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MEMORANDUM

TO: The Honorable Sen. Elizabeth Steiner Hayward, Senate Co-Chair
The Honorable Rep. Dan Rayfield, House Co-Chair
Subcommittee on Human Services

FROM: Janell Evans, Budget Director, Oregon Health Authority

DATE: May 2, 2017

SUBJECT: Responses to April 26 Public Hearing Questions

During OHA's presentation before your committee on Wednesday, April 26, committee members asked questions that required additional follow-up. Here are those questions and our responses:

Sen. Gelser: How do you prevent double billing when the CCOs are contracting with the CMHPs? We have one CCO that provides the services but then we have another that contracts out for those services but then bills Medicaid for it.

> When a claim enters the Medicaid Management Information System (MMIS) for payment, the system will confirm if the client is enrolled with a CCO and which CCO. If confirmed the client is enrolled with a CCO, the system will deny the claim. If the client is confirmed to be on an open card (i.e., not enrolled in a CCO), the system will confirm services are covered and pay appropriately.

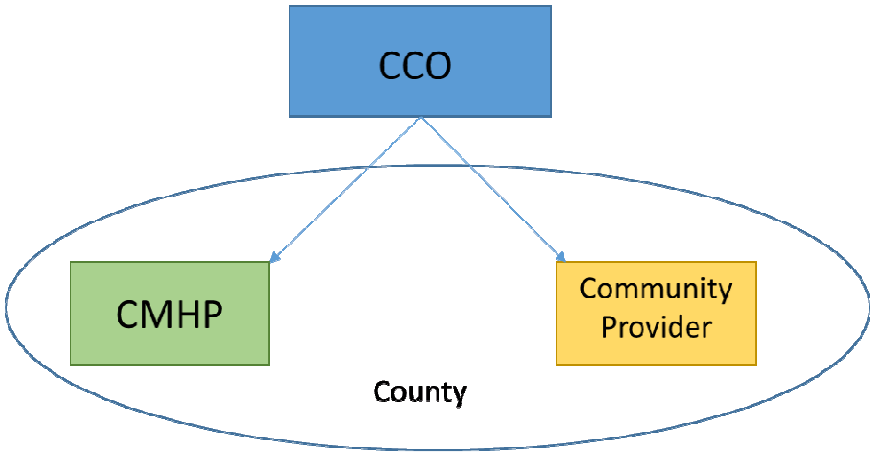
Sen. Gelser: In reference to the disparities between counties – who oversees that and who's responsible for the accountability of the CMHPs? I've been asking versions of this question for years now and it ultimately remains unclear to me who is responsible for the counties and the CMHPs….

Community Mental Health Programs (CMHP) and Coordinated Care Organizations (CCO) configure their services in a variety of ways. They may:

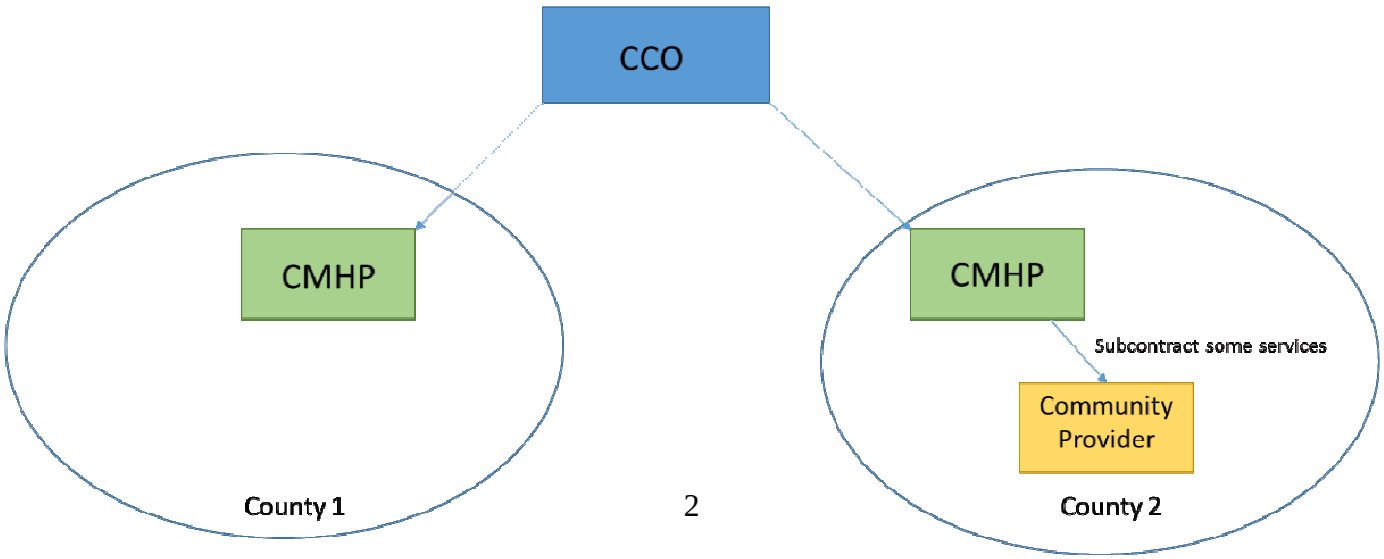
- Contract all or some behavioral health to the CMHPs.
- Contract with the CMHP/s as well as other community behavioral health providers to fill the gaps.
- Contract with two different CMHPs, and in turn the CMHP may choose to provide all of the services or only provide some of the services directly and subcontract with other community providers to fill the gaps.

See examples below. They explain why members in two different counties but the same CCO may receive services directly by the CMHP in one county and possibly be referred out from the CMHP in another county. The CCO is ultimately responsible for assuring access to behavioral health services for their members. Oregon Health Authority (OHA) holds the CCO accountable for access to those services. OHA also holds CMHPs accountable for delivering non-Medicaid services funded by the state such as mobile crisis, jail diversion, etc.

Example 1



Example 2



Rep. Rayfield: I just want to understand what it is you do to hold CMHPs accountable. I heard monitoring, doing research, contractual performance… What are the metrics you look at that make you think you need to dig in, and then what are the suite of levels you have available? **Sen. Gelser**: would it be possible in getting that general matrix to see it specific to our counties?

Regulatory Oversight of Community Mental Health Programs (CMHPs)
The Oregon Health Authority's foremost priority is to ensure that all Oregonians have adequate and timely access to the highest quality physical and behavioral health services in the public sector. OHA's executive leadership and Health System Division's compliance staff work closely with the Community Mental Health Programs (CMHPs). Our efforts include the following:

1. Assist CMHPs in coordinating the coverage needs of community members who are seeking or currently receiving behavioral health services through each CMHP.
2. Develop and enforce regulations that protect vulnerable and at-risk populations who rely on the health services that CMHPs provide.
3. Take action on a CMHP providers Certificate of Approval (COA) if there are serious violations to regulations that govern client health and safety.

   (Such actions on the COA include: Placement of conditions for which the CMHP Director must resolve, non-renewal of the COA, suspension of the COA, or revocation of the COA. In some circumstances, the team will place a "cease admissions" on the CMHP provider's COA when there are problems with enrolled clients that need to be immediately resolved.)

Additional efforts to hold CMHP's accountable include the following requirements at each onsite review:

- A report of the total number of clients who are enrolled in CMHP services.
- An organizational chart showing staff vacancies. This is necessary to identify structural barriers that may impact access to services.
- A summary of the CMHP leadership's plan to recruit and retain qualified and culturally diverse staff when the agency is understaffed.
- A summary of barriers to access for community members who are seeking behavioral health services. In addition, CMHP leadership is required to discuss their plans to reduce and eliminate any barriers to access.
- A report of service outcome rates. CMHP leadership is required to discuss their plans to increase the rates of successful client outcomes.

OHA has provided—and will continue to provide—technical onsite and telephonic assistance for each CMHP. OHA also provides trainings on the overview of

administrative and statutory regulations that govern behavioral health service delivery and administrative management requirements of CMHPs.

HSD regulatory duties over CMHPs include:

- Process and evaluate application materials from agencies that are applying for state approval as a CMHP.

- Conduct onsite reviews to evaluate compliance with regulations* that govern the certification of CMHPs. Sources of information include:
  - Facility walk-throughs
  - Interviews with CMHP leadership, supervisors, counselors, community partners, and clients
  - Review of the agency's policies and procedures, incident reports, grievances, supervision logs, personnel records and credentialing practices
  - Clinical chart audits

- Prepare final reports of onsite reviews describing areas of noncompliance with administrative standards.

- Review and approve Plans of Correction that providers must submit to resolve areas of noncompliance with administrative standards that are identified in the site review report.

- Recertify CMHPs based on their level of compliance with administrative standards (maximum renewal period is 3 years).

- Conduct complaint investigations when we receive reports of violation to client health, safety, welfare, or rights.

- Authorize on a case-by-case basis a variance to an administrative rule. For example, allowing a Bachelor-level counselor to provide individual counseling when there is a shortage of Masters-level counselors in the area.

- Provide technical assistance (such as clarifying rule language and explaining required practices).

Below is the list of counties, the correlating CMHP, when their Certificate of Approval (COA) will expire, when their upcoming and last review was, and the number of findings (confirmed violation of an Oregon Administrative Rule), concerns (a condition that may become a finding if not addressed) and

recommendations/technical assistance (consultation or suggestion for practice improvement).

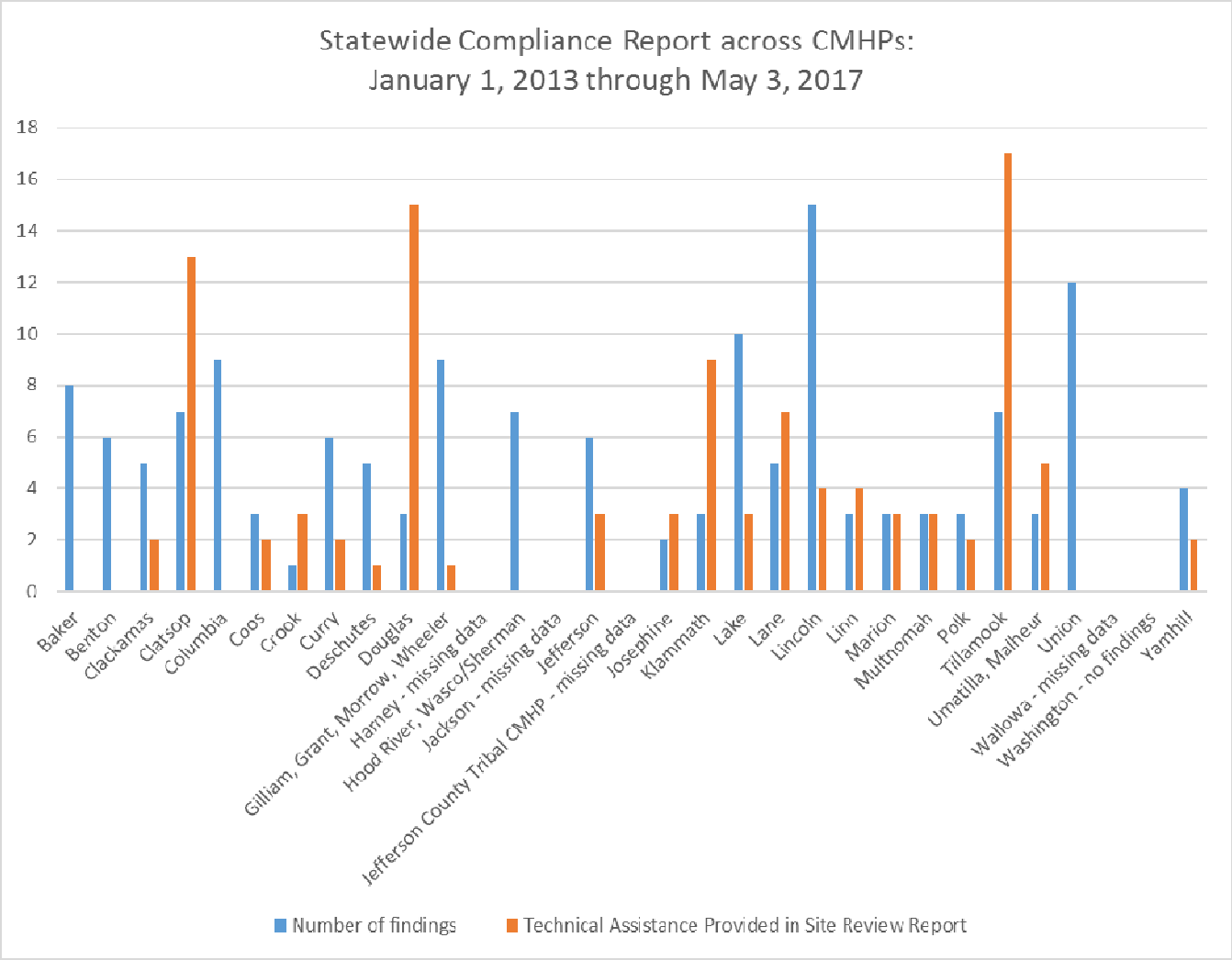
County	CMHP	COA Exp. Date	Upcoming Site Reiew	Last site review	# of findings	# of concerns	# of recomemndati
Baker	New Directions Northwest	6/30/2018		October 14-16, 2014	8	2	0
Benton	Benton County Health Department	9/30/2019		May 12-14, 2015	6	4	0
Clackamas	Clackamas County HHS	10/31/2018		June 9, 2015	5	2	2
Clatsop	Clatsop Behavioral Healthcare	4/30/2018		May 17-19, 2016	7	13	13
Columbia	Columbia Community Mental Health	10/31/2018		May 27, 2015	9	3	0
Coos	Coos County Mental Health Program	3/31/2019		October 6-8, 2015	3	2	2
Crook	Lutheran Community Services	11/30/2018		August 11-12, 2015	1	3	3
Curry	Curry Community Health	4/30/2019		August 18-20, 2015	6	2	2
Deschutes	Deschutes County Health Services	6/30/2018		April 14-16, 2015	5	2	1
Douglas	COMPASS/ADAPT / Community	5/31/2018		April 25-27, 2016	3	15	15
Gilliam, Grant,	Community Counseling Solutions (4	12/31/2018		July 2, 2014	9	1	1
Harney	Symmetry Care	6/30/2017	May 8,	June 11-13, 2013	#N/A	#N/A	#N/A
Hood River,	Mid-Columbia Center for Living (3	10/1/2017	Sept 2017	February 12-14, 2013	7	1	0
Jackson	Jackson County HHS*	8/31/2018		January 27-29, 2015	#N/A	#N/A	#N/A
Jefferson	Best Care Treatment Services	8/31/2019		August 16-17, 2016	6	3	3
Josephine	Options of Southern Oregon	8/31/2017	July 2017	April 22-24, 2014	2	3	3
Klammath	Klamath Basin Behavioral Health	7/31/2017	Aug 21-22,	May 20-22, 2014	3	9	9
Lake*	Lake Health District	1/31/2018	Oct 2017	November 2-3, 2016	10	5	3
Lane	Lane County HHS	7/30/2019		March 2-3, 2016	5	7	7
Lincoln	Lincoln County HHS	12/17/2018		February 17, 2016	15	4	4
Linn	Linn County HHS	4/1/2019		February 9, 2017	3	4	4
Marion	Marion County Health Department	7/14/2019		July 19-21, 2016	3	3	3
Multnomah	Multnomah County HHS	10/1/2017	Sept 2017	September 17-20, 2013	3	5	3
Polk	Polk County HHS	3/31/2020		January 18-19, 2017	3	2	2
Tillamook	Tillamook Family Counseling	7/31/2018		March 10-12, 2016	7	17	17
Umatilla, Malheur	Lifeways (2 counties)	3/31/2020		November 16-17, 2015	3	5	5
Union	Center for Human Development	6/22/2018		June 23-25, 2015	12	3	0
Wallowa	Wallowa Valley Center for Wellness	8/31/2017	Jun 2017	=NA()	#N/A	#N/A	#N/A
Washington	Washington County HHS	3/31/2020		February 22-23, 2017	0	0	0
Yamhill	Yamhill County HHS	6/1/2018		November 4-6, 2014	4	5	2

Oregon Administrative Rules (OAR) that govern CMHP state approval include:

General Administrative Standards for Mental Health Division Community Mental Health Contractors (CMHP)	OAR 309-014-0000 through 309-014-0340
Certification of Behavioral Health Treatment Services	OAR 309-008-0100 through 309-008-1600
Certificate of Approval for Mental Health Services	OAR 309-012-0130 through 309-012-0230
Standards for Civil Commitment	OAR 309-033-0200 through 309-033-0970
Outpatient Mental Health Services to Children and Adults	OAR 309-019-0150
Psychiatric Security Review Board and	OAR 309-019-0160

Juvenile Psychiatric Security Review Board	
Intensive Community-Based Treatment and Support Services (ICTS) for Children	OAR 309-019-0165
Standards for Approval/Licensure of Alcohol and Other Drug Abuse Programs	OAR 415-012-0000 through 415-012-0090

The following chart shows the statewide level of findings and technical assistance provided across CMHPs during the period January 1, 2013 through May 3, 2017. HSD is in the process of adding data for CMHPs serving Harney, Jackson, Jefferson County Tribal CMHP, and Wallowa Counties. Findings have typically been consistent across CMHPS, and include adequate training of new staff, appropriate notifications to clients, supervision logs, documentation in the clinical files, and quality assessments.



Rep. Buehler: Can you drill down on the sources of the non-Medicaid dollars? And what kind of limitations there are?

2017-19 Governor's Budget

Non-Medicaid Behavioral Health

Fund Type	Mental Health Treatment & Recovery Support	Substance Use Disorder - Treatment & Recovery Support	Gambling - Treatment & Recovery Support	Non-Medicaid Programs Total
General Fund	$271,090,534	$5,263,763	$0	$276,354,297
Tobacco Master Settlement	$7,341,200	$0	$0	$7,341,200
Tobacco Tax	$58,093,200	$0	$0	$58,093,200
Lottery Funds	$0	$0	$9,970,216	$9,970,216
Marijuana Tax	$0	$30,518,169	$0	$30,518,169
DUII/B&W	$0	$13,972,230	$0	$13,972,230
Other Funds	$5,092,836	($1,772,109)	$0	$3,320,727
Federal Funds	$13,945,345	$35,751,922	$0	$49,697,267
Total Funds	**$355,563,115**	**$83,733,975**	**$9,970,216**	**$449,267,306**

Federal Funds includes the Mental Health Block Grant and the Substance Abuse Block Grant:

- Designed to treat adults with serious mental illness (SMI) and children with serious emotional disorder (SED).
- That must prioritize individuals without insurance or for whom coverage is terminated for a short period of time
- That cover only priority treatments and services not covered by CHIP, Medicaid, Medicare, or private insurance.

Substance Abuse Block Grant targeted services and populations:

- Twenty percent must be allocated to fund primary prevention: universal, selective, and indicated prevention activities and services for persons not identified as needing substance use disorder treatment.
- Priority populations: persons who are intravenous drug users, adolescents with substance use and/or mental health problems, children and youth who are at risk for mental, emotional, and behavioral disorder, including but not limited to, addiction, conduct disorder, and addiction, women who are pregnant and have an SUD and/or mental illness, parents with SUD and/or mental illness who have dependent children, military personnel (active, guard, reserve, and veteran) and their families, American Indians/Alaska Natives, individuals with tuberculosis.

Mental Health Block Grant targeted services and populations:

- Ten percent must be allocated to First Episode Psychosis treatment services.
- Priority populations are children with SED and their families, adults with SMI, older adults with SMI, individuals with SMI or SED in the rural and homeless population.

Sen. Steiner Hayward: CMHP responsibility for jail diversion – could you supply a response about which communities are doing better so we can identify practices that are working?

Community Mental Health Programs (CMHP) first received General Fund dollars for the Jail Diversion program in 2008. Additional funding, as part of the Mental Health Investments from the 2013 and 2015 legislative sessions, has allowed CMHPs to expand access to divert more people living with severe and persistent mental illness from jail and the Oregon State Hospital (OSH). Some of the more successful Jail Diversion programs across the state have developed innovative diversion programs by aligning the Jail Diversion program with other programs that provide community based services and supports. Some examples of successful programs are:

- Multnomah County – Integrated the Aid & Assist and Jail Diversion program;
- Marion County – Utilizes multiple, cooperating diversion programs; Mobile Crisis, Crisis Outreach, Jail Diversion and the Aid & Assist programs;
- Josephine County (Options for Southern Oregon) – Integrated the Jail Diversion program into their Assertive Community Treatment (ACT) team; and,
- Mid-Columbia Center for Living (Hood River, Sherman, and Wasco Counties) – Utilizing IPS Supported Employment as a diversion service.