIPTION AND APPLICABILITY

### A. Policy Description

The purpose of this policy is to ensure a consistent method for reaching the access, capacity standards set by JBH and AMH at facilities used to deliver services to JBH members. This policy will also set a plan of action to meet the standards of care and expected timeliness for service provision.

The following procedures set forth in this policy should serve as a tool/plan to assist JBH staff, contracted agency staff, subcontracted agency staff, stakeholders and regional and/or allied agencies in implementing an efficient system for meeting the access and capacity standards at the programs or facilities.

### B. Applicability

For the purposes of this policy, the term Jefferson Behavioral Health (JBH) includes the Jefferson Behavioral Health staff and its authorized representatives that are providing non-hospital level care. 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. Contractor (any agency or provider with a direct contract with JBH) and subcontractors (any agency or provider with a contract with one of JBH's contractors) 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, contractors and subcontractors and/or any agency delegated with the responsibility for managing mental health services for JBH members.

## PART II: POLICY

### A. Provision of 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. Not with standing 410-141-0500, (1) (b), Contractor shall provide Covered Services as Medically Appropriate to those Children, Adults and Families (CAF) children residing inside the Contractor's Service Area and those children whose placement by CAF for Behavioral Rehabilitative Services (BRS) is outside the Contractor's Service Area.
3. Contractor shall provide all Covered Services to OHP Members but may require, except in an emergency that OHP Members obtain such Covered Services from Contractor or Providers affiliated with Contractor. Contractor shall adjudicate Valid Claims within 45 calendar days of receipt. Contractor shall ensure that

## JBH POLICY & PROCEDURE

### ACCESS AND CAPACITY PLAN POLICY AND PROCEDURES

Approved by JBH Board of Directors: \_7/26/2010 Approved by State of Oregon – DHS/AMH: \_\_\_\_\_

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

4. JBH's obligation to pay for Emergency Services that are received from non-Participating Providers is limited to Covered Services that are needed immediately and the time required to reach Contractor or a Participating Provider (or alternatives authorized by Contractor) would have meant substantial risk to the OHP Member's health or safety or the health or safety of another.
  - a. Covered Services following the provision of Emergency Services are considered to be Emergency Services as long as transfer of the OHP Member to Contractor or 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. Contractor is responsible for arranging for transportation and transfer of the OHP Member to Contractor's care when it can be done without harmful consequences.
5. JBH shall pay for Covered Services, subject to the protection of the prudent layperson requirements 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 contracted or subcontracted agency that provided the services of the decision to deny payment, the basis for that decision, and their right to contest that decision.
  - b. The OHP Member of the decision to deny payment as described in the Grievance and Appeal Policy.
6. JBH may not prohibit or otherwise 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-

## JBH POLICY & PROCEDURE

### ACCESS AND CAPACITY PLAN POLICY AND PROCEDURES

Approved by JBH Board of Directors: \_7/26/2010 Approved by State of Oregon – DHS/AMH: \_\_\_\_\_

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 his or her mental health care as cited in 42 CFR 438.102 (a)(1)(iv), including the right to refuse treatment, and to express preferences about future treatment decisions.
7. 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.

#### **B. Mental Health Services which are not covered**

Contractor 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.

#### **C. Access and Capacity Standards**

1. Contractor shall meet, and require subcontractors to meet, OHP standards for timely access to care and Services, taking into account the urgency of need for Services. Contractor and subcontractors 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. Contractors may not discriminate between OHP Members and non-OHP persons as it relates to benefits and services to which they are both entitled and shall offer hours of operation to OHP Members that are no less than those offered to non-OHP Members.
3. In addition to access and Continuity of Care standards specified in the rules cited above contractors shall establish standards for access to Covered Services and Continuity of Care which, at a minimum, include the following:
  - a. For Urgent Services and Emergency Services, Contractor shall assure that OHP Members receive an initial face-to-face or telephone

## JBH POLICY & PROCEDURE

### ACCESS AND CAPACITY PLAN POLICY AND PROCEDURES

Approved by JBH Board of Directors: \_7/26/2010 Approved by State of Oregon – DHS/AMH: \_\_\_\_\_

screening within fifteen minutes of contact to determine the nature and urgency of the situation.

- b. For Emergency Services, Contractor 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.
- c. For Urgent Services, Contractor 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 non-Urgent Services and non-Emergency Services, Contractor shall assure that OHP Members wait no more than two calendar weeks to be seen for a Provisional Assessment or Assessment following a request for Covered Services.
- e. For post-hospital services, Contractor 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, Contractor shall follow-up and re-schedule appointments or Provide Outreach Services as Medically Appropriate or needed to prevent serious deterioration of the OHP Member's mental health condition.
- g. For routine travel time from the OHP Member residence to the Participating Provider, Contractor shall assure that OHP Members spend no more time traveling than the Community Standard.
  1. In urban areas -- 30 miles, 30 minutes or the Community Standard, whichever is greater;
  2. In rural areas -- 60 miles, 60 minutes or the Community Standard, whichever is greater
- h. For OHP Members who are placed in substitute care by DHS, Contractor shall provide a comprehensive mental health Assessment consistent with access and Continuity of Care standards section of this policy. Contractor shall provide this Assessment no later than 60 days following the date of placement.

## JBH POLICY & PROCEDURE

### ACCESS AND CAPACITY PLAN POLICY AND PROCEDURES

Approved by JBH Board of Directors: \_7/26/2010 Approved by State of Oregon – DHS/AMH: \_\_\_\_\_

4. JBH shall establish mechanisms to ensure that Contractors comply with the timely access requirements, monitor regularly to determine compliance, and take Corrective Action if there is a failure to comply.
5. JBH and Contractors 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.
6. JBH and Contractors 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 and Contractors shall make Reasonable Accommodations to administrative practices and Service approaches for Service access and Continuity of Care for OHP Members with Disability.
8. Contractor shall allow OHP Members to request an Assessment and Evaluation without obtaining a referral from another Provider.
9. Contractor shall provide each OHP Member with an opportunity to select an appropriate Mental Health Practitioner and Service site.
10. Contractor shall ensure that each Native American or Alaska Native enrolled with Contractor shall be allowed to choose an Indian Health Care Provider as the OHP Member'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 OHP Member 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 OHP Members.
11. Contractor 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. Contractor 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. Contractor shall document that such plan is acceptable to the OHP

## JBH POLICY & PROCEDURE

### ACCESS AND CAPACITY PLAN POLICY AND PROCEDURES

Approved by JBH Board of Directors: \_7/26/2010 Approved by State of Oregon – DHS/AMH: \_\_\_\_\_

Member and/or OHP Member Representative or that the OHP Member and/or OHP Member Representative has been advised of the Grievance and Administrative Hearings processes.

12. Contractors 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. Contractor shall develop an appropriate Treatment Plan with the OHP Member and the Family or advocate of the OHP Member to manage such behavior.

### PART III: PROGRAM ENTRY

#### Part A: Entry Guidelines

Contractors and subcontractors must have in place policies and procedures regarding program entry that comply with applicable OAR and ORS standards and contractual obligations.

### PART IV: ACCESS PLAN AND PROCEDURES FOR ROUTINE SERVICES

Contracted and subcontracted providers will be expected to follow the outlined access procedures. This shall ensure that all contractors are utilizing the same methodology and coding practices in order to provide the JBH will verifiable access data.

JBH will be utilizing PH Tech to provide quarterly access data, in order to track time from initial screening (crisis or behavioral) to provisional or full assessment. JBH may solicit input from the contractor or subcontractors to clarify any access data that is beyond limits outlined in this policy.

Contractors and Subcontractors will be expected to provide:

- At time of first contact with member requesting services: H0002 or T1023
- For children, this request could be initiated by parent or legal guardian
- Within 14 days: H0031 (provisional or full assessment) or 90801

Description	Code Utilized and Provider Level	Description
Behavioral Health Screening	H0002 QMHP Provider	Behavioral health screening is done to determine a patient's eligibility for admission to a treatment program. Patients are screened for mental health conditions as well as substance use disorders and are

## JBH POLICY & PROCEDURE

### ACCESS AND CAPACITY PLAN POLICY AND PROCEDURES

Approved by JBH Board of Directors: \_7/26/2010 Approved by State of Oregon – DHS/AMH: \_\_\_\_\_

		medically assessed to ensure appropriate treatment is given Determination of a person's immediate treatment needs to establish a provisional diagnosis for the purpose of facilitating access to an appropriate provider for full assessment and treatment
Crisis Screening	T1023 QMHA Provider	Screening or evaluation of the mental health service needs of clients for consideration of admission to inpatient hospital psychiatric programs, partial psychiatric hospital programs, residential treatment, or outpatient treatment services. This service differs from a mental health assessment in that the activity may require not only the evaluation of a client's treatment needs, but also an evaluation of available treatment options.
Provisional Mental Health Assessment	H0031 QMHP level provider	Provisional Assessment means an initial assessment that identifies a presenting problem, provisional diagnosis and sufficient information to support the provisional diagnosis.
Full Mental Health Assessment	H0031 or 90801 QMHP level provider	Assessment means the process of obtaining all pertinent bio-psychosocial information, as identified by the individual, family and collateral sources, for determining a diagnosis and to plan individualized services and supports.

### Part V: ACCESS PLAN AND PROCEDURES FOR URGENT/EMERGENT SERVICES

Contractors and Subcontractors will be expected to provide:

- At time of first contact with member requesting services: H0002 or T1023
- For children, this request could be initiated by parent or legal guardian
- Within 24 for hours for Emergent or 48 hours for Urgent: H2011 or S9484

Description	Code Utilized and Provider Level	Description
Behavioral	H0002	Behavioral health screening is done to

## JBH POLICY & PROCEDURE

### ACCESS AND CAPACITY PLAN POLICY AND PROCEDURES

Approved by JBH Board of Directors: \_7/26/2010 Approved by State of Oregon – DHS/AMH: \_\_\_\_\_

Health Screening	QMHP Provider	determine a patient's eligibility for admission to a treatment program. Patients are screened for mental health conditions as well as substance use disorders and are medically assessed to ensure appropriate treatment is given Determination of a person's immediate treatment needs to establish a provisional diagnosis for the purpose of facilitating access to an appropriate provider for full assessment and treatment
Crisis Screening	T1023 QMHA Provider	Screening or evaluation of the mental health service needs of clients for consideration of admission to inpatient hospital psychiatric programs, partial psychiatric hospital programs, residential treatment, or outpatient treatment services. This service differs from a mental health assessment in that the activity may require not only the evaluation of a client's treatment needs, but also an evaluation of available treatment options.
Crisis Intervention	H2011 QMHP	Mental health crisis intervention provides immediate support for an individual in personal crisis with outpatient status. The aim of this service is to stabilize the individual during a psychiatric emergency and is billed in 15-minute increments.
Crisis Intervention	S9484 QMHP	Mental Health crisis intervention provides immediate support for an individual in personal crisis with outpatient status. The aim of this service is to stabilize the individual during a psychiatric emergency; per hour.

#### Part VI: CAPACITY STANDARDS

1. Contracted Providers will have Policies and Procedures in place to ensure that 90% of members travel time does not exceed the community standard for access Mental Health services or agree to abide by JBH policy establishing this guideline.

## **JBH POLICY & PROCEDURE**

### **ACCESS AND CAPACITY PLAN POLICY AND PROCEDURES**

Approved by JBH Board of Directors: \_7/26/2010 Approved by State of Oregon – DHS/AMH: \_\_\_\_\_

2. Contracted agencies will be required to notify JBH within 14 calendar days of any new subcontracted agencies becoming under contract or leaving contract to provide services to JBH members.
3. Contracted providers will also notify JBH of available capacity in providing members needs for interpreter services and any American with Disability Act requirements.
4. Contracted and Subcontracted providers will notify JBH within 24 hours of any issues (personnel, contracting or other) that may lead to disruptions in the contractors' ability to fulfill contractual requirements regarding urgent or emergent services.
5. Contracted and Subcontracted providers will notify JBH within 14 days of any issues (personnel, contracting or other) that may lead to disruptions in the contractors' ability to fulfill contractual requirements regarding routine services.

### **PART VII: MONITORING OF ACCESS AND CAPACITY**

1. Contractors and Subcontractors will be required to cooperate and assist JBH in verifying quarterly access data.
2. If contractor has the ability to provide same day Provisional or Full Mental Health Assessments they could then skip the Screening requirements and provide the assessment and thus meet the access requirements.
3. JBH will monitor routine access standards through tracking time from initial screening (behavioral or crisis) to provisional or full mental health assessment.
4. JBH will monitor urgent and emergent access standards through tracking time from initial screening (behavioral or crisis) to next covered crisis service.
5. JBH will also monitor hospital discharges and track time of next covered service
6. JBH will monitor through the Quality Management committee, any contracted provider staffing problems that affect access to OHP members.
7. JBH shall monitor through the Quality Management Committee compliance with these timely access and capacity requirements. JBH shall place contractors on corrective action if there is a failure to comply.