



JEFFERSON
BEHAVIORAL
HEALTH

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

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Special Healthcare Members Policy and Procedures

Board Approved Date: November 2, 2009

State Approved Date goes here

JBH POLICY & PROCEDURE

Special Healthcare Members

Approved by JBH Board of Directors: _11/2/09_____ Approved by State of Oregon – DHS/AMH:

PART I: JBH POLICY ON MEMBERS WITH SPECIAL HEALTHCARE NEEDS

A. Policy Description

The purpose of this policy is to ensure a consistent method for identification, assessment and treatment planning for members with special healthcare needs.

The following procedures set forth in this policy should serve as a tool to assist JBH staff, Participating Provider agency staff, OHP Members and/or their Representatives, stakeholders, and regional and/or allied agencies in implementing an efficient system for identification, assessment and treatment planning for members with special healthcare needs.

B. 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 non-inpatient mental health services for JBH members in the LMHA's county.

PART II: POLICY DEFINITIONS

A. Definitions

The following key terms relate to and/or support this procedure have been included in this Section.

1. **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

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2. Clinical Record: The individual client service record. Defined in ORS Chapter 179.
3. Comprehensiveness: Comprehensiveness of care includes the concepts of appropriateness and continuity. Appropriateness of care is the degree to which the quality and the intensity of services are delivered in the setting most likely to promote positive clinical outcomes. Continuity of care is the degree to which the care provided is based on a consistent and comprehensive treatment plan across the range of necessary services.
4. 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.
5. 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 policy, is assigned to JBH for mental health services.
6. Member Representative: A person who can make OHP related decisions for a Member who is not able to make such decisions him or herself. A Member Representative may be, in the following order of priority:
 - A person who is designated as the Member's health care representative;
 - A court-appointed guardian, a spouse, or other family member as designated by the Member;
 - The Individual Service Plan Team (for OHP Members with developmental disabilities);
 - The DHS case manager, or other DHS designee.
 - For Members in the care or custody of DHS's Children, Adults and Families division or the Oregon Youth Authority (OYA), the 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.

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7. **Mental Health Practitioner:** An individual with current and appropriate licensure, certification, or accreditation in a mental health profession, which includes, but is not limited to: psychiatrists, psychologists, registered psychiatric nurses, Qualified Mental Health Associates, and Qualified Mental Health Professionals.
8. **Community Mental Health Program (CMHP):** The organization of all services for persons with mental or emotional disorders and developmental disabilities operated by, or contractually affiliated with, an LMHA, operated in a specific geographic area of the state under an intergovernmental agreement or direct contract with DHS.
9. **Participating Provider:** An individual, facility, corporate entity, or other organization credentialed by JBH as a Provider of non-inpatient or inpatient mental health services and approved by JBH's Board of Directors as a sub-contractor 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 policy, the responsibilities listed for Participating Providers shall also apply to the LMHA's in JBH's Service Area, to each of which JBH has delegated responsibility for managing mental health services for JBH Members in the LMHA's county..
10. **Provider:** An organization, agency or individual licensed, certified and/or authorized by law to render professional health services to OHP Members.
11. **Service Authorization Request:** A request from an OHP Member or Member Representative for provision of a service.
12. **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.
13. **Special Healthcare needs:** Those members who identified by the State as being in rate group:
 - A: Blind and Disabled with Medicare
 - B: Blind and Disabled without Medicare
 - C: SCF children (foster care and sub. Adoptive care)
 - M: Old age assistance with Medicare part A or AB

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- F: Old age assistance with Medicare part B
- O: Old age assistance without Medicare

PART III: GENERAL PROCEDURE FOR MEMBERS WITH SPECIAL HEALTHCARE NEEDS:

A. Delegated Activities to the Counties:

Policy development to incorporate: Through assessment and treatment planning, document consumers Special Health Care needs that identify any ongoing special conditions that require a course of mental health treatment or care management.

PART IV: GENERAL PROCEDURE FOR MEMBERS WITH SPECIAL HEALTHCARE NEEDS

Contractors of Jefferson Behavioral Health will put in place procedures to share with the Members primary health care provider and FCHP the results of its identification and Assessment of any Member with Special Health Care Needs so that those activities need not be duplicated.

1. Implement mechanisms for identifying, assessing, and producing a treatment plan for an individual with special health care needs.
2. Ensure that each Member has an ongoing source of primary care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating the health care services furnished to the Member.
3. Coordinate the services furnished to the Member with the services the Member receives from any other Health Care Professional.
4. Share with other Health Care Professionals serving the Member with special health care needs the results of its identification and assessment of that Member's needs to prevent duplication of those activities.
5. Ensure that in the process of coordinating care, each Member's privacy is protected in accordance with the privacy requirements in 45 CFR parts 160 and 164 subparts A and E, to the extent that they are applicable.
6. Assessing staff will identify and document any member who is receiving care from other health care providers for chronic health conditions, aging process, conditions that limit the member's ability to access care, and all children whom meet the prior criteria or are in supported placement outside of the member's primary residence.

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7. The treatment plan will include identifying information of other health providers giving services to the member, information and coordination of care will be part of the plan.
8. All children in need of care from a health care provider or placement in ancillary services will be referred to Child and Family Program Managers and the contractor(s) providing care.

PART V: RECORD KEEPING REQUIREMENTS

All agencies must have in policies and procedures in place that:

1. Identify of those charts of members with special healthcare needs.
2. Identification of members' physical health conditions that according to the State's criteria would classify them as special healthcare or other subcategory that includes them in state definition. This identification must be included in the mental health assessment and treatment plans.
3. Identification and communication of members Primary Healthcare provider(s).

PART VI: JBH REVIEW OF COUNTY MANAGEMENT OF MEMBERS WITH SPECIAL HEALTH CARE NEEDS

JBH will at time of Delegated Activity Review, will review all contractors:

1. Internal policies and procedures regarding: Members with special healthcare needs, including chart identifiers and documentation requirements
2. JBH will at time of delegated review will review 2 charts selected by the CMHP for evidence of:
 - a. Identification on the Mental Health assessment of member having special healthcare needs according State's defined criteria.
 - b. Treatment planning regarding any physical healthcare issues that may affect mental health treatment.
 - c. Contact information and communication with primary care physician or specialist.
 - d. Documentation of allergies and medications currently prescribed.