

**2024-2025 INTERGOVERNMENTAL AGREEMENT
FOR THE FINANCING OF COMMUNITY MENTAL HEALTH, ADDICTION TREATMENT,
RECOVERY, & PREVENTION, AND PROBLEM GAMBLING SERVICES**

**EXHIBIT B-1
SERVICE DESCRIPTIONS**

1. Not all Services described in this Exhibit B-1 may be covered in whole or in part with financial assistance pursuant to Exhibit C, "Financial Assistance Award," of this Agreement. Only Services in which costs are covered in whole or in part with financial assistance pursuant to Exhibit C, "Financial Assistance Award," as amended from time to time, are subject to this Agreement.

- a. Service Name: **START-UP**
Service ID Code: **A&D 60**

(1) **Service Description**

Funds awarded must be used for Start-Up activities as described in a special condition in Exhibit C, "Financial Assistance Award." Description of Start-Up activities are activities necessary to begin, expand, or improve Substance Use Disorder and Problem Gambling Services. These expenses are distinct from routine operating expenses incurred in the course of providing ongoing services. Notwithstanding the description of the Start-Up activities in a special condition, funds awarded from A&D 60 may not be used for real property improvements of \$10,000 and above. When OHA funds in the amount of \$10,000 and above are to be used for purchase or renovation of real property, County shall contact the Social Determinates of Health (SDOH) unit of OHA and follow procedures as prescribed by that unit.

A&D 60 funds are typically disbursed prior to initiation of Services and are used to cover approved allowable Start-up expenditures, as described in Exhibit K, "Start-Up Procedures," that will be needed to provide the Services planned and to be delivered at the specified site(s).

(2) **Performance Requirements**

The funds awarded for A&D 60 may be expended only in accordance with Exhibit K, "Start-Up Procedures," which is incorporated herein by this reference.

(3) **Reporting Requirements**

None

(4) **Special Reporting Requirements**

Using the OHA prescribed "Start-Up Request & Expenditure Form," County shall prepare and submit electronically, to hsd.contracts@odhsoha.oregon.gov, a request for disbursement of allowable Start-Up funds as identified in a special condition in a particular line of Exhibit C, "Financial Assistance Award." The reports must be prepared in accordance with forms prescribed by OHA and procedures described in Exhibit K, "Start-Up Procedures." Forms are located at <http://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>.

(5) **Financial Assistance Calculation, Disbursement, and Agreement Settlement Procedures**

See Exhibit D, "Payment, Settlement, and Confirmation Requirements."

Use Payment Start-Up, Section 1.e., and Settlement Start-Up language, Section 1.f.(1)(b).

b. Service Name: **ADULT SUBSTANCE USE DISORDER RESIDENTIAL TREATMENT SERVICES**

Service ID Code: **A&D 61**

(1) Service Description

Adult Substance Use Disorder Residential Treatment Services (A&D 61) are Services delivered to Individuals 18 years of age or older who are unable to live independently in the community; cannot maintain even a short period of abstinence from substance abuse; are in need of 24-hour supervision, treatment, and care; and meet the treatment placement criteria indicated in the American Society of Addiction Medicine (ASAM) Level 3.1 – 3.7.

The purpose of A&D 61 Services is to support, stabilize, and rehabilitate Individuals and to permit them to return to independent community living. A&D 61 Services provide a structured environment for an Individual on a 24-hour basis, consistent with Level 3.1 – 3.7 treatment, including entry, assessment, placement, service plan, service note, service record, transfer and continuity of care, co-occurring mental health and substance use disorders (COD), residential substance use disorders treatment and recovery services, and residential women's substance use disorders treatment and recovery programs, as set forth in OAR 309-018-0135 through 309-018-0160 and OAR 309-018-0170 through 309-018-0180, as such rules may be revised from time to time, as appropriate to the Individual's needs and include structured counseling, educational services, recreation services, self-help group participation services, and planning for self-directed recovery management to support the gains made during treatment. A&D 61 Services address the needs of diverse population groups within the community with special emphasis on ethnic minorities.

Providers shall have written admission policies and procedures in place for Individuals who appropriately use prescribed medications to treat addiction. Written policies and procedures must include referrals to alternate treatment resources for those not admitted to the program.

A&D 61 Services provided under this Agreement must be provided only to Individuals who are not eligible for Medicaid, who demonstrate a need for financial assistance based on an income below 200% of the current federal poverty level, and obtain insufficient healthcare coverage, including but not limited to, healthcare coverage that does not cover all of the services described herein or are limited to a limited number of days.

(2) Performance Requirements

- (a)** Providers of A&D 61 Services funded through this Agreement must comply with OAR 309-018-0135 through 309-018-0180, as such rules may be revised from time to time. Providers of A&D 61 Services funded through this Agreement must also have a current approval or license issued by OHA in accordance with OAR 415-012-0000 through 415-012-0090.
- (b)** Subject to the preference for pregnant women and intravenous drug users described in Exhibit G, "Required Federal Terms and Conditions," County and Providers of A&D 61 Services funded through this Agreement shall give priority access to such Services first to Individuals referred by the

Department of Human Services and then to Individuals referred by Drug Treatment Courts from within the region, as such region is designated by OHA after consultation with County. For purposes of this Service Description, “Drug Treatment Court” means any court given the responsibility pursuant to ORS 3.450 to handle cases involving substance-abusing offenders through comprehensive supervision, drug testing, treatment services, and immediate sanctions and incentives. A&D 61 Services funded through this Agreement may be delivered to Individuals referred from any county within the State of Oregon and contiguous areas and no priority or preference shall be given to Individuals referred from any particular county, provider, or other entity.

- (c) Providers of A&D 61 Services funded through this Agreement shall be a culturally competent program, able to meet the cultural and linguistic needs of the Individual, and shall also be a co-occurring competent program capable of delivering adequate and appropriate Services. Delivery of such Services must include, but is not limited to the following tasks, all of which must be documented in the Individual’s clinical record:
- i. Address co-occurring disorders, including gambling, in program policies and procedures, client assessment, treatment and planning, program content, and transition or discharge planning;
 - ii. Gambling disorders will be assessed using OHA Problem Gambling Services GBIRT SUD toolkit. Program will refer Individuals with severe gambling disorder to community services during residential care, and Individuals with moderate or mild gambling disorder to community services during treatment or upon transition.
 - iii. Psychoeducational sessions to discuss gambling disorder and co-addiction shall be provided. Toolkit for presentation materials can be found at: <https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Treatment.aspx>. For technical assistance and training contact pgs.support@odhsoha.oregon.gov.
 - iv. Address the interaction of the substance-related, gambling disorder and mental health disorders in assessing each Individual’s history of psychological trauma, readiness to change, relapse risk, and recovery environment;
 - v. Arrange for, as needed, pharmacological monitoring and psychological assessment and consultation, either on site or through coordinated consultation off site;
 - vi. The provider’s policies and procedures shall prohibit titration of any prescribed medications, including prescribed medications for the treatment of opioid dependence as a condition of receiving or continuing to receive treatment.
 - vii. In addition to all applicable statutory and constitutional rights, every individual receiving services has the right to receive medication specific to the individual’s diagnosed clinical needs, including medications used to treat opioid dependence.

- viii. Involve the family or significant others of the Individual in the treatment process;
 - ix. Obtain clinically appropriate family or significant other involvement and participation in all phases of assessment, treatment planning, and treatment;
 - x. Use treatment methods, appropriate for Individuals with significant emotional disorders, that are based on sound clinical theory and professional standards of care; and
 - xi. Plan the transition from residential to community-based Services and supports that are most likely to lead to successful clinical outcomes for each Individual. This includes scheduling a face-to-face meeting between the Individual and the community-based outpatient provider within seven (7) days of discharge from the residential program.
- (d) Quality of Services provided under this Agreement will be measured in accordance with the following criteria:
- i. **Engagement:** Engagement will be measured by reviewing the number of MOTS enrolled Individuals in treatment; and
 - ii. **Improvement in Life Circumstances:** Improvement in life circumstances will be measured by the number of Individuals participating in court programs (if applicable), enrolled in school or obtaining a GED, obtaining employment, returned to the community, and obtaining secured housing accommodations.

(3) **Reporting Requirements**

See Exhibit E, 10, "Reporting Requirements for MOTS."

(4) **Special Reporting Requirements**

None

(5) **Financial Assistance Calculation, Disbursement, and Agreement Settlement Procedures**

See Exhibit D, "Payment, Settlement, and Confirmation Requirements."

Use Payment and Confirmation language, Section 1.f.(1).

c. Service Name: **SUPPORTED CAPACITY FOR DEPENDENT CHILDREN
WHOSE PARENTS ARE IN ADULT SUBSTANCE USE
DISORDER RESIDENTIAL TREATMENT**

Service ID Code: **A&D 62**

(1) Service Description

Supported Capacity for Dependent Children Whose Parents are in Adult Substance Use Disorder Residential Treatment (A&D 62) is housing services (room and board) delivered to Individuals who are dependent children age 18 and younger, of parent(s) who reside in substance use disorder residential treatment facilities, so the child(ren) may reside with their parent in the same substance use disorder residential treatment facility. The parent who is participating in residential treatment may or may not be a custodial parent during part or all of the treatment episode. The Department of Human Services, Child Welfare may have legal custody of the child(ren) but grant formal permission for the child(ren) to be placed with the parent during treatment and to reside in one of the dependent room and board placements.

(2) Performance Requirements

Providers of A&D 62 Services funded through this Agreement must comply with OAR 309-018-0100 through 309-018-0180, as such rules may be revised from time to time. Providers of A&D 62 Services funded through this Agreement must also have a current license issued by OHA in accordance with OAR 415-012-0000 through 415-012-0090, as such rules may be revised from time to time, and participate in outcome studies conducted by OHA.

(3) Reporting Requirements

See Exhibit E, 10., "Reporting Requirement for MOTs."

(4) Special Reporting Requirements

(a) Reports must be prepared using forms and procedures prescribed by OHA. Forms are located at

<http://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>.

(b) County shall prepare and electronically submit to hsd.contracts@odhsoha.oregon.gov written quarterly summary reports on the delivery of A&D 62 Services, no later than the due dates listed below following the end of each subject quarter for which financial assistance is awarded through this Agreement.

Reporting period	Reporting due dates
July – September	due October 21st
October – December	due January 21st
January – March	due April 21st
April – June	due July 21st

- (c) Each report shall provide the following information:
 - i. Number of parents and children residing in the substance use disorder residential treatment facilities, including length of stay; and
 - ii. If the parent of dependent child(ren) are TANF eligible.

(5) **Financial Assistance Calculation, Disbursement and Confirmation of Performance and Reporting Requirements Procedures**

See Exhibit D, "Payment, Settlement, and Confirmation Requirements."

Use Payment and Confirmation language, Section 1.f.(2).

d. Service Name: **PEER DELIVERED SERVICES**

Service ID Code: **A&D 63**

(1) Service Description

For the purpose of A&D 63 Peer Delivered Services (A&D 63 Services), “Recovery Center,” “Facilitating Center,” “Peer Delivered Services,” and “Peer Support Specialist” shall have the following meanings:

- (a) Recovery Centers** are comprised of and led by people in recovery from Substance Use Disorders (as defined in OAR 309-019-0105(153)). The Recovery Centers maintain a structured daily schedule of activities where Peer Delivered Services may be delivered. Recovery Centers serve as recovery resources for the local community.
- (b) Facilitating Centers** provide ongoing technical assistance and training for Recovery Centers and the community. Facilitating Centers provide resources and support for developing, expanding, and sustaining Recovery Centers. People in recovery must be involved in every aspect of program design and implementation.
- (c) Peer Delivered Services** means an array of agency or community-based services and supports provided by peers, Peer Support Specialists, and Peer Wellness Specialists to Individuals or family members with similar lived experience. These services are intended to support the needs of Individuals and families, as applicable, as they progress through various stages in their recovery from Substance Use Disorders. Peer Delivered Services include, but are not limited to, the following:
 - i. Emotional support.** Emotional support refers to demonstrations of empathy, caring, and concern that enhance self-esteem and confidence. Peer mentoring, peer coaching, and peer-led support groups are examples of peer-to-peer recovery services that provide emotional support.
 - ii. Informational support.** Informational support refers to sharing knowledge, information and skills. Peer-led life skills training, job skills training, educational assistance, and health and wellness information are examples of informational support.
 - iii. Instrumental support.** Instrumental support includes modeling and peer-assisted daily-life tasks that people with Substance Use Disorders may lack. Examples of instrumental support include getting to support groups, accessing childcare, completing job applications, locating alcohol and drug-free housing, and obtaining vocational, educational, and navigating health and social service programs.
 - iv. Affiliational support.** Affiliational support facilitates contact with other people to promote learning of social and recreational skills, create a community, and acquire a sense of belonging. Examples of affiliational support include introduction to Recovery Centers, alcohol and drug-free socialization opportunities, and exploring activities.

- v. Family support. Family support includes educational, informational, and affiliational services for family members with relatives (as identified by the family) who are in recovery from Substance Use Disorders. These services are designed to help families develop and maintain positive relationships, improve family functioning, increase understanding of recovery processes, and build connections among family members for mutual support.
 - vi. **Peer Support Specialists** are individuals as defined in OAR 309-019-0105(86), as such rules may be revised from time to time. Peer Support Specialists must comply with all requirements in accordance with OAR 410-180-0300 through 410-180-0380.
- (d) **Population to be served, Eligible population, or Participants:** Individuals with Substance Use Disorders and who are seeking recovery are the target population.

(2) **Performance Requirements**

County shall use the financial assistance awarded for A&D 63 Services through this Agreement to provide Peer Delivered Services in a manner that benefits the Population to be served. The Peer Delivered Services must be delivered at Recovery Centers, agencies, or in communities, by Peer Support Specialists or Peer Wellness Specialists.

To the satisfaction of OHA, County shall require that Peer Delivered Services are:

- (a) Delivered by Peer Support Specialists and Peer Wellness Specialists who continuously adhere to the Standards of Professional Conduct in OAR 410-180-0340;
- (b) Delivered by Peer Support Specialists and Peer Wellness Specialists who are jointly supervised by clinical staff with documented training and experience with Peer Delivered Services and a certified Peer Support Specialist or Peer Wellness Specialist;
- (c) Delivered in accordance with a plan developed with or by the Individual receiving Services;
- (d) Documented and regularly reviewed by the Individual receiving Services; and
- (e) Documented either in MOTS or MMIS or comparably reported.

Providers employing Peer Support Specialists and Peer Wellness Specialists must develop and implement quality assurance processes to improve the quality of Peer Delivered Services supported by funds provided through this Agreement. OHA may recommend additional actions to improve quality.

(3) **Reporting Requirements**

See Exhibit E, 10., “Reporting Requirement for MOTS.”

(4) **Special Reporting Requirements**

Reports must be prepared using forms and procedures prescribed by OHA. Forms are located at <http://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>.

- (a) Within 30 calendar days of the County providing A&D 63 Services, County shall prepare and electronically submit a written entry baseline assessment report to hsd.contracts@odhsoha.oregon.gov.
- (b) County shall prepare and electronically submit, to hsd.contracts@odhsoha.oregon.gov, written quarterly summary reports on the delivery of A&D 63 Services, no later than 45 calendar days following the end of each subject quarter for which financial assistance is awarded through this Agreement.
- (c) Each report shall provide the following information:
 - i. The amount of financial assistance spent on A&D 63 Services as of the end of the reporting period;
 - ii. Number of Individuals served by Peer Support Specialist(s), categorized by age, gender, and ethnicity;
 - iii. Breakdown of Service received;
 - iv. Number of Individuals who acquired a safe, permanent, alcohol and drug free place to live in the community during Service participation;
 - v. Number of Individuals who gained employment or engaged in productive educational or vocational activities during Service participation;
 - vi. Number of Individuals who remained crime-free during Service participation; and
 - vii. Number of Individuals served who are being retained from the previous quarter.

(5) **Financial Assistance Calculation, Disbursement, and Confirmation of Performance and Reporting Requirements Procedures**

See Exhibit D, “Payment, Settlement, and Confirmation Requirements.”

Use Payment and Confirmation language, Section 1.f.(2).

- e. Service Name: **HOUSING ASSISTANCE**
Service ID Code: **A&D 64**

(1) Service Description

Housing Assistance Services assist Individuals, who are in recovery from Substance Use Disorders, in locating and paying for housing that supports that recovery. Individuals who receive assistance may be living with other family members (e.g., where a parent is re-assuming custody of one or more children).

All Individuals receiving A&D 64 Services funded through this Agreement must reside in County, be in recovery from Substance Use Disorders, have been previously homeless or at risk of homelessness, and be participating in a verifiable program of recovery. OHA will not provide financial assistance for A&D 64 Services under this Agreement and any succeeding Agreement for more than 24 consecutive months for any particular Individual, unless approved in advance by OHA in writing.

(2) Performance Requirements

Housing Assistance Services include:

- (a) Rental Assistance in the form of cash payments, made on behalf of Individuals recovering from Substance Use Disorders, to cover all or a portion of the monthly rent and utilities for housing.
- (b) Housing Coordination Services in the form of staff support to assist Individuals recovering from Substance Use Disorders in locating and securing suitable housing, and referrals to other resources.
- (c) Residential Costs to pay for move-in and barrier removal costs not to exceed 20% of total funds awarded to support securing and maintaining housing such as payment of rental deposits and fees; moving and storage costs; furnishing, supplies and equipment; payment of past due utility bills and securing a credit report. These must be one-time payments only; no on-going expenses. Housing expenses not eligible are permanent improvements to a building except for minor remodeling to improve accessibility. Barrier removal expenses not eligible are any payments made that do not advance the effort to secure rental housing.
- (d) Utilization requirements for A&D 64 will be identified in a special condition, subject to funds awarded in a particular line of the Financial Assistance Award.
- (e) No funds shall be paid directly to individuals benefiting from A&D 64 Services.

(3) Reporting Requirements

See Exhibit E, 10., "Reporting Requirements for MOTS."

(4) Special Reporting Requirements

County shall prepare and electronically submit, to hsd.contracts@odhsoha.oregon.gov, written quarterly summary reports on the delivery of A&D 64 Services no later than 45 calendar days following the end of each subject quarter for which financial assistance is awarded through this

Agreement. Reports must be prepared using forms and procedures prescribed by OHA. Forms are located at <http://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>.

Each report shall provide the following information:

- (a) Information and data as required on the OHA-provided reporting template;
- (b) For financial settlement purposes, the total amount expended during the subject quarter for the following:
 - i. Amount expended for Housing Coordination and supports including staff positions.
 - ii. Amount expended for Administration.
 - iii. Amount expended for Residential Costs including move-in and barrier removal expenses .
 - iv. Amount expended for Rental Assistance.
- (c) All required reports submitted must be complete and accurate to the satisfaction of OHA. If a report is found to be incomplete or not accurate, it will be returned for correction and resubmission. Failure to submit complete and accurate reports could result in the withholding of future payment of Financial Assistance.

(5) **Financial Assistance Calculation, Disbursement, and Confirmation of Performance and Reporting Requirements**

See Exhibit D, “Payment, Settlement, and Confirmation Requirements.”

Use Payment and Confirmation language, Section 1.f.(2).

f. Service Name: **COMMUNITY BEHAVIORAL AND SUBSTANCE USE DISORDER SERVICES**

Service ID Code: **A&D 66**

(1) Service Description

- (a) Community Behavioral and Substance Use Disorder Services (A&D 66 Services) are Services delivered to youth and adults with Substance Use Disorders or to youth and adults with co-occurring substance use and mental health disorders. These Services shall be provided to Individuals who are not eligible for the Oregon Health Plan (OHP) or who otherwise do not have a benefit that covers the A&D 66 Services described in this Service Description.

The purpose of A&D 66 Services is to build upon resilience, assist Individuals to make healthier lifestyle choices, and to promote recovery from Substance Use Disorders. A&D 66 Services consist of outreach (case finding), early identification and screening, assessment and diagnosis, initiation and engagement, therapeutic interventions, continuity of care, recovery management, and Interim Services.

- (b) It is required that pregnant women receive Interim Services within 48 hours after being placed on a waitlist. At a minimum, 45 CFR §96.121 requires that Interim Services include the following:
- i. Counseling and education about HIV and tuberculosis (TB);
 - ii. Risks of sharing needles;
 - iii. Risks of transmission to sexual partners and infants;
 - iv. Steps to ensure that HIV and TB transmission does not occur;
 - v. Referral for HIV or TB treatment services, if necessary;
 - vi. Counseling on the effects of alcohol and drug use on the fetus; and
 - vii. Referral for prenatal care.
- (c) A&D 66 Services must be evidence-based or promising practices. Services may be reduced commensurate with reductions in funding by OHA. County shall provide the following Services, subject to availability of funds:
- i. Outreach (case finding), early identification and screening, assessment and diagnosis, and education:
 - A. Outreach: Partner with healthcare Providers and other social service partners who provide screening for the presence of behavioral health conditions to facilitate access to appropriate Services.
 - B. Early Identification and Screening: Conduct periodic and systematic screening that identify Individuals with behavioral health conditions and potential physical health consequences of behavioral health conditions which consider epidemiological and community factors, as identified in the

Local Plan or Regional Health Improvement Plan (RHIP) as applicable.

- C. Assessment and Diagnosis: Perform multidimensional, biopsychosocial assessments as appropriate based on OAR 309-018-0140 to guide person-centered services and supports planning for behavioral health and co-existing physical health conditions. Identify Individuals who need intensive care coordination. Use the following standardized protocols and tools to identify the level of Service need and intensity of care and coordination, addressing salient characteristics such as age, culture, and language:
 - I. American Society of Addiction Medicine (ASAM) for Individuals receiving Substance Use Disorder Services.
 - II. Level of Care Utilization System (LOCUS) for adults transitioning between the state hospitals, licensed mental health residential services, and Intensive Community Services. **“Intensive Community Services”** are defined as assertive community treatment, intensive case management, and supported or supportive housing.
 - III. Level of Service Intensity Determination for children including use of Child and Adolescent Service Intensity Instrument (CASII) and Early Childhood Service Intensity Instrument (ECSII) for children receiving services with “Intensive Outpatient Services and Supports” or “Intensive Treatment Services,” as defined in OAR 309-022-0105(45) and 309-022-0105(46), respectively.
- D. Education: Partner with other community groups and organizations, including but not limited to schools, community corrections, and other related organizations, to perform education and outreach to potentially at-risk populations for alcohol and drug abuse in order to educate those groups around substance abuse treatment and recovery topics tailored to the individual groups’ needs, in order to educate the broader community on these issues as well as begin the process of promoting potential initiation and engagement in treatment Services within these populations.
- ii. Initiation and Engagement: Promote initiation and engagement of Individuals receiving Services and supports, which may include but are not limited to:
 - A. Brief motivational counseling;
 - B. Supportive Services to facilitate participation in ongoing treatment; and

- C. Withdrawal management for Substance Use Disorders and supportive pharmacotherapy to manage symptoms and adverse consequences of withdrawal following assessment.

iii. Therapeutic Interventions:

General community-based Services, which may include:

- A. Condition management and a whole person approach to single or multiple chronic conditions based on goals and needs identified by the Individual;
- B. General outpatient Services;
- C. Medication management for:
 - I. Mental health disorders (when providing Services for Individuals with co-occurring mental and Substance Use Disorders).
 - II. Substance Use Disorders:
 - (A) Includes pharmacotherapy for adults diagnosed with opioid dependence, alcohol dependence, or nicotine dependence and without medical contraindications. Publicly funded programs will not discriminate in providing access to Services for Individuals using medications to treat and manage addictions.
 - (B) Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with psychosocial treatment and support.
- D. Detoxification for Individuals with Substance Use Disorders under OAR 415-050-0000 through 415-050-0095. Supportive pharmacotherapy may be provided to manage the symptoms and adverse consequences of withdrawal, based on a systematic assessment of symptoms and risk of serious adverse consequences related to the withdrawal process; and
- E. Meaningful Individual and family involvement.

iv. Continuity of Care and Recovery Management:

- A. Continuity of care Services includes:
 - I. Coordinate and facilitate access to appropriate housing Services and community supports in the Individual's community of choice;
 - II. Facilitate access to appropriate levels of care and coordinate management of Services and supports based on an Individual's needs in their community of choice;
 - III. Facilitate access to Services and supports provided in the community and Individual's home designed to

assist children and adults with Substance Use Disorders whose ability to function in the community is limited and for whom there is significant risk of higher level of care needed; and

- IV. Coordinate with other agencies to provide intensive care coordination sufficient to help Individuals prevent placement in a more restrictive level of care and to be successfully served in their community of choice.

B. Recovery Management Services includes:

- I. Continuous case management;
- II. Monitoring of conditions and ongoing recovery and stabilization;
- III. Individual and family engagement, including provision of childcare for parents actively involved in any of these treatment, education, outreach, or recovery support Services; and
- IV. Transition planning that addresses the Individual's needs and goals.

(2) Performance Requirements

- (a) A Provider delivering A&D 66 Services with financial assistance awarded through this Agreement may not use funds to deliver covered Services to any Individual enrolled in the Oregon Health Plan.
- (b) The quality of A&D 66 Services supported with financial assistance through this Agreement will be measured in accordance with the criteria set forth below. These criteria are applied on a countywide basis each calendar quarter (or portion thereof) during the period for which financial assistance is awarded through this Agreement. County shall develop and implement quality assurance and quality improvement processes to improve progressively, as measured by the criteria set forth below, the quality of Services supported with financial assistance awarded through this Agreement. OHA may assign performance payments to some or all of these standards and measures and may recommend additional actions to improve quality.
 - i. **Access:** Access is measured by OHA as the percentage of residents estimated by OHA surveys to need treatment who are enrolled in A&D 66 Services.
 - ii. **Treatment Service Initiation:** Treatment service initiation is measured as the percentage of Individuals served within 14 calendar days of their original assessment, also known as the index date. The index date is a start date with no Services in the prior 60-calendar days.
 - iii. **Utilization:** Utilization requirements for Individuals receiving continuum of care services (non-detox) will be identified in a

Special Condition, subject to a particular line in Exhibit C, “Financial Assistance Award.”

- iv. **Engagement:** Engagement is measured by OHA as the percentage of Individuals receiving A&D 66 Services under this Agreement who enter treatment following positive assessment.
- v. **Treatment Service Retention:** Treatment Service retention is measured by OHA as the percentage of Individuals receiving A&D 66 Services under this Agreement who are actively engaged in treatment for 90 consecutive calendar days or more.
- vi. **Reduced Use:** Reduced use is measured by OHA as the percentage of Individuals engaged in and receiving A&D 66 Services under this Agreement who reduce their use of alcohol or other drugs during treatment, as reported in the MOTS data system, upon planned interruption in Services or 90 calendar day retention, whichever comes first.
- vii. **Completion:** Completion is measured as the percentage of Individuals engaged in and receiving A&D 66 Services under this Agreement who complete two thirds of their treatment plan and are engaged in recovery support or services at the time treatment Services are terminated. Providers of A&D 66 Services funded through this Agreement must participate in client outcome studies conducted by OHA.
- viii. **Facility-Based Care Follow-Up:** Facility-based care follow-up is measured by the percentage of Individuals with a follow-up visit completed within 7 calendar days after: (A) hospitalization for mental illness; or (B) any facility-based Service defined as residential.
- ix. **Hospital and Facility-Based Readmission rates:** Hospital and facility-based readmission rates are measured by the number of Individuals returning to the same or higher levels of care within 30 and 180 calendar days against the total number of discharges.
- x. **Parent-Child Reunification:** Parent-child reunification is measured by the number of parents reunited with their child (or multiple children) against the number of parents served who have children in an out-of-home placement or foster care due to the Department of Human Service, Child Welfare Program’s involvement.
- xi. **Functional Outcomes - Housing Status; Employment Status; School Performance; Criminal Justice Involvement:** The 4 functional outcome measures that will be monitored by OHA and reported to the County are as follows:
 - A. Housing Status: If improved housing status is a goal of treatment or an Individual is homeless or in a licensed care facility, this measure will be monitored. This measure is defined as the number of Individuals who improve housing status as indicated by a change from homelessness or

licensed facility-based care to private housing against the total number of Individuals with a goal to improve housing.

- B. Employment Status: If employment is a goal of treatment, this measure will be monitored. This measure is defined as the number of Individuals who become employed, as indicated by a change in employment status, against the number of Individuals with a goal of becoming employed.
- C. School Performance: If school attendance is a goal of treatment, this measure will be monitored. The measure is defined as the number of Individuals who improve attendance in school while in active treatment against the total number of Individuals with a goal of improved attendance in school.
- D. Criminal Justice Involvement: This measure will be monitored by OHA for Individuals referred for Services by the justice system. The measure is defined as the number of Individuals who were not arrested after 1 day or more of active treatment or 2 consecutive quarters (whichever comes first) against the total number of Individuals referred for Services by the justice system.

(3) **Reporting Requirements**

See Exhibit E, 10, "Reporting Requirements for MOTS."

(4) **Special Reporting Requirements**

- (a) Reports must be prepared using forms and procedures prescribed by OHA. Forms are located at <http://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>.
- (b) County shall prepare and electronically submit to hsd.contracts@odhsoha.oregon.gov written annual summary reports on the delivery of A&D 66 Services, no later than 45 calendar days following the end of each subject year for which financial assistance is awarded through this Agreement.
- (c) Each report shall provide the following information:
Description of the delivery of A&D 66 Services provided to Individuals who are not enrolled in MOTS at the time of their participation in Prevention, Education, or Outreach Service delivery, as described in this Service Description. Cases without evidence of treatment engagement in the clinical record do not count toward the Service delivery requirement, except as listed above for Prevention, Education, and Outreach.

(5) **Payment Calculation, Disbursement, and Agreement Settlement Procedures**

See Exhibit D, "Payment, Settlement, and Confirmation Requirements."

Use Payment and Settlement language, Section 1.f.(1).

g. Service Name: **SUBSTANCE USE DISORDER RESIDENTIAL & DAY TREATMENT CAPACITY**

Service ID Code: **A&D 67**

(1) Service Description

Substance Use Disorder (SUD) Residential and Day Treatment Capacity (A&D 67) is for housing/lodging services for indigent, underfunded, or Medicaid-eligible Individuals who are enrolled in SUD adult or youth residential services or day treatment services where housing/lodging services are provided. A&D 67 Services provide a structured environment for an Individual on a 24-hour basis consistent with Level II and Level III of the American Society of Addiction Medicine (ASAM) patient placement criteria and transfer and continuity of care set forth in OAR 309-018-0135 through 309-018-0155 and 309-019-0135 through 309-019-0140, as such rules may be revised from time to time, are appropriate to the Individual's needs and include housing and food services.

Housing/lodging services must include;

- (a) Bed with a frame and clean mattress;
- (b) Pillow(s);
- (c) Linens; sheets, pillowcases, and blankets;
- (d) Bath towel and wash cloth;
- (e) Private dresser or similar storage area for personal belongings;
- (f) Meals: at least three meals must be provided daily in adequate amounts for each resident at each meal, as well as two snacks daily (may be subsidized with SNAP benefits);
- (g) Laundry services at least weekly for personal clothing, linens, bath towel, and wash cloth; and
- (h) Rent/Utilities (no additional charges to Individual while in treatment).

(2) Performance Requirements

Providers of A&D 67 Services paid through this Contract must comply with OAR 309-018-0100 through 309-018-0215 and OAR 309-019-0100 through 309-019-0220, as such rules may be revised from time to time. Providers of A&D 67 Services paid through this Contract must also have a current approval or license issued by OHA in accordance with OAR 415-012-0000 through 415-012-0090 and must participate in client outcome studies conducted by OHA.

(3) Reporting Requirements

See Exhibit E, 10, "Reporting Requirements for MOTS."

(4) Special Reporting Requirements

None

(5) Payment Calculation, Disbursement, and Confirmation of Performance and Reporting Requirements Procedures

See Exhibit D, "Payment, Settlement, and Confirmation Requirements."

Use Payment and Confirmation language, Section 1.f.(2).

- h. Service Name: **PROBLEM GAMBLING PREVENTION SERVICES**
Service ID Code: **A&D 80**

(1) Service Description

- (a) Problem Gambling Prevention Services (A&D 80 Services) are designed to meet the following objectives:
- i. Education aimed at increasing general public awareness of Problem Gambling that includes all populations of the general public; and
 - ii. Prevent Problem Gambling.
- (b) The goals and outcomes for County's A&D 80 Services must be described in County's OHA approved Problem Gambling Prevention Implementation Plan, using the form located at: <https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Prevention.aspx>, and submitted electronically to OHA at: hsd.contracts@odhsoha.oregon.gov. County's A&D 80 Services will be monitored and evaluated on the basis of the County's effectiveness in achieving the goals and outcomes identified in the County's OHA approved Problem Gambling Prevention Implementation Plan and through the Problem Gambling Prevention Data Collection System at: <https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Prevention.aspx/>.

(2) Performance Requirements

- (a) County shall designate a problem gambling prevention coordinator, who is qualified by virtue of knowledge, training, experience and skills, that shall be responsible for:
- i. Implementation plan development, utilizing a comprehensive planning framework for addressing awareness of problem gambling and prevention education. Plans must reflect the requirements within the Problem Gambling Tier Level Funding Performance Standards located at: <https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Prevention.aspx/>. Planning frameworks shall demonstrate the following: community assessment of current status of the problem, desired outcome, strategic plan to meet outcome, and evaluation plan;
 - ii. Continuously conducting a community assessment every five years (FY2025-26) and utilizing County's community assessment results to identify trackable outcome measurements within Implementation Plan;
 - iii. Implementation of problem gambling prevention activities each quarter related to identified goals within Implementation Plan, unless preauthorized by OHA Problem Gambling Prevention Services Specialist;
 - iv. Monitoring, implementation, evaluation and oversight of the Problem Gambling Prevention Implementation Plan in accordance with the "Special Reporting Requirements" section below and submitting electronically to OHA through the Problem Gambling Prevention

Quarterly Data Reporting Collection System at
<https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Prevention.aspx/>;

- v. Preparation of reports, as described in the “Special Reporting Requirements” section below;
 - vi. Oversight and coordination of A&D 80 Services, activities, and programs provided in the County;
 - vii. Completion of Problem Gambling Prevention Coordinator Training Series requirements within six months from the date of hire or designation as coordinator. The Problem Gambling Prevention Coordinator Training Series requirements are located at <https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Prevention.aspx/>;
 - viii. Attending a minimum of 8 hours of OHA Problem Gambling Services approved trainings per calendar year, separate from the Problem Gambling Prevention Coordinator Training Series referenced above;
 - ix. Development and adoption of a comprehensive written policy, on gambling in the workplace; and
 - x. Participating in a minimum of one Technical Assistance/Program Development visit in a three year period. Technical Assistance Visit Toolkit and Schedule located at: <https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Prevention.aspx/>.
- (b) County shall designate a Problem Gambling Prevention Supervisor, who is qualified by virtue of knowledge, training, experience and skills, that shall be responsible for:
- i. Completion of the Problem Gambling Prevention Supervisor Training within 3 months from date of designation as problem gambling prevention supervisor.
 - ii. The Problem Gambling Prevention Supervisor Training requirements are located at: <https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Prevention.aspx/>.
- (c) The financial assistance awarded to County for A&D 80 Services in the subsequent contracting period will, in part, depend upon achievement of the goals and outcomes set forth in the County’s Problem Gambling Prevention Implementation Plan. In the event of a conflict or inconsistency between the provisions of the County’s Problem Gambling Prevention Implementation Plan and provisions of this Service Description, the provisions of this Service Description shall control.
- (d) Providers of A&D 80 Services must implement A&D 80 Services funded through this Agreement in accordance with the County’s current Problem Gambling Prevention Implementation Plan.

(3) **Reporting Requirements**

None

(4) **Special Reporting Requirements**

- (a) All A&D 80 Services provided by County under this Agreement must be reported and submitted electronically to OHA on a quarterly basis through the Oregon Problem Gambling Prevention Quarterly Data Reporting Collection System, located at <https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Prevention.aspx> no later than 45 calendar days following the end of each quarter with respect to Services provided in the prior quarter.
- (b) County shall notify OHA Problem Gambling staff, at pgs.support@odhsoha.oregon.gov, within 10 business days of any changes related to designated Problem Gambling A&D 80 Services.

(5) **Financial Assistance Calculation, Disbursement, and Confirmation of Performance and Reporting Requirements Procedures**

County shall not expense greater than 6 percent of total allocation for administrative overhead and indirect cost.

See Exhibit D, "Payment, Settlement, and Confirmation Requirements."

Use Payment and Settlement language, Section 1.f.(2).

- i. **Service Name:** **PROBLEM GAMBLING TREATMENT SERVICES**
Service ID Code: **A&D 81**

(1) Service Description

For purposes of this A&D 81 Service Description, an Individual must have one of the diagnoses listed below in order to obtain services and the diagnosis must be primary or secondary.

- (a) A diagnosis of Gambling Disorder, defined as an Individual with persistent and recurrent problematic gambling behavior leading to significant impairment or distress, as indicated by the Individual exhibiting one or more diagnostic criteria of the most current version of the Diagnostic and Statistical Manual for Mental Disorders; or
- (b) A diagnosis of Other Specific Disruptive, Impulse Control and Conduct Disorder, as an Individual with clinically significant distress or impairment in social, occupational, or other important area of functioning. This diagnosis in terms of Problem Gambling Treatment Services and reimbursement for these services should be used for clients who present with an Internet Gaming Disorder; or
- (c) A diagnosis of relationship distress with spouse or intimate partner; a diagnosis of relational problems or problems related to psychosocial circumstances; or diagnosis of stressful life events affecting family and household.

(2) Performance Requirements

- (a) County shall maintain Certification, as provided under OAR 309-008-0100 through 309-008-1600 "Certification of Behavioral Health Treatment Services," for all levels of outpatient treatment in accordance with OAR 309-019-0100 through 309-019-0220 "Outpatient Behavioral Health Services," as such rules may be revised from time to time.
- (b) County shall meet the performance requirements, which are imposed and assessed on an individual County basis, listed below. If OHA determines that a Provider of A&D 81 Services fails to meet any of the performance requirements, the specific performance requirements that are out of compliance will be reviewed at a specifically scheduled performance requirement site review or OHA may reduce the monthly allotments based on under-used allotments identified through the OHA PG Net data collection system or other required reports in accordance with the "Special Reporting Requirements" section below.

The performance requirements for A&D 81 Services are as follows:

- i. **Access:** The amount of time between an Individual requesting A&D 81 Services and the first offered service appointment must be 5 business days or less for at least [90%] of all Individuals receiving A&D 81 Services funded through this Agreement.
- ii. **Client Satisfaction:** The percent of Individuals receiving A&D 81 Services who have consented and completed a satisfaction survey and would positively recommend the Provider to others must not be

less than [85%.] Satisfaction surveys must be completed by no less than [50%] of total enrollments for those that have consented to the survey.

- iii. **Long-term Outcome:** At the 6-month follow up for Individuals completing treatment, a minimum of [50%] must report abstinence or reduced gambling.
- iv. **Retention:** The percent of Individuals receiving A&D 81 Services who actively engage in treatment for at least 10 clinical sessions must be at least [40%].
- v. **Successful Completion:** The percent of all Individuals receiving A&D 81 Services who successfully complete treatment must be at least [35%] (unadjusted rate). Successful completion of problem gambling treatment is defined as Individuals who have: (a) achieved at least [75%] of short-term treatment goals; (b) completed a continued wellness plan (i.e., relapse prevention plan); and (c) lack of engagement in problem gambling behaviors for at least [30] consecutive days prior to successful completion of A&D 81 Services.
- vi. **Admission Survey Completion:** The percent of Individuals receiving A&D 81 Services who consent and complete an admission survey must not be less than [95%.]

(c) **Technical Assistance and Program Development**

- i. County shall participate in a minimum of one Technical Assistance/Program Development visit in a three year period. Schedule of visit, located at:
<https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Treatment.aspx>.
- ii. County shall collaborate with OHA PGS staff in developing and implementing a Program Development Plan based on feedback from the Technical Assistance and Program Development visit. Plan template can be found at:
<https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Treatment.aspx>. Plan must be on file with OHA PGS staff. Process/procedure and reporting guidelines for Technical Assistance and Program Development visit is located at:
<https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Treatment.aspx>.
- iii. County shall participate in semi-annual connection review with OHA. These reviews will be completed via conference call, webinar or in person with the use of a structured form that can be found at:
<https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Treatment.aspx>.
- iv. County shall provide problem gambling in-reach efforts within their A&D 81 Service organization. This should include training to clinical staff on engagement, education, screening, identification and referrals to A&D 81 Services using the Gambling Screening, Brief

Intervention, and Referral to Treatment (GBIRT) toolkit and type model, which can be found at:

<https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Treatment.aspx>.

- v. Persons providing A&D 81 Services, prior to working with an individual with problematic gambling must complete the “Problem Gambling for Social Service Professionals” training series, Modules One through Three within six months of agency assignment to problem gambling client services. Information on the training series can be found at: <https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Workforce.aspx>.
- vi. County shall complete a Oregon Problem Gambling Counselor Competency Evaluation and submit to OHA approved portal. This evaluation shall be completed on each Program’s gambling clinician at a minimum of once every odd numbered year. Information provided to OHA will be anonymous and assist with determining needs within the workforce to be addressed. Evaluation tool can be found at: <https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Workforce.aspx>.
- vii. A&D 81 Services are limited to [12] months per Individual for an active treatment episode. This Service limitation will count [12] consecutive months, starting with the Individual’s enrollment date. Individuals must have been out of active treatment service for a minimum of [90] consecutive days prior to any re-enrollment in the state system.

County may request an extension of the [12] month Service limitation by submitting a Length of Stay Extension request in the OHA PG Net data collection system located at:

<https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/PG-Net.aspx>.

Continuing care or aftercare service is limited to [12] months per Individual and provided upon successful completion of gambling treatment Services. This Service limitation will continue [12] consecutive months starting with the Individual’s discharge date.

- (d) Problem Gambling Treatment Services (A&D 81 Services) are as follows:
 - i. Outpatient A&D 81 Services provide problem gambling assessment, treatment, rehabilitation and peer support services, delivered on an outpatient basis or intensive outpatient basis to Individuals and those in relationships with Individuals with gambling related problems who are not in need of 24-hour supervision for effective treatment. Outpatient A&D 81 Services must include regularly scheduled face-to-face or non-face-to-face therapeutic sessions or services, in response to crisis for the Individual, and may include individual, group, couple, family counseling, and peer support.
 - ii. “Session” or “treatment session” means A&D 81 Services delivered in individual, couple, family, group or peer support modalities.

Treatment sessions must be reported by type (e.g., individual, couple, family, or group) and length (time).

- iii. In reach activities: Treatment-specific efforts that engage, educate and assist behavioral health programs with screening, identification and referral to A&D 81 Services.
- iv. A&D 81 Services are to be made available to any Oregon resident with a Gambling Disorder, problematic gambling, or diagnosis of relational problem as defined above. A&D 81 Services to out-of-state residents are permissible if the presenting Gambling Disorder or relational problem diagnoses are reported as primarily related to an Oregon Lottery product or Oregon Indian Gaming Center.

(3) **Reporting Requirements**

None

(4) **Special Reporting Requirements**

County shall notify OHA Problem Gambling staff within 10 business days of any changes related to designated Problem Gambling A&D 81 Services program staff. Notification shall be sent to pgs.support@odhsoha.oregon.gov.

County shall submit the following information to OHA regarding Individuals receiving A&D 81 Services.. All Providers of A&D 81 Services shall comply with OHA PG Net data collection system and manual located at <https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/PG-Net.aspx>.

- (a) Admission Data: The admission screen within the OHA PG Net data collection system and admission survey must be collected and submitted within [14] calendar days of the first treatment contact with an Individual.
- (b) Survey Consent Form: A completed consent form to participate in admission survey, satisfaction survey and evaluation follow-up efforts must be administered and collected via the OHA PG Net data collection system. Refusal to participate in surveys must be documented in the client file.
- (c) Encounter Data Reporting Requirements: All Providers of A&D 81 Services funded through this Agreement must submit Individual-level, Service delivery activity (encounter data) within 30 calendar days following the end of each month.

Encounter data must be submitted electronically utilizing the HIPAA approved “837” format.

Prior to submitting data, each encounter claim must be documented in the clinical record and must include the date of the encounter Service, type of Service rendered, time of Service, length of Service, setting of Services, personnel rendering Services (including their name, credentials and signature), and a clinical note including a description of the session .

- (d) Discharge Data: Discharge data must be collected and submitted within [90] calendar days after the last date of Service to an Individual.

(5) **Financial Assistance Calculation, Disbursement, Confirmation of Performance and Reporting Requirements, & Provider Audit Procedures**

See Exhibit D, “Payment, Settlement, and Confirmation Requirements.”

Use Payment and Confirmation language, Section 1.f.(2).

In addition:

- (a) OHA will provide financial assistance for A&D 81 Services identified in a particular line of Exhibit C, “Financial Assistance Award,” as specified in the PGS Procedure Codes and Rates for Treatment Providers rate sheet, located at <https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Treatment.aspx>, as it may be revised from time to time.
- (b) OHA will not make multiple financial assistance disbursements for a single clinical activity, except for group therapy. For example, OHA will not provide financial assistance for an individual treatment session for both an Individual and his or her spouse when the treatment was delivered in a single marital session with a single therapist.
- (c) Providers of A&D 81 Services shall not charge Individuals whose Services are paid through this Agreement any co-pay or other fees for such Services.
- (d) Provider Audits: Providers receiving funds under this Agreement, for A&D 81 Services, are subject to audits of all funds applicable to A&D 81 Services rendered. The purpose of these audits is to:
 - i. Require proper disbursements were made for covered A&D 81 Services;
 - ii. Recover over-payments;
 - iii. Discover any potential or actual instances of fraud and abuse; and
 - iv. Verify that encounter data submissions are documented in the client file, as required and described in the “Special Reporting Requirements” above.

Providers may be subject to OAR 407-120-1505 “Provider and Contractor Audits, Appeals, and Post Payment Recovery,” and OAR 410-120-1510 “Fraud and Abuse,” as such rules may be revised from time to time.

- (e) OHA’s obligation to provide assistance under this Agreement is subject to the satisfaction of the County delivering the anticipated level of A&D 81 Services, upon which the allotments were calculated. If, for a period of 3 consecutive months during the term of this Agreement, County delivers less than the anticipated level of Services, upon which allotments were calculated in a particular line of Exhibit C, “Financial Assistance Award,” OHA may amend the amount of funds awarded for A&D 81 Services in proportion to the under-utilization during that period, including but not limited to reducing the amount of future funds awarded for A&D 81 Services in an amount equal to funds reduced under that line of the Financial Assistance Award for under-utilization. An amendment shall be prepared and executed between OHA and County to reflect this reduction.

j. Service Name: **PROBLEM GAMBLING RESPITE TREATMENT SERVICES**

Service ID Code: **A&D 83**

(1) Service Description

For purposes of this A&D 83 Service Description, an Individual with a Gambling Disorder is an Individual with persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the Individual meeting the diagnostic criteria of the most current version of the Diagnostic and Statistical Manual for Mental Disorders. This diagnosis must be primary or secondary.

Problem Gambling Respite Treatment Services (A&D 83 Services) are problem gambling treatment Services designed to supplement Problem Gambling Treatment Outpatient Services (A&D 81 Services). A&D 83 Services are to be delivered to Individuals who have special needs in relation to A&D 81 Services, such as highly suicidal Individuals or Individuals with co-occurring psychiatric conditions.

- (a)** The specific A&D 83 Services that may be delivered with funds provided through this Agreement and directed at Individuals with problems related to a gambling disorder are as follows:
 - i.** Secure Residential Treatment Facility (1-14 day residential care at a psychiatric health care facility): Providers of this Service must have OHA approved, written policies and procedures for operating this Service, hold licensure and comply with OAR 309-035-0100 through 309-035-0225, "Residential Treatment Facilities and Residential Treatment Homes for Adults with Mental Health Disorders".
 - ii.** Respite Care Service (1-14 day residential care at an alcohol and drug treatment facility): Providers of this Service must have:
 - A.** OHA approved, written policies and procedures for operating this Service, hold licensure and comply with OAR 309-018-0100 through 309-018-0215 "Residential Substance Use Disorders and Problem Gambling Treatment and Recovery Services;" and
 - B.** A current license issued by the OHA in accordance with OAR 415-012-0000 through 415-012-0090 "Licensure of Substance Use Disorders and Problem Gambling Residential Treatment and Recovery Services."

Referral to A&D 83 Services is through an approved A&D 81 Problem Gambling Treatment Outpatient Service provider or Emergency Department, with specific approval of the A&D 83 Service provider.

- (b)** A&D 83 Services are to be made available to any Oregon resident with a Gambling Disorder as defined above. A&D 83 Services provided to out-of-state residents are permissible if the presenting Gambling Disorder is

reported as primarily related to an Oregon Lottery product or Oregon Indian Gaming Center.

- (c) Persons providing A&D 83 Services, prior to working with an individual with problematic gambling must complete the “Problem Gambling Social Service Professionals” training series, Modules One through Three within six months of agency assignment to problem gambling client services. Information on the training series can be found at:
<https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Workforce.aspx>.

(2) **Performance Requirements**

County shall meet the performance requirements, which are imposed and assessed on an individual County basis, listed below. If OHA determines that a Provider of A&D 83 Services fails to meet any of the specified performance requirements, the specific performance requirements out of compliance will then be reviewed at a specifically scheduled performance standards site review or OHA may deny invoiced payments based on insufficient data or performance requirements identified through the OHA PG Net data collection system or other required reports in accordance with the “Special Reporting Requirements” section below.

The performance requirements for A&D 83 Services are as follows:

- (a) **Access:** The amount of time between an Individual with a Gambling Disorder requesting A&D 83 Services and the first offered service appointment must be 2 business days or less for at least 100% of all Individuals receiving A&D 83 Services funded through this Agreement.
- (b) **Successful Completion:** The percent of all Individuals receiving A&D 83 Services who successfully complete treatment must be at least [100]%. Successful completion of problem gambling treatment is defined as Individuals who:
 - i. are stabilized, to safely return to the community, and have established contact, including a scheduled appointment, with a treatment professional in their local community for continuing care; or
 - ii. have been transferred to residential gambling treatment Services.

(3) **Reporting Requirements**

None

(4) **Special Reporting Requirements**

County shall notify OHA Problem Gambling staff within 10 business days of any changes related to designated Problem Gambling A&D 83 Services program staff. Notifications shall be sent to pgs.support@odhsoha.oregon.gov.

County shall submit the following information to OHA regarding Individuals receiving A&D 83 Services. All Providers of A&D 83 Services shall comply with PG Net data collection system and manual, located at
<https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/PG-Net.aspx>.

- (a) Intake Data: The admission screen within PG Net must be completed and submitted within 14 calendar days of the first treatment contact with an Individual.
- (b) Encounter Data Reporting Requirements: All Providers of A&D 83 Services funded through this Agreement must submit Individual-level, Service delivery activity (encounter data) within 30 calendar days following the end of each month.

Encounter data must be submitted electronically utilizing the HIPAA approved “837” format.

Prior to submitting data, each encounter claim, must be documented in the clinical record and must include the date of the encounter Service, type of Service delivered, time of Service, length of Service, setting of Service, personnel rendering Service (including their name, credentials and signature), and a clinical note including a description of the session.
- (c) Discharge Data: Discharge data must be collected and submitted within 90 calendar days after the last date of Service to an Individual.

(5) Financial Assistance Calculation, Disbursement and Settlement Requirements

County shall not expense greater than six (6) percent of total allocation for administrative overhead and indirect cost.

See Exhibit D, “Payment, Settlement, and Confirmation Requirements.”

Use Payment and Settlement language, Section 1.f.(1)(a).

In addition:

- (a) OHA will provide financial assistance for A&D 83 Services identified in a particular line of Exhibit C, “Financial Assistance Award,” as specified in the PGS Billing Codes and Rates for Treatment Providers rate sheet, located at: <https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Treatment.aspx>, as it may be revised from time to time.
- (b) Providers of A&D 83 Services funded through this Agreement shall not charge Individuals, whose Services are paid through this Agreement, any co-pay or other fees for such Services;
- (c) Providers of A&D 83 Services funded through this Agreement shall not use third party insurance. A&D 83 Services are to be a single payer source.
- (d) Provider Audits: Providers receiving funds under this Agreement, for providing A&D 83 Services, are subject to audits of all funds applicable to A&D 83 Services rendered. The purpose of these audits is to:
 - i. Require proper disbursements were made for covered A&D 83 Services;
 - ii. Recover Overexpenditures;
 - iii. Discover any potential or actual instances of fraud and abuse; and
 - iv. Verify that encounter data submissions are documented in the client file, as required, and described in the “Special Reporting Requirements” section above.

- (e) Providers of A&D 83 Services funded through this Agreement may be subject to OAR 407-120-1505 “Provider and Contractor Audits, Appeals, and Post Payment Recovery,” and OAR 410-120-0380 “Fraud and Abuse,” as such rules may be revised from time to time.

k. Service Name: **PROBLEM GAMBLING, CLIENT FINDING/REFERRAL PATHWAYS OUTREACH SERVICES**

Service ID Code: **A&D 84**

(1) Service Description

- (a) A&D 84 Services is defined as Specific Outreach with the primary purposes of getting problem gamblers and/or family members enrolled in Problem Gambling Outpatient Treatment Services (A&D 81 Services).

The specific A&D 84 Services that may be delivered with funds provided under this Agreement are as follows:

- i. Outreach aimed at increasing the number of Individuals receiving outpatient treatment services;
 - ii. Targets a specific vulnerable population;
 - iii. Repeated contact and the development of a relationship with another professional provider; and
 - iv. Increasing the number of Individuals that are referred to County or sub-contractor and admitted to services in problem gambling treatment programs.
- (b) A&D 84 - Services may be delivered by problem gambling treatment or prevention professionals or subcontracted to community entities through an organization specializing in problem gambling treatment and prevention.

(2) Performance Requirements

- (a) County shall designate a Problem Gambling, Client Finding/Referral Pathways Outreach specialist, who shall be responsible for:
- i. Development and implementation of Annual Problem Gambling, Client Finding/Referral Pathway Outreach Strategic Plan.
 - ii. Overseeing and coordinating A&D 84 Services provided in the County; and
 - iii. Preparing the quarterly reports as described in the “Special Reporting Requirements” section below.
- (b) County shall provide problem gambling community outreach efforts to a population in either phase 2, 3, or 4 defined within the OHA PGS GBIRT and Referral Pathways Implementation Toolkit. Toolkit can be found at <https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Treatment.aspx>. This should include training of professionals on engagement, education, screening, identification and referrals to A&D 81 Services using a Gambling Screening, Brief Intervention, and Referral to Treatment (GBIRT) type model.

(3) Reporting Requirements

None

(4) **Special Reporting Requirements**

- (a) County shall prepare and electronically submit, to pgs.support@odhsoha.oregon.gov and hsd.contracts@odhsoha.oregon.gov, written quarterly reports on the delivery of A&D 84 Services no later than 45 calendar days following the end of each subject quarter with respect to Services provided in the prior quarter. Reports must be prepared using forms and procedures prescribed by OHA. Forms are located at <https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Treatment.aspx> .
- (b) Each report shall provide the following information:
 - i. Description of results in achieving the goals and outcomes set forth in the Annual Problem Gambling, Client Finding/Referral Pathways Outreach Strategic Plan.
 - ii. Description of the activities, appraisal of activities, and expenses during the preceding quarter in providing A&D 84 Services.
- (c) County shall notify OHA Problem Gambling staff within 10 business days of any changes related to designated Problem Gambling A&D 84 Services program staff. Notification shall be sent to pgs.support@odhsoha.oregon.gov.

(5) **Financial Assistance Calculation, Disbursement, and Confirmation of Performance and Reporting Requirements Procedures**

See Exhibit D, "Payment, Settlement, and Confirmation Requirements."

Use Payment and Confirmation language, Section 1.f.(2).

In addition:

- (a) County shall not expense greater than six (6) percent of total allocation for administrative overhead and indirect cost.
- (b) Providers of A&D 84 Services shall not charge Individuals whose Services are paid through this Agreement any co-pay or other fees for such Services.

- I. Service Name: **SYSTEM MANAGEMENT AND COORDINATION**
Service ID Code: **MHS 01**

(1) Service Description

The purpose of a Community Mental Health Program (CMHP) is to provide a system of appropriate, accessible, coordinated, effective, efficient safety net services for Individuals with a mental or emotional disturbance, with drug or alcohol dependence or abuse issue, or gambling addiction problems and are within the specific geographic area served by the County through this Agreement.

System Management and Coordination (MHS 01 Services) is the central management of a Mental Health Services system for which financial assistance is included in Exhibit C, "Financial Assistance Award," of this Agreement.

Eligibility for Services

County shall provide MHS 01 Services to Individuals:

- (a) With a mental or emotional disturbance, drug or alcohol dependence or abuse issue, or gambling addiction problems; and
- (b) Are eligible to receive Services within the specific geographic area served by the County through this Agreement.

(2) Performance Requirements

County shall:

- (a) Establish and maintain a structure for meaningful system design and oversight that includes involvement by Individuals and families across all ages that have or are receiving Mental Health Services. System design and oversight must include:
 - i. Planning for the delivery of Services;
 - ii. Implementation of the delivery of Services;
 - iii. Monitoring;
 - iv. Documentation of Service delivery in compliance with state and federal requirements, including but not limited to the requirements in ORS 430.634(2);
 - v. Contract and subcontract negotiation and monitoring;
 - vi. Coordination with state hospital Services;
 - vii. Evaluation of Services and supports; and
 - viii. Involvement in activities that focus on:
 - A. Resource allocation;
 - B. Outcomes;
 - C. Quality improvement; and
 - D. Advisory councils.
- (b) Assist all eligible and interested Individuals with applying for public assistance, medical assistance, and any other state or federal benefits that

the individual may be eligible for now or upon discharge from institutionalization;

- (c) Provide payment for Services, described in this Agreement, provided to Individuals, who are uninsured, underinsured, not eligible for Medicaid, or have exhausted Medicaid services, including those who meet the criteria for Citizen Alien Waived Medical Program;
- (d) Coordinate with any third-party payors, including but not limited to Coordinated Care Organizations, for the payment of Services described in this Agreement that are covered for the Individual under private insurance or through public or medical assistance programs;
- (e) Develop a plan that identifies the number, type and location of Providers that are necessary to provide the Services identified in this Agreement; and
- (f) Contract with Providers to meet the Service needs of Individuals under this Agreement.

(3) **Reporting Requirements**

None.

(4) **Special Reporting Requirements**

Reports must be prepared using forms and procedures prescribed by OHA. Forms are located at <http://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>. County shall submit electronically, to hsd.contracts@odhsoha.oregon.gov, an annual accounting report of financial assistance within 45 calendar days from the end of the contract year.

(5) **Financial Assistance Calculation, Disbursement, and Confirmation of Performance and Reporting Requirements Procedures**

See Exhibit D, "Payment, Settlement, and Confirmation Requirements."

Use Payment and Confirmation language, Section 1.f.(2).

m. Service Name: **AID AND ASSIST CLIENT SERVICES**
Service ID Code: **MHS 04**

(1) Service Description

A criminal defendant may be found incapacitated (unable to aid and assist in their own defense) if, as a result of a qualifying mental disorder, the Individual is unable to understand the nature of the proceeding against them, to assist or cooperate with their counsel, or to participate in their own defense. MHS 04 Services are provided to assist Individuals in gaining or regaining their capacity in the most integrated, least restrictive setting possible in the community.

Services include but are not limited to discharge planning, treatment designed to restore capacity, placement in appropriate community-based care, monitoring and coordination of Services, and periodic assessment of the Individual's capacity.

The goal of these Services is to divert individuals from receiving restoration treatment at Oregon State Hospital (OSH) into community restoration services to the greatest extent possible.

Providers of MHS 04 Services funded through this Agreement may reasonably use funds to improve outcomes and services for individuals found unfit to proceed, or those at risk of being found unfit to proceed, by improving systems and collaboration affecting this population.

Eligibility for Services

County shall provide MHS 04 Services to Individuals who the court:

- (a) Has reason to doubt are fit to proceed by reason of incapacity (as defined in ORS 161.360) under ORS 161.365;
- (b) Has determined lack the fitness to proceed under ORS 161.370 but has not yet determined what action to take under ORS 161.370(2)(c);
- (c) Are found to lack fitness to proceed under ORS 161.370 and are committed to the custody of the superintendent of OSH; and
- (d) Has determined lack the fitness to proceed under ORS 161.370 and are ordered to engage in community restoration services.

(2) Performance Requirements

When providing Services under this Service Element, County shall:

- (a) Comply with all applicable statutes and rules, including but not limited to ORS chapters 161 and 430, and OAR chapter 309, divisions 14, 88 and 90, which may be revised from time to time;
- (b) Ensure the County, to the extent it provides direct Services, or its Providers:
 - i. Comply with all applicable statutes and administrative rules, as may be revised from time to time; and
 - ii. Comply with and maintain any certifications or licenses that are necessary to provide the Services;
- (c) Assist all eligible and interested Individuals with applying for public assistance, medical assistance, and any other state or federal benefits that

the individual may be eligible for now or upon discharge from institutionalization or incarceration;

- (d) Provide any clinical records and contact information to OHA and its designees for oversight and coordination purposes, upon request; and
- (e) In providing recommendations, treatment service planning, and discharge planning, ensure that Individuals:
 - i. Are recommended for Services in the least restrictive, most integrated setting appropriate to meet the Individual's behavioral health needs; and
 - ii. Are diverted from placement at a state hospital, community hospital, and secure residential treatment facility, whenever possible.
- (f) **Pre-Community Placement Service Requirements**
 - i. For Individuals described in Subsection (1)(a) of MHS 04, the County shall:
 - A. Attempt to consult with the Individual and with any local entity that would be responsible for providing community restoration services;
 - B. Determine whether appropriate community restoration services are present and available in the community; and
 - C. Write a report of its findings and submit a copy of that report to the court pursuant to ORS 161.365(1)(a).
 - ii. For Individuals described in Subsection (1)(b) of MHS 04, the County shall submit a recommendation to the court regarding whether appropriate community restoration services are present and available in the community, in accordance with ORS 161.370(2)(b).
 - iii. For Individuals described in Subsection (1)(c) of MHS 04, the County shall:
 - A. During any period of commitment, and at regular intervals, review available community restoration services and maintain communication with the Individual and OSH in order to facilitate an efficient transition to treatment in the community when ordered by the court;
 - B. After OSH issues notice that an Individual is Ready to Place (RTP) under ORS 161.371(3)(a) or (4)(a), and the court orders a community consultation:
 - I. Attempt to consult with the Individual and with any local entity that would be responsible for providing community restoration services, if the Individual were to be released in the community, to determine whether community restoration services are present and available in the community;
 - II. Develop a treatment service plan for the Individual in the least restrictive, most integrated setting

appropriate to meet the Individual's behavioral health needs, preferences, choices, and strengths;

- III. Identify an appropriate Provider that is able to meet the Individual's behavioral health needs and willing to provide that care, treatment, and Services to the Individual;
- IV. In identifying a Provider and planning for a community restoration placement, primarily be guided by the level of Services, supervision or type of placement identified by OSH in its RTP notice and advise whether those resources are present and available in the community;
- V. Ensure MHS 04 Services are provided in the least restrictive and most integrated setting appropriate to meet the Individual's behavioral health needs;
- VI. Divert the Individual from placement at OSH or at a secure residential treatment facility (SRTF), whenever possible;
- VII. Obtain any necessary approvals from the Provider to allow admission, if it is a residential placement;
- VIII. Continue to send referrals to Providers until the Individual is accepted and can be immediately placed, if and when the court orders community restoration for the Individual;
- IX. Provide the court with recommendations from the community consultation within five judicial days from the court order;
- X. If the court does not discharge the Individual from OSH due to a lack of an available and appropriate Provider, continue to send referrals and develop a placement and treatment service plan for the Individual until the Individual is discharged from OSH; and
- XI. If OSH does not issue an RTP notice but the County or designee determines that community restoration services that would mitigate any risk posed by the Individual are present and available in the community, file a notice of that determination with the court under ORS 161.371(3)(b)-(4)(b).

(g) Community Restoration Service Requirements

For Individuals described in Subsection (1)(d) of MHS 04, the County shall:

- i. Coordinate the Individual's behavioral health and medical treatment in the community; Attempt to conduct an individualized assessment of the Individual and develop a treatment service plan in coordination with the

Individual's Provider and consistent with any court-ordered conditions; If the Individual does not participate in the initial assessment, continued efforts should be made to engage with the Individual to complete the assessment and develop a treatment service plan;

- ii.** Monitor the care, custody, and treatment of the Individual while on community restoration;
- iii.** Monitor the Individual's progress in their treatment service plan, and identify when the Individual may receive Services in a lower level of care and report that to the court;
- iv.** Ensure treatment service planning continues throughout the Individual's receipt of MHS 04 Services with the goal of the Individual receiving Services in the lowest level of care that will maintain their mental and physical health long term;
- v.** Provide crisis stabilization services, such as accessing psychiatric, medical, or qualified professional intervention to protect the health and safety of the Individual and others;
- vi.** Provide care coordination to facilitate ongoing communication and collaboration to meet the Individual's needs, such as:
 - A.** Facilitating communication between natural supports, community resources, Providers, agencies (if eligible for Aging and People with Disabilities [APD] or Intellectual and Developmental Disabilities [I/DD] services) and Coordinated Care Organizations (CCOs) (if an enrolled member);
 - B.** Organizing, facilitating, and participating in client staffing meetings;
 - C.** Providing for continuity of care by creating linkages to and managing transitions between levels of care;
 - D.** Coordinating or providing transportation to and from the forensic evaluations and court appearances in this case; and
 - E.** Communication of court ordered requirements, limitations, and court dates to the defendant as clinically indicated.
- vii.** Provide coordination and consultation to the jurisdictional court or other designated agencies within the criminal justice system and OSH while the Individual is residing in the community and in the process of being returned to fitness. Services include, but are not limited to:
 - A.** Coordination of the periodic assessments of the Individual's fitness to proceed;
 - B.** Collaboration and coordination with community corrections;
 - C.** Consultation to the County Mental Health Court, if Mental Health Court is available in the service area;
 - D.** Participation in Mental Health and Law Enforcement collaboration meetings; and
 - E.** Communication of court ordered requirements, limitations, and court dates.

- viii.** Provide monthly status reports to the appropriate court on the Individual's:
 - A.** Compliance or non-compliance with their conditional release requirements; and
 - B.** Progress in gaining or regaining fitness to proceed;
 - C.** Notify the court if the Individual gains or regains fitness to proceed, and develop a transitional treatment service plan for that Individual;
- ix.** Provide interim quarterly reports for the purpose of communicating current status of Individuals to Oregon Health Authority/Health Systems Division (OHA/HSD) and the court of jurisdiction.
- x.** Provide community restoration services, which are necessary to safely allow the Individual to gain or regain fitness to proceed in the community, including but not limited to:
 - A.** Provide behavioral health treatment, which means treatment for mental health, substance use disorder, and problem gambling, such as:
 - I.** Crisis services;
 - II.** Individual or group therapy; and
 - III.** Alcohol and drug addiction treatment;
 - B.** Case management, which means the services provided to assist the Individual in gaining access to needed medical, social, educational, entitlement, tribal resources, and other applicable services;
 - C.** Necessary incidental support, which means the provision of items that are not directly related to behavioral health treatment (e.g., purchase of food, clothing, medication, or transportation);
 - D.** Legal skills training, which means training on courtroom procedures, roles, language, and potential outcomes of the court process;
 - E.** Linkages to benefits, which means assisting the Individual with obtaining any public or medical assistance benefits for which they are eligible including but not limited to Medicaid, Social Security, Aging and People with Disabilities Services, Supplemental Nutrition Assistance Program, and housing;
 - F.** Medical treatment related to capacity, which means the management and care of the Individual related to any psychiatric or medical conditions that impair their capacity;
 - G.** Medication management, which includes the prescribing, administering, and reviewing of medications and their side effects, including both the pharmacological management as well as supports and training to the Individual;
 - H.** Peer-delivered services, which are community-based services and supports provided by peers, peer support specialists, and family support specialists to individuals with similar lived experience; and

- I. Vocational services, which are employment support services that are intended to lead to competitive integrated employment.

(3) **Reporting Requirements**

See Exhibit E, Section 10, “Reporting Requirements for MOTS”

(4) **Special Reporting Requirements**

County shall prepare and electronically submit, to hsd.contracts@odhsoha.oregon.gov, written quarterly reports on the delivery of MHS 04 Services, no later than 45 calendar days following the end of each subject quarter for which financial assistance is awarded through this Agreement. Reports must be prepared using forms and procedures prescribed by OHA. Forms are located at <http://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>.

Each quarterly report shall provide the following information per month for each subject quarter:

- (a) For Individuals who have a community consultation completed, provide the following information:
 - i. Individuals’ name;
 - ii. Gender;
 - iii. Date of birth
 - iv. Medicaid identification number (if applicable);
 - v. Race;
 - vi. Ethnicity;
 - vii. Living Situation;
 - viii. Consultation referral date;
 - ix. Consultation face-to-face date;
 - x. Date the findings report was provided to the court;
 - xi. Recommendation from the findings report provided to the court; and
 - xii. Court’s determination on Individual’s placement.
- (b) For Individuals who are engaged in community-based restoration services, provide the following information:
 - i. Individual’s name;
 - ii. Gender;
 - iii. Date of birth
 - iv. Medicaid identification number (if applicable);
 - v. Race;
 - vi. Ethnicity;
 - vii. Living situation;
 - viii. Beginning date of restoration services; and

ix. Description of services provided.

(5) **Financial Assistance Calculation, Disbursement, and Confirmation of Performance and Reporting Requirement Procedures**

See Exhibit D, "Payment, Settlement, and Confirmation Requirements."

Use Payment and Confirmation language, Section 1.f.(2).

In addition:

County can invoice for up to 20% over NTE for non-Medicaid covered residential expenses subject to approval of OHA and additional funding. Additional financial reporting may be required. The Part C awards do not apply to PSRB Individuals, as these Services are covered in the Service Description for MHS 30.

n. Service Name: **ASSERTIVE COMMUNITY TREATMENT SERVICES (ACT)**
Service ID Code: **MHS 05**

(1) **Service Description**

(a) **Definitions:**

- i. **Assertive Community Treatment (ACT)** means an evidence-based practice designed to provide comprehensive treatment and support Services to Individuals with Serious and Persistent Mental Illness. ACT is intended to serve Individuals who have severe functional impairments and who have not responded to traditional psychiatric outpatient treatment. ACT Services are provided by a single multi-disciplinary team, which typically includes a psychiatrist, a nurse, and at least 2 case managers, and are designed to meet the Individual's needs and to help keep the Individual in the community and out of a structured service setting, such as residential or hospital care. ACT is characterized by:
 - A. Low client to staff ratios;
 - B. Providing Services in the community rather than in the office;
 - C. Shared caseloads among team members;
 - D. 24-hour staff availability;
 - E. Direct provision of all Services by the team (rather than referring Individuals to other agencies); and
 - F. Time-unlimited Services.
- ii. **ACT-Eligible Individual** means an Individual who meets ACT Admission Criteria established in OAR 309-019-0245.
- iii. **Competitive Integrated Employment** means full-time or part time work, at minimum wage or higher, at a rate that is not less than the customary rate paid by the employer for the same or similar work performed by other employees who are not Individuals with disabilities, and who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skill; with eligibility for the level of benefits provided to other employees; at a location where the employee interacts with other persons who are not Individuals with disabilities (not including supervisory personnel or individuals who are providing services to such employee) to the same extent that individuals who are not Individuals with disabilities and who are in comparable positions interact with other persons; and as appropriate, presents opportunities for advancement that are similar to those for other employees who are not individuals with disabilities and who have similar positions.
- iv. **Division Approved Reviewer** means the Oregon Center of Excellence for Assertive Community Treatment (OCEACT). OCEACT is OHA's contracted entity responsible for conducting

ACT fidelity reviews, training, and technical assistance to support new and existing ACT Programs statewide.

- v. **Serious and Persistent Mental Illness (SPMI)** means the current Diagnostic and Statistical Manual, Fifth Edition (DSM V) of the American Psychiatric Association, incorporated by reference herein, diagnostic criteria for at least one of the following conditions, as a primary diagnosis for an Individual 18 years of age or older:
 - A. Schizophrenia and other psychotic disorders;
 - B. Major depressive disorder;
 - C. Bipolar disorder;
 - D. Anxiety disorders limited to Obsessive Compulsive Disorder (OCD) and Post Traumatic Stress Disorder (PTSD);
 - E. Schizotypal personality disorder; or
 - F. Borderline personality disorder.

(b) Services:

- i. ACT is an evidence-based practice for Individuals with SPMI. ACT is characterized by:
 - A. A team approach;
 - B. Community based;
 - C. A small client-to-staff caseload, typically 10:1, to consistently provide necessary staffing diversity and coverage;
 - D. Time-unlimited Services;
 - E. Flexible Service delivery;
 - F. A fixed point of responsibility; and
 - G. 24/7 crisis availability.
- ii. MHS 05 Services include, but are not limited to:
 - A. Hospital discharge planning;
 - B. Case management;
 - C. Symptom management;
 - D. Psychiatry services;
 - E. Nursing services;
 - F. Co-occurring substance use and mental health disorders treatment services;
 - G. Supported Employment (reference OAR 309-019-0275 through 309-019-0295);
 - H. Life skills training; and
 - I. Peer support services.

- iii. The ACT Program is intended to serve Individuals (18 year old or older) with SPMI and who meet ACT Program admission criteria as described in OAR 309-019-0245.
- iv. A Provider delivering MHS 05 Services with funds provided through this Agreement may not use MHS 05 Services funding to deliver covered Services to any Individual known to be enrolled in the Oregon Health Plan.
- v. An ACT Program includes the following staff members:
 - A. Psychiatrist or Psychiatric Nurse Practitioner;
 - B. Psychiatric Nurse(s);
 - C. Qualified Mental Health Professional (QMHP) ACT Team Supervisor;
 - D. Qualified Mental Health Professional(s) (QMHP) Mental Health Clinician;
 - E. Substance Abuse Treatment Specialist;
 - F. Employment Specialist;
 - G. Housing Specialist;
 - H. Mental Health Case Manager; and
 - I. Certified Peer Support Specialist.

(2) **Performance Requirements**

County shall provide MHS 05 Services in a manner that meets minimum fidelity requirements and adheres to all standards in OAR 309-019-0225 through 309-019-0255.

If County lacks qualified Providers to deliver MHS 05 Services and supports, County shall implement a plan, in consultation with their respective CCO and OHA, to develop a qualified Provider network for Individuals to access MHS 05 Services.

The County shall work with their respective CCO to increase the number of eligible Individuals, with SPMI, served by ACT Team(s). If 10 or more Individuals in a County's region have been referred, are eligible and appropriate for MHS 05 Services, and are on a waiting list for more than 30 calendar days to receive MHS 05 Services, the County shall work with their appropriate CCO to take action to reduce the waitlist and serve those Individuals by:

- (a) Increasing team capacity to a size that is still consistent with fidelity standards; or
- (b) Adding additional ACT Team(s).

(3) **Reporting Requirements**

See Exhibit E, Section 10, "Reporting Requirements for MOTS."

(4) **Special Reporting Requirements**

County shall prepare and electronically submit, to hsd.contracts@odhsoha.oregon.gov, written quarterly summary reports on the delivery of MHS 05 Services no later than 45 calendar days following the end of each subject quarter for which financial assistance is awarded through this Agreement. Reports must be prepared using forms and procedures prescribed by OHA. Forms are located at <http://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>.

Each report shall provide the following information:

- (a) Individuals served;
- (b) Individuals who are homeless at any point during a quarter;
- (c) Individuals with safe stable housing for 6 months;
- (d) Individuals using emergency departments during each quarter for a mental health reason;
- (e) Individuals hospitalized in OSH or in an acute psychiatric facility during each quarter;
- (f) Individuals hospitalized in an acute care psychiatric facility during each quarter;
- (g) Individuals in jail at any point during each quarter;
- (h) Individuals receiving Supported Employment Services during each quarter;
- (i) Individuals who are employed in Competitive Integrated Employment; and
- (j) Individuals receiving MHS 05 Services who are not enrolled in Medicaid Referrals and Outcomes, including the following:
 - i. Number of referrals received during each quarter;
 - ii. Number of Individuals accepted during each quarter;
 - iii. Number of Individuals admitted during each quarter; and
 - iv. Number of Individuals denied during each quarter and the reason for each denial.

(5) **Financial Assistance Calculation, Disbursement, and Confirmation of Performance and Reporting Requirements Procedures**

See Exhibit D, "Payment, Settlement, and Confirmation Requirements."

Use Payment and Confirmation language, Section 1.f.(2).

- o. Service Name: **JAIL DIVERSION SERVICES**
Service ID Code: **MHS 09**

(1) **Service Description**

MHS 09 Jail Diversion Services increase Mental Health's interaction with Individuals with mental illness who are involved with the justice system or law enforcement solely due to a mental health reason and are charged with crimes, resulting in the reduction or avoidance of arrests, jail admissions, lengths of stay in jail, and recidivism through the availability of alternative community-based services, programs, or treatments.

For purposes of this Service Description, the following definitions apply:

- (a) **Jail Diversion Services** means community-based Services that are designed to keep Individuals with behavioral health needs out of the criminal justice system and, instead, supported by other community-based services, such as mental health services, substance use services, employment services, and housing. Jail Diversion Services are intended to minimize contact with law enforcement, avoid jail time, and/or reduce jail time. These Services are intended to result in the reduction of the number of Individuals with mental illness in the criminal justice system or the Oregon State Hospital.
- (b) **Mental Illness** means the current Diagnostic and Statistical Manual, Fifth Edition (DSM V) of the American Psychiatric Association, incorporated by reference herein, diagnostic criteria for a primary diagnosis for an adult 18 years of age or older.

(2) **Performance Requirements**

All Providers shall adopt the “**Sequential Intercept Model**” (SIM), and incorporated by reference herein, through the GAINS Center to more effectively deal with mentally ill Individuals who come into contact with law enforcement personnel. All Providers shall use the SIM to identify and intervene upon “points of interception” or opportunities for interventions to prevent Individuals with mental illness from entering or penetrating deeper into the criminal justice system.

County shall provide the following, subject to the not-to-exceed amount of this Agreement, pre-booking and post-booking MHS 09 Services:

- (a) Create partnerships or diversion agreements between law enforcement agencies, jails, both circuit and municipal courts, and local mental health providers;
- (b) Create opportunities for Individuals to access housing in addition to vocational and educational services;
- (c) Provide support services to prevent or curtail relapses and other crises;
- (d) Assist Individuals to negotiate and minimize continuing criminal sanctions as they make progress in recovery and meet criminal justice obligations; and
- (e) Promote peer support and the social inclusion of Individuals with or in recovery from mental and substance use disorders in the community.

(3) **Reporting Requirements**

See Exhibit E, Section 10, “Reporting Requirements for MOTS.”

(4) Special Reporting Requirements

County shall prepare and electronically submit through secure e-mail as described in the Security and Privacy Agreement, to hsd.contracts@odhsoha.oregon.gov, written quarterly reports on the delivery of MHS 09 Services no later than 45 calendar days from the end of each subject quarter for which financial assistance is awarded through this Agreement. Reports must be prepared using forms and procedures prescribed by OHA. Forms are located at <http://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>.

Each quarterly report shall include, but is not limited to, the following:

- (a)** For Individuals receiving MHS 09 Services, report the following:
 - i.** Individuals name;
 - ii.** Gender;
 - iii.** Date of birth;
 - iv.** Medicaid identification number (if applicable);
 - v.** Race;
 - vi.** Ethnicity;
 - vii.** Whether the Individual has a diagnosed mental health disorder;
 - viii.** Identify whether the Individual received pre or post booking Services;
 - ix.** Number of times Individual was arrested during the reporting period;
 - x.** Charges Individual was arrested for during the reporting period; and
 - xi.** Description of Service provided.
- (b)** Report the number of incidences where charges were dismissed or dropped as a result of MHS 09 Services.
- (c)** Report the number of crisis consultations provided by mental health staff in pre-booking diversions.
- (d)** Provide a detailed description of any MHS 09 Service created prior to the current reporting period.
- (e)** Provide information regarding any activities related to MHS 09 Services that involved law enforcement agencies, jails, circuit and municipal courts, community corrections, and local mental health providers.

(5) Financial Assistance Calculation, Disbursement, and Confirmation of Performance and Reporting Requirement Procedures

See Exhibit D, “Payment, Settlement, and Confirmation Requirements.”

Use Payment and Confirmation language, Section 1.f.(2).

p. Service Name: **MENTAL HEALTH PROMOTION AND PREVENTION SERVICES**

Service ID Code: **MHS 10**

(1) Service Description

MHS 10 Mental Health Promotion and Prevention Services are designed to optimize an Individual's positive mental health by:

- (a) Strengthening the determinants of mental health and wellness; and
- (b) Minimizing mental health problems by addressing these determinants before a specific mental health problem has been identified.

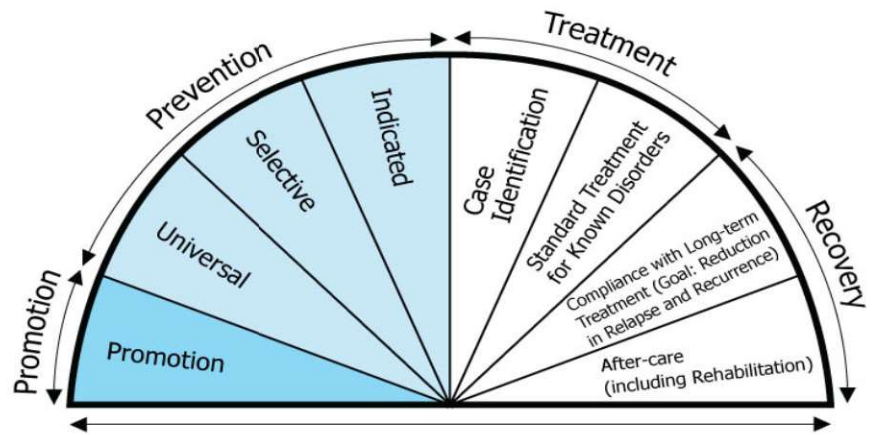
Strengthening determinants of mental wellness through activities and strategies that support and enhance the development of healthy communities, individual skill development, and social-emotional competence can build resilience and increase one's ability to cope with adversity.

MHS 10 Services are interventions that increase protective factors, enhance an Individual's abilities to achieve developmentally appropriate tasks (competence) across their lifespan, help build a positive sense of self-esteem, mastery, well-being, social inclusion, and strengthen their ability to cope with adversity.

Services shall prioritize communities that have been historically marginalized and impacted by racism, discrimination, and health inequities. Services shall be trauma informed, culturally and linguistically responsive, and work to reduce the impacts of adverse childhood and traumatic experiences. Services can include a wide variety of activities delivered throughout communities, schools, businesses, and online platforms in order to strengthen the determinants of mental health and wellness. Activities may be provided through a combination of universal, selective and indicated interventions and supports.

(2) Performance Requirements

- (a) Strengthen the existing Mental Health Promotion and Prevention Services infrastructure and/or build and develop new infrastructure.
- (b) Utilize the Institute of Medicine's Continuum of Care Model as a framework to create and implement an evidence-based continuum of activities, strategies, and supports. Strategies and activities under this funding should span the following sections of the model below: 1) mental health promotion and 2) the three prevention classifications, including universal, selective, and indicated. These are further specified below.



- i. Universal intervention: Strategies and/or activities that engage the general public or a segment of the entire population to: learn and enhance positive coping methods to help people feel safe and hopeful and improve quality of life, reduce mental health stigma, prevent or delay the onset of mental health symptoms, and increase awareness of mental health wellness, services, and supports.
 - ii. Selective intervention: Strategies and/or activities that serve specific sub populations whose risk of a disorder is significantly higher than the average, either imminently or over a lifetime;
 - iii. Indicated intervention: Strategies and/or activities that address identified individuals who have minimal but detectable signs or symptom of a disorder or condition;
- (c) Develop and implement strategies and/or activities that prioritize the following determinants of mental wellness.
- i. Development and maintenance of healthy communities: Strategies and/or activities may include but are not limited to, community safety promotion, violence reduction, bullying prevention, community connectivity, and resource dissemination activities;
 - ii. Skill development: Strategies and/or activities may include but are not limited to, skill-building programs in schools, community centers, and other community-based settings that emphasize social connection, problem solving and development of self-regulation; and
 - iii. Social emotional competence: Strategies and/or activities may include but are not limited to developing or sustaining community infrastructure, parenting education, stress reduction classes, communication skills classes, grief and other post distress supports, divorce and other losses, and community-based activities promoting inclusion of groups and individuals that have been economically, socially, and historically marginalized.
- (d) Promote activities that demonstrate a working relationship with a Coordinated Care Organization (CCO), and community-based organizations, such as:

- i. Engage groups that have been historically marginalized through trauma informed and cultural responsiveness, cultural humility, and linguistic attunement to learn if and how mental health promotion and prevention services can be the most supportive;
- ii. Increase efficiency, broaden coordination of initiatives within and seek areas of collaboration across community and health care settings to improve the development of sustainable systems to address mental health promotion and prevention activities; and
- iii. Propose and implement joint strategies to sustain project work beyond the funding period, including the ability to engage other community organizations or interested parties who will benefit from a healthier overall population, such as other public or commercial insurance carriers.

(3) Reporting Requirements

None

(4) Special Reporting Requirements

- (a) County shall submit to OHA an approved annual plan that describes services/activities and a detailed budget that supports mental health promotion and prevention efforts in the community. Plan should include activities which are being funded through this funding stream, if braided funding is occurring, please explain in plan. County shall prepare and submit to OHA for approval within 30 calendar days of the effective date of this Agreement, a written Workplan outlining how services or activities will be provided using funds awarded through this Agreement.
- (b) County shall prepare and electronically submit a written, semi-annual (two times per year) detailed budget expenditure and service report on the delivery of Mental Health Promotion and Prevention Services to be submitted no later than 45 calendar days from the end of the reporting period. Reports and Workplans should be sent to: hsd.contracts@odhsoha.org. Reports must be prepared using forms and procedures prescribed by OHA. Forms are located at <http://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>.
 - i. Each report shall contain the following information:
 - A. An explanation of activities conducted during the reporting period. An update on the status of the initial Workplan will be accepted;
 - B. A description of how activities impact the determinants of mental wellness, including development and maintenance of healthy communities, skill development, and social emotional competence; and,
 - C. A description of the impact of MHS 10 funding as it serves communities that have been disproportionately impacted by racism, discrimination, and health inequities.

(5) **Financial Assistance Calculation, Disbursement, and Confirmation of Performance and Reporting Requirement Procedures**

See Exhibit D, “Payment, Settlement, and Confirmation Requirements.”

Use Payment and Confirmation Requirements language, Section 1.f.(2)

q. Service Name: **RENTAL ASSISTANCE PROGRAM SERVICES**

Service ID Code: **MHS 12**

(1) Service Description

MHS 12 Rental Assistance Program Services are intended to assist Individuals 18 years of age and older with Serious and Persistent Mental Illness (SPMI), as defined in OAR 309-036-0105 (13), and who meet one of the criteria listed below, in paying for rental housing to live as independently as possible in the community and to access the appropriate support services on a voluntary basis.

- (a)** SPMI means the current Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) of the American Psychiatric Association, incorporated by reference herein, diagnostic criteria for at least one of the following conditions, as a primary diagnosis for an adult 18 years of age or older:
 - i.** Schizophrenia and other psychotic disorders;
 - ii.** Major Depressive Disorder;
 - iii.** Bipolar Disorder;
 - iv.** Anxiety disorders limited to Obsessive-Compulsive Disorder (OCD) and Post-Traumatic Stress Disorder (PTSD);
 - v.** Schizotypal Personality Disorder; or
 - vi.** Borderline Personality Disorder
- (b)** Criteria in paying for rental housing requires at least one of the following conditions:
 - i.** Transitioning from the Oregon State Hospital;
 - ii.** Transitioning from a licensed residential setting;
 - iii.** Without supported housing, are at risk of reentering a licensed residential or hospital setting. For purposes of this special project, supported housing is a combination of financial assistance and supportive services that allows an Individual to live as independently as possible in their own home;
 - iv.** Homeless as defined in 42 U.S.C. § 11302; or
 - v.** At risk of being homeless.

(2) Performance Requirements

- (a)** MHS 12 Services includes financial assistance for a residential specialist position and a peer support specialist position. For purposes of this special project, the residential and peer support specialist positions shall be responsible for coordinating the program components such as application process, finding a rental unit, and payments to the landlord; and the support service components including, but not limited to: financial budgeting, applying for mainstream housing resources (like Section 8), community navigation, and maintaining healthy relationships, which supports Individuals in their ability to live as independently as possible in the

community. These allotments shall not be used to pay any other staff position, and these two MHS 12 funded positions will only perform work for this MHS 12 program.

- (b) MHS 12 Services financial assistance per Individual will be set by OHA and will not exceed the HUD Fair Market Rent (FMR). Financial assistance for rental assistance made on behalf of Individuals covers payment to landlords, property management companies, housing providers, property owners, or specific vendors for a portion of the monthly rent, or payment to specific vendors for resident utility expenses.
- (c) Move-in expense and barrier removal financial assistance will be based on the Individual's need and determined by the Program based on their program design as described in their application. Financial assistance for move-in and barrier removal costs may include cleaning and security deposits, pet deposits, outstanding utility bills, and other related costs as determined in the County's program design.
- (d) Rental housing units subject to this special project shall have an inspection, and pass the inspection prior to move-in, which shall be conducted by County or its contractor, based upon the criteria outlined in the OHA approved Housing Condition Checklist located at <http://www.oregon.gov/oha/HSD/AMH/Pages/Reporting-Requirements.aspx>.
- (e) County shall coordinate with Coordinated Care Organizations (CCO) and Community Mental Health Programs (CMHP) to develop a plan to bill for Medicaid eligible services.
- (f) Administrative costs shall not exceed 15% of total operating budget. Eligible administrative costs include:
 - i. Financial assistance for MHS 12 Services data collection and documentation of Service delivery in compliance with state and federal requirements; and
 - ii. Financial assistance for housing inspection services, accounting services, computer upgrades, supervision of program staff, expenses associated with program staff, office space, and other appropriate office expenses.
- (g) Utilization requirements for MHS 12 Services Providers will be identified in a special condition in a particular line of Exhibit C, "Financial Assistance Award."
- (h) County Compliance: No more than 25% of units in a building or complex of buildings is encouraged for Individuals with SPMI referred by the state, its contractors, or its subcontractors. County or subcontractor shall make good faith, reasonable best efforts to facilitate the use of those units by persons with SPMI. The remaining housing is available to all tenants, in conformance with Fair Housing and other related laws.
- (i) Compliance with criteria in the County's application, award letter, and this Agreement is equally binding.

- (j) County may only contract with subcontractors, subject to prior review and approval by OHA.

(3) **Reporting Requirements**

None

(4) **Special Reporting Requirements**

- (a) County shall prepare and electronically submit, to hsd.contracts@odhsoha.oregon.gov, written quarterly reports on the delivery of MHS 12 Services no later than 45 calendar days following the end of each subject quarter for which financial assistance is awarded through this Agreement. Reports must be prepared using forms and procedures prescribed by OHA. Forms are located at <http://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>.
- (b) For financial use, each report shall provide the following information for the subject quarter totals:
 - i. Amount expended for move-in and barrier removal services;
 - ii. Amount expended for housing rental;
 - iii. Amount expended for staff positions and administration; and
 - iv. The number of housing slots rent was paid for MHS 12 Individuals.

(5) **Financial Assistance Calculation, Disbursement, and Agreement Settlement Procedures**

See Exhibit D, "Payment, Settlement, and Confirmation Requirements."

Use Payment and Settlement language, Section 1.f.(2).

In addition:

- (a) Amounts due for Services based on the cash assistance paid on behalf of the program providers for rental assistance, barrier removal, move-in expenses, program staff funds expended, and administration of this special project as properly reported in accordance with the "Special Reporting Requirements" section above and subject to the utilization requirements in a special condition on that line of the Financial Assistance Award, is subject to the terms and limitations in this MHS 12 Service Description.
- (b) For Services to non-Medicaid-eligible Individuals, County shall submit a combined quarterly invoice, itemized as follows:
 - i. Number of housing slots filled per month.
 - ii. For quarters 1 and 2, County shall request the total amount for all MHS 12 slots as specified in that line of the Financial Assistance Award;
 - iii. For quarter 3 through 8, County shall request the total MHS 12 amount paid based on the Fair Market Rate (FMR) specified in that line of the Financial Assistance Award, times the total number of units of rent paid on behalf of MHS 12 Individuals during the subject quarter.

- (c) The Part C financial assistance will be disbursed as follows:

Unless a different disbursement method is specified in that line of Exhibit C, "Financial Assistance Award," OHA will disburse the Part C funds for MHS 12 Services provided under a particular line of the Financial Assistance Award containing a "C" in column "Part ABC" to County per receipt and approval of a quarterly written invoice with required attachments, as specified in subsection (b), in the allotment during the period specified in that line of the Financial Assistance Award. Invoice and required attachments are due no later than 45 calendar days following the end of the subject quarter and must be submitted to hsd.contracts@odhsoa.oregon.gov with the subject line "Invoice, contract #(your contract number), contractor name." Financial assistance provided by OHA are subject to the limitations described in this MHS 12 Service Description.

- r. Service Name: **SCHOOL-BASED MENTAL HEALTH SERVICES**
Service ID Code: **MHS 13**

(1) Service Description

MHS 13 School-Based Mental Health (SBMH) Services are designed to increase students' and families' access to mental health treatment, service coordination and support, part of the essential components of a comprehensive school mental health system. Access to school-based mental health services is linked to students' improved physical and psychological safety, improved attendance, resilience, self-esteem, and reduces disciplinary incidents, juvenile justice involvement, and substance abuse. The provision of SBMH services at the school helps reduce barriers to mental health treatment access, provides an opportunity to remain in school, retain satisfactory academic progress, and have quality of life. SBMH services will improve equitable access to mental health services and supports.

Services shall prioritize Individuals and families that have been historically marginalized and impacted by racism, discrimination, and health inequities. Services shall be trauma informed, culturally and linguistically responsive and work to reduce the impacts of adverse childhood and traumatic experiences.

County shall provide MHS 13 SBMH Services to Kindergarten (K)-12 schools the County identifies as needing additional supports based on social determinants of health or other school needs. County may provide MHS 13 Services to schools that are affiliated with a School-Based Health Center (SBHC), if that SBHC is not providing mental health services to youth under the age of 17. County shall confirm that an appropriately qualified school-based mental health service provider (QMHP) is available at identified schools.

(2) Performance Requirements

(a) Qualified Mental Health Professional (QMHP):

- i. A School-Based Mental Health Program QMHP is qualified ed under state law to provide mental health services and treatment to children and adolescents, which includes an assessment at the onset of services. Counties shall provide appropriate levels of clinical supervision as set forth in OAR 309-019-0130 for SBMH service Providers. The following outlines the scope of the SBMH service Provider:
- ii. Provide school-based clinical services for rapid and easily accessible mental health treatment, and facilitate services needed for outpatient mental health and substance use treatment. Urgent or otherwise crisis driven services shall be prioritized.
- iii. Provider shall meet with the Individual and/or family, as clinically indicated, to complete an assessment and facilitate access to appropriate mental health services, medical services, and other needed resources in the community. Families are invited and included in mental health treatment to promote treatment integrity and success at home and in school. It is expected that providers will engage families in clinical services whenever possible. Therapists

shall document lack of family participation when it has been clinically indicated.

- iv. MHS 13 Service providers shall be equipped with the technology and equipment necessary to conduct therapy sessions, including individual, family and group therapy, through a telehealth platform that complies with HIPAA, consistent with OAR 410-172-0850.
- (b) **Qualified Mental Health Associate (QMHA):** A School-Based Mental Health Program QMHA is qualified to render services and supports within their scope and shall demonstrate the minimum competencies and qualifications as outlined in OAR 309-019-0125.
- i. QMHAs may work under the direction and supervision of a QMHP, may not work independently, and may provide services as outlined in OAR 309-019-0125, such as skills training, skills groups, and risk screening. Services must be outlined on the Service Plan as outlined by the QMHP.
 - ii. QMHA positions shall not replace QMHP Providers but rather work with Providers and school-employed staff in a team approach to identify ways to provide skill development and positive mental health supports.
 - iii. Individuals may be referred or self-referred to SBMH services due to experiencing trauma, behavioral and emotional challenges, symptoms of a mental health condition, or chronic absenteeism.
 - iv. All staff shall provide culturally and linguistically responsive trauma informed coordinated services and supports.
 - v. All staff may assist with the development, implementation and delivery of programs such as wellness, peer support programs, family support programs, Mental Health First Aid training, implementation of social-emotional learning and support students through skill building and informational learning opportunities on topics such as conflict resolution, bullying prevention, self-regulation and healthy relationships.
 - vi. Through collaboration with the school and community agencies, staff shall assist and create activities to improve climate and safety for children. Promote school safety for all students and report incidents of any violence, so timely intervention may occur.
- (c) All Service Providers and Program Staff shall be trained in suicide prevention, intervention, postvention, and lethal means. QMHP Providers who have had no suicide specific training are recommended to begin with the Applied Suicide Intervention Skills Training (ASIST). QMHA staff who have had no suicide specific training are recommended to begin with Question, Persuade, Refer (QPR), and CALM. Upon request, the contract administrator will provide a list of recommended suicide prevention, intervention, postvention, and lethal means trainings available at low or no cost in Oregon. A tool for tracking staff training completion is also available upon request. Documentation of a minimum of one booster session annually is required in at least one of the following topics:

- i. Suicide Prevention;
 - ii. Suicide Intervention and Safety Planning;
 - iii. Suicide Postvention; and
 - iv. Lethal Means.
- (d) Training documentation for all Service Providers and Program Staff shall be submitted to OHA annually at the end of the school year.
 - (e) All MHS 13 Service Providers and Program Staff are obligated to report any known suicide deaths in the school to their supervisor. Supervisors shall notify their county postvention lead who will report to the OHA Suicide Prevention and Intervention Coordinator in accordance with OAR 309-027-0060.
 - (f) All MHS 13 Service Providers and Program Staff are required to read and understand the School Suicide Prevention plan and the County Youth Suicide Postvention Plan for all school districts and counties in which they provide services.
 - (g) Counties shall notify OHA in writing if the county lacks qualified QMHP providers to deliver MHS13 clinical services prior to and/or as soon as services become unavailable and implement a plan for the provision of Services in consultation with OHA.
 - (h) Counties shall notify OHA in writing of the schools in which it is providing services and shall prioritize schools in under-resourced communities in the county. This documentation shall be provided to OHA no later than one month prior to the start of the school year. Counties are required to notify OHA contract administrator of any delay in this documentation.
 - (i) When possible, Medicaid billable Services will be billed to Medicaid.
 - (j) Funding may also be used to serve Individuals experiencing acute psychiatric distress and who are not Medicaid eligible but have no other resources to pay for the Services, or who are 14 years of age or older and request anonymity.

(3) Reporting Requirements

See Exhibit E, Section 10, "Reporting Requirements for MOTS."

(4) Special Reporting Requirements

County shall prepare and electronically submit, to hsd.contracts@odhsoha.oregon.gov written quarterly reports on the delivery of MHS 13 Services, no later than 45 calendar days following the end of each subject quarter for which financial assistance is awarded through this Agreement. Reports must be prepared using forms and procedures prescribed by OHA. Forms are located at <http://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>.

Each report shall provide the following information:

- (a) The names and National Provider Index (NPI) numbers of all MHS 13 Providers and Staff;

- (b) The number of Individuals served during the quarter. This number should represent at a minimum the Individuals, who have had any of the following services or a combination of the following: assessment, individual therapy, family therapy, group therapy. Individuals who have participated in services delivered by the QMHA may be listed as long as those services are documented on the QMHP's Service Plan;
- (c) The number of new Individuals served during the quarter. This number should represent Individuals to whom Providers and Program Staff began providing services to for the first time during the quarter; and
- (d) Service providers must report on a quarterly basis:
 - i. A list of the unique Individual served, including their first and last name;
 - ii. The race and ethnicity of the Individual;
 - iii. The Individual's payor source, Oregon Health Plan ID number or other identified insurer ID number; and
 - iv. The unabbreviated name of the school the Individual attends.

Providers will use an evidence-based suicide assessment tool and formulate a safety plan when clinically indicated.

- (e) A summary of program strengths, including specific examples of how services are impacting student mental health, how student and family needs that have arisen as a result of the pandemic have been addressed, and how this work promotes school and student safety.
- (f) Service providers must report how services are delivered in a manner that is culturally and linguistically responsive and how these services are delivered in a manner that is accessible and equitable for all students.
- (g) A summary of program challenges, including barriers to providing services to students and engaging families in family therapy.

(5) **Financial Assistance Calculation, Disbursement, and Confirmation of Performance and Reporting Requirement Procedures**

See Exhibit D, "Payment, Settlement, and Confirmation Requirements."

Use Payment and Confirmation language, Section 1.f.(2).

- s. Service Name: **YOUNG ADULT HUB PROGRAMS (YAHP)**
Service ID Code: **MHS 15**

(1) Service Description

MHS 15 Services are designed to reach out to, engage, and support extremely distressed and marginalized young adults (Individuals) 14 through 24 years of age with Mental Health conditions, particularly those that are disconnected from services or who have no other resources to pay for services.

- (a) The program includes and requires outreach and engagement, brief crisis services, connection of the Individual with community-based supports and services, peer support, clinical and other health related services;
- (b) Programs must serve all Individuals referred to the service, including those with public, private or no insurance; and
- (c) Programs must deliver services in a manner supported by the principles of systems of care, trauma informed care, and positive youth development.
- (d) Programs shall engage communities that have been historically made vulnerable by racism, discrimination and health inequities.

(2) Performance Requirements

(a) Eligible Population:

These Services are considered appropriate when the Individual is not connecting with desired behavioral health and other supports through other, more traditional or generally available means, and needs supplemental or alternative engagement supports. This may include, but are not limited to Individuals 14 through 24 years of age who have been:

- i. Served in Psychiatric Residential Treatment Services, Secure Adolescent Inpatient Programs;
- ii. Chronically involved in state systems of Mental Health care and who are in need of intensive community supports;
- iii. Impacted by a Mental Health diagnosis and/or extreme social distress so that their ability to be successful in age appropriate activities is impaired or has led to interface with the criminal justice system; or
- iv. Disconnected from resources to such an extent that they are unlikely to access Medicaid and privately insured services through an outpatient program.

(b) Provide Clinical, Social, and Residential Services:

These services have no time limit. It is expected that they will be used to help the Individual connect to ongoing, longer-term supports, meet their needs and goals, and support them in moving toward a positive life trajectory. It is preferable that the peer support specialist and the clinical staff meet with the Individual together during the initial contact or soon thereafter. Contacts should be as frequent as is necessary for the goals of the project to occur, but no less than twice a week. Provider shall assist all

Individuals receiving services in accessing and maintaining resources that fit their goals. Such resources may include supported employment, housing, educational support, primary care, psychiatric services, addictions services, navigation of outside supports and services, family mentoring and mediation, and family finding through the use of a family finding service, among others. Setting(s) for service delivery include, but are not limited to emergency departments, crisis centers, provider sites, homes, and community settings. Locations shall be as preferred by the Individual. Using technology and texting as a preferred method of communication with young people is expected and required. Community-based services and supports include, but are not limited to:

- i. Outreach and engagement of groups of youth and young adults placed at increased risk: lesbian, gay, bisexual or transgender (LGBT) youth, young adults with higher risk of suicide, and other young people who have been historically marginalized;
- ii. Recovery oriented, young adult centered planning;
- iii. Creation of social support systems;
- iv. Rapid access to psychiatric and counseling services;
- v. Coaching on rights regarding access to employment, school, housing, and additional resources;
- vi. Access to local teams, including licensed medical professionals (psychiatrists or psychiatric nurse practitioners), clinical case managers, supported employment specialists, and occupational therapists;
- vii. Peer support provided by young adult peers, participatory decision-making;
- viii. Meaningful Individual's engagement in program, community, and leadership activities; and
- ix. Skill development.

(c) Who Can Provide These Services?

Recommended staff, staff expertise, and training:

- i. Providers can be youth or young adult peer support specialists, care coordinators, licensed medical prescribers, Qualified Mental Health Programs (QMHP), mental health therapists, and skills trainers.
- ii. Recommended supplemental trainings includes supplemental peer and clinical training, training in suicide prevention and intervention strategies, and trauma informed care, and be provided with ongoing maintenance of the skills and practice associated with these approaches.
- iii. Familiarity and use of system of care principles, cultural responsiveness, cultural humility, linguistic attunement, trauma informed principles and practices, and the TIP Model located at <http://www.tipstars.org/>, or any other young adults in transition evidence-based or promising practices.

(3) **Reporting Requirements**

See Exhibit, Section 10, "Reporting Requirements for MOTS."

(4) **Special Reporting Requirements**

County shall prepare and electronically submit, to hsd.contracts@odhsoha.oregon.gov, written quarterly reports no later than 45 calendar days following the end of each subject quarter for which financial assistance is awarded through this Agreement. Reports must be prepared using forms and procedures prescribed by OHA. Forms are located at <http://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>.
County shall:

- (a) Meet data reporting requirements and deadlines, unless otherwise arranged with OHA;
- (b) Administer the Adult Hope Scale located at <https://ppc.sas.upenn.edu/sites/default/files/hopescale.pdf> as an outcome measurement tool, or provide an alternative measure of a consistent nature to be approved by OHA.

(5) **Financial Assistance Calculation, Disbursement, and Confirmation of Performance and Reporting Requirement Procedures**

See Exhibit D, "Payment, Settlement, and Confirmation Requirements."

Use Payment and Confirmation language, Section 1.f.(2).

- t. Service Name: **PEER DELIVERED SERVICES (PDS)**
Service ID Code: **MHS 16**

(1) **Service Description**

Peer Delivered Services MHS 16 will assist the establishment or expansion of Peer Delivered Services (PDS) in a specified geographic area for the period of this Agreement. PDS means an array of County or community-based services and supports provided by peers, Peer Wellness Specialists (PWS), and Peer Support Specialists (PSS), including Family Support Specialists and Youth Support Specialists, to Individuals or family members with similar lived experience and that are designed to support the needs of Individuals and families as applicable.

Peer Support Specialists are experientially credentialed individuals who have successfully engaged in their own or their child's recovery and demonstrate the core competencies for Peer Support Specialists as defined by OHA's administrative rules, Traditional Health Worker Commission, and the Office of Equity and Inclusion, ORS 414.635 through 414.665, OAR 410-180, and OAR 309-019-0130 PSS and PWS shall deliver PDS, under the supervision of a qualified Clinical Supervisor, and are listed on the Traditional Worker Registry to provide services for that identified consumer population, as found at <https://traditionalhealthworkerregistry.oregon.gov>.

(2) **Performance Requirements**

County shall use the funds awarded through this Agreement for MHS 16 to implement PDS in a manner that:

- (a) Benefits Individuals with mental health conditions;
- (b) Increases the number of Individuals certified to provide PDS;
- (c) Requires that PDS work assignments are relevant to individuals Traditional Health Worker's certification;
- (d) Program staff providing direct services shall receive clinical supervision by a qualified clinical supervisor related to the development, implementation, and outcome of services;
- (e) Supervision shall be provided to assist program staff to increase their skills within their scope of practice, improve quality of services to Individuals, and supervise program staff and volunteers' compliance with program policies and procedures; and
- (f) For persons providing direct PDS, one of the two hours of required supervision shall be provided by a qualified Peer Delivered Services Supervisor as resources are made available.

(3) **Reporting Requirements**

None

(4) **Special Reporting Requirements**

County shall prepare and electronically submit, to hsd.contracts@odhsoha.oregon.gov, written quarterly reports no later than 45 calendar days following the end of each subject quarter during the period for which

financial assistance is awarded through this Agreement. Reports must be prepared using forms and procedures prescribed by OHA. Forms are located at <http://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>. and include the following information:

- (a) Amount of funds spent as of the end of the reporting period;
- (b) Description of PDS implementation progress, technical assistance needs, and any relevant implementation challenges;
- (c) Number of Individuals with mental health conditions who were trained as PSS or PWS during the reporting period;
- (d) Number of Individuals with mental health conditions who received PDS during the reporting period; and
- (e) Outcome measures to include:
 - i. Shortened psychiatric and addiction related hospital stays or reduced admissions to the emergency department due to psychiatric crisis;
 - ii. Improved ability to work towards recovery or establish a recovery plan;
 - iii. Reduced crisis events;
 - iv. Improved quality of life as identified by the Individuals receiving Services;
 - v. Increased ability to advocate for themselves or, in the case of youth, increased ability for youth and their families to advocate for themselves and their family;
 - vi. Increase in a social support system;
 - vii. Work and education status maintenance or improvement for adults;
 - viii. School attendance and academic improvement for youth; and
 - ix. Number of out-of-home placements in the past 90 calendar days.

(5) **Financial Assistance Calculation, Disbursement, and Confirmation of Performance and Reporting Requirements Procedures**

See Exhibit D, "Payment, Settlement, and Confirmation Requirements."

Use Payment and Confirmation language, Section 1.f.(2).

u. Service Name: **Non-OHP Community and Residential Assistance**
Service ID Code: **MHS 17**

(1) **Service Description**

- (a) Providers need flexibility when submitting invoices for services provided under a variety of different service elements.

OHA has consolidated the invoiceable services, paid from Part C funds, from multiple service elements into MHS 17. This flexibility allows us to use funding provided by MHS 17 and reduce the number of agreement amendments issued to transfer funds from one service element to another. The MHS 17 funding is allocated as a single pool that is used to pay for the invoiceable services described in the Service Elements listed below.

These Service Elements and the invoiceable service components for each are referenced by title and exist in detail in 'Exhibit B-1, Service Descriptions':

- i. **MHS 26 – NON-RESIDENTIAL MENTAL HEALTH SERVICES FOR YOUTH & YOUNG ADULTS IN TRANSITION**
- ii. **MHS 27 – RESIDENTIAL MENTAL HEALTH TREATMENT SERVICES FOR YOUTH & YOUNG ADULTS IN TRANSITION**
- iii. **MHS 28 – RESIDENTIAL TREATMENT SERVICES**
- iv. **MHS 30 – MONITORING, SECURITY, AND SUPERVISION SERVICES FOR INDIVIDUALS UNDER THE JURISDICTION OF THE ADULT AND JUVENILE PANELS OF THE PSYCHIATRIC SECURITY REVIEW BOARD**
- v. **MHS 34 – ADULT FOSTER CARE SERVICES**
- vi. **MHS 36 – PRE-ADMISSION SCREENING AND RESIDENT REVIEW SERVICES (PASRR)**

Within the above Service Elements, any **Specialized Requests** for management of physical or health problems, including, but not limited to, seizures, incontinency, diabetes, and pain management require a Prior Authorization from OHA, using the Intensive Services Request Form located at <https://www.oregon.gov/OHA/HSD/OHP/Pages/MH-Rates.aspx>.

(b) **Authorization, Monitoring, and Review**

- i. For Services to non-Medicaid-eligible Individuals indicated in Exhibit B-1, County shall attach a copy of the bill or receipt, for the item or Service, to a combined monthly invoice, itemized by Individual. Part C funding for Psychiatric Security Review Board (PSRB) non-medically approved Services are only for the period shown and do not carry forward into following years' allotments.
- ii. Funding for Specialized Requests, (1)(g) above, will follow a process to assure **necessity of services** required by an Individual in exceptional need, that would not fit within the Intensive Services

Requests of the Rate Review Committee (RRC), with the following structure:

- A. A proposal is then reviewed by a minimum of two clinicians to assure initial **necessity of services** considering the current circumstances, history of interventions, limits of current resources and potential plans for stabilization.
- B. If there is sufficient initial necessity, then the proposal will be reviewed by the RRC to determine a recommendation of approval or denial.
- C. If approved, the Specialized Request will follow the same process indicated in (2)(a), “Authorization, Monitoring and Review.”

- iii. If denied, the Requestor will be notified in writing with rationale determined by the RRC.

(2) **Performance Requirements**

Providers submitting invoices for payment under any of the Service Elements identified in Section (1) above must meet the conditions shown in the specific Service Element in Exhibit B-1 to receive prompt and complete payment of invoices.

(3) **Reporting Requirements**

See Exhibit E, Section 10, “Reporting Requirements for MOTS.”

(4) **Special Reporting Requirements**

See Exhibit B-1 for the specific service element(s) requirements.

(5) **Financial Assistance Calculation, Disbursement, and Agreement Settlement Procedures**

See Exhibit D, “Payment, Settlement, and Confirmation Requirements.”

Use Payment and Settlement language, for the specific Service Element(s) requirements, in Section 1.f.(1).

v. Service Name: **NON-RESIDENTIAL MENTAL HEALTH SERVICES FOR ADULTS**
Service ID Code: **MHS 20**

(1) Service Description

(a) Definition(s):

DSM-5 means The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (or DSM-V), incorporated by reference herein, and is the 2013 update to the American Psychiatric Association's (APA's) classification and diagnostic tool. The DSM-5 serves as a universal authority for psychiatric diagnosis.

(b) MHS 20 Services are:

- i.** Services delivered to Individuals diagnosed with serious mental illness or other mental or emotional disturbance posing a danger to the health and safety of themselves or others.
- ii.** Community based services that shall include one or more of the following:
 - A.** Use of standardized protocols and tools to identify the level of service need and intensity of care and coordination, addressing salient characteristics such as age, culture, and language;
 - B.** Apply OHA approved, standardized level of care tools for Individuals diagnosed with serious and persistent mental illness at intervals prescribed by OHA;
 - C.** Condition management and whole person approach to single or multiple conditions based on goals and needs identified by the Individual;
 - D.** General outpatient services including, but not limited to, care coordination and case management;
 - E.** Medication and medication monitoring;
 - F.** Meaningful Individual and family involvement;
 - G.** Rehabilitation services including Individual, family and group counseling;
 - H.** Coordinate and facilitate access to appropriate housing services and community supports in the Individual's community of choice, including rent subsidy; and
 - I.** Other services and supports as needed for Individuals at the sole discretion of OHA.
- iii.** Services County shall provide, but is not limited to:
 - A.** Outreach: Partner with healthcare providers and other social service partners who provide screening for the presence of

behavioral health conditions to facilitate access to appropriate services;

- B. Early Identification and Screening: Conduct periodic and systematic methods that identify Individuals with behavioral health conditions and potential physical health consequences of behavioral health conditions which consider epidemiological and community factors, as identified in the most recently submitted and approved Local Plan; and
- C. Initiation and Engagement: Promote initiation and engagement of Individuals receiving services and supports, which may include but are not limited to:
 - I. Brief motivational counseling; and
 - II. Supportive services to facilitate participation in ongoing treatment.

(2) **Performance Requirements**

County shall:

- (a) Provide coordination of care services for Individuals living in residential treatment programs. The coordination of care shall include participation in the residential Provider's treatment planning process and in planning for the Individual's transition to outpatient services;
- (b) Comply with Outpatient Services, as described in OAR 309-019-0100 through 309-019-0220, and Community Treatment and Supports, as described in OAR 309-032-0301 through 309-032-0890, as such rules may be revised from time to time; and
- (c) Maintain a Certificate of Approval for the delivery of clinical services in accordance with OAR 309-008-0100 through OAR 309-008-1600, as such rules may be revised from time to time.

(3) **Reporting Requirements**

See Exhibit E, Section 10, "Reporting Requirements for MOTS."

(4) **Special Reporting Requirements**

None

(5) **Financial Assistance Calculation, Disbursement, and Confirmation of Performance and Reporting Requirements Procedures**

See Exhibit D, "Payment, Settlement, and Confirmation Requirements."

Use Payment and Confirmation language, Section 1.f.(2). In addition:

w. **Service Name:** **CIVIL COMMITMENT SERVICES**
 Service ID Code: **MHS 24**

(1) Service Description

The civil commitment process is intended to provide care and treatment to Individuals who, because of a mental disorder, are alleged to be or have been determined to be dangerous to themselves or others, or unable to provide for their basic needs.

The County is responsible for certain pre-civil commitment actions under ORS chapter 426, such as prehearing commitment investigation, discharge planning and notice requirements. OHA has also delegated the responsibility for the assignment and placement of civilly committed Individuals to the County under this Agreement and OAR 309-033-0290.

The goal of MHS 24 Services is to divert Individuals from civil commitment, provide Services in community-based settings outside of the state hospital, community hospitals or other secure settings, and to support Individuals in their progress towards stabilization and community-based outpatient Services.

(a) Eligibility for Services

County shall provide MHS 24 Services to Individuals, who are 18 years or older, and who:

- i. Require emergency hold services under ORS 426.232 and ORS 426.233, or are being held on a warrant of detention pending a civil commitment hearing under ORS 426.070;
- ii. Are alleged to be a person with a mental illness and may be diverted from civil commitment;
- iii. Are currently committed to OHA under ORS 426.130 or recommitted to OHA under ORS 426.307;
- iv. Are diverted through the civil commitment process to voluntary treatment, conditional release, outpatient commitment, and assisted outpatient treatment as described in ORS 426.125 through ORS 426.133;
- v. Are not currently civilly committed or have civil commitment proceedings pending, but have been:
 - A. Civily committed under ORS 426.130 more than once, recommitted under ORS 426.307, held on two or more emergency holds under ORS 426.232 or 426.233 in the last year that did not result in a civil commitment, or held on two or more warrants of detention under ORS 426.070 in the last year that did not result in a civil commitment; and
 - B. Require continuing Services to prevent hospitalization and posing a danger to themselves or others; or
 - C. Require continuing Services to maintain stability and learn skills needed to be placed in a more integrated community setting; and

D. Had their civil commitment end within the past 12 months.

(2) Performance Requirements

- (a)** When providing Services under this Service Element, County shall:
 - i.** Comply with all applicable statutes and rules, including but not limited to ORS chapters 426 and 430 generally, ORS 430.630(3)-(4), ORS 426.241(5), and OAR chapter 309, divisions 8, 14, 15, 19, 32 and 33, which may be revised from time to time;
 - ii.** Ensure that the County, to the extent it provides direct Services, and its Providers (including but not limited to community hospitals, secure residential treatment facilities, residential treatment facilities, residential homes, outpatient services or other providers):
 - iii.** Comply with all applicable statutes and administrative rules, including but not limited to OAR 309-035-0100 through 309-035-0225, as such rules may be revised from time to time;
 - iv.** Comply with and maintain any certifications or licenses required to operate or provide Services;
 - v.** Provide any required secure transportation by an approved Provider in compliance with OAR chapter 309, division 32; and 33, as such rules may be revised from time to time; and
 - vi.** Submit required information to OHA electronically through the Oregon Patient and Resident Care System (OP/RCS) or its replacement, within 12 hours of an Individual's admission to and discharge from placement at a hospital, residential facility, or residential home, in order to receive MHS 24 Services.
- (b)** Assist all eligible and interested Individuals with applying for public assistance, medical assistance, and any other state or federal benefits that the individual may be eligible for now or upon discharge from institutionalization;
- (c)** Investigate and Report allegations of abuse regarding Individuals and provide protective services to those Individuals to prevent further abuse. The investigation, reporting, and protective services must be completed in compliance with ORS 430.768 and OAR chapter 407, division 45, as such statutes and rules may be revised from time to time;
- (d)** Provide payment for MHS 24 Services provided to Individuals, who are uninsured, underinsured, not eligible for Medicaid, or have exhausted Medicaid services, including those who meet the criteria for Citizen Alien Waived Medical Program;
- (e)** Coordinate with any third-party payors, including but not limited to coordinated care organizations, for the payment of MHS 24 Services covered for the Individual under private insurance or through public or medical assistance programs; and
- (f)** Contract with Providers to meet the MHS 24 Services needs of eligible Individuals in the County's service area.
- (g) Pre-Commitment Service Requirements**

County shall provide pre-commitment Services to Individuals described in Subsection a.(1)(a)i.-ii. of MHS 24, including but not limited to:

- i. Provide notice as required under ORS 426.070, ORS 426.233, ORS 426.234, and ORS 426.235;
- ii. Have a certified mental health investigator conduct a prehearing investigation, within applicable statutory timeframes, pursuant to ORS 426.070, ORS 426.074, ORS 426.200 and OAR 309-033-0920 through OAR 309-033-0940;
- iii. Submit a recommendation, based on the prehearing investigation report, to the court under ORS 426.070;
- iv. Provide an investigation report as required under ORS 426.070;
- v. Assign and place a person, under a warrant of detention, at a hospital or nonhospital facility, approved by OHA, in accordance with ORS 426.070 and OAR chapter 309, division 33;
- vi. Initiate civil commitment proceedings as required in ORS 426.180(6);
- vii. Provide reports as required under ORS 426.228 for emergency holds;
- viii. Assign and direct the placement or transfer of an Individual, who is on an emergency hold, to a hospital or nonhospital facility, approved by OHA, in accordance with ORS chapter 426 and OAR chapter 309, division 33;
- ix. Provide transportation for an Individual on an emergency hold under ORS 426.233; and
- x. In providing recommendations, treatment service planning, and discharge planning, ensure that Individuals:
 - A. Are recommended for Services in the least restrictive, most integrated setting appropriate to meet the Individual's behavioral health needs;
 - B. Are diverted from placement at the state hospital, community hospitals, and secure residential treatment facilities, whenever possible; and
 - C. Are considered for diversion through voluntary treatment, conditional release, outpatient commitment, and assisted outpatient treatment, as described in ORS 426.125 through ORS 426.133.

(h) Placement During Commitment Requirements

County shall assign and direct the placement of Individuals described in Subsection a.(1)(a)iii. of MHS 24, to an appropriate Provider in accordance with ORS chapter 426 and OAR chapter 309, division 33, and provide the following:

- i. Develop a treatment service plan for Individual in the least restrictive, most integrated setting appropriate to meet the

Individual's behavioral health needs, preferences, choices and strengths;

- ii. Identify an appropriate Provider that is able to meet the Individual's behavioral health needs and willing to provide that care, treatment and Services to the Individual;
- iii. Ensure MHS 24 Services are provided in the least restrictive and most integrated setting appropriate to meet the Individual's behavioral health needs;
- iv. Divert the Individual from placement at a state hospital, community hospital or secure residential treatment facility, whenever possible;
- v. Obtain any necessary approvals from the Provider to allow admission, if it is a residential or state hospital placement;
- vi. Continue to send referrals to Providers until the Individual is placed at or is receiving appropriate Services;
- vii. Assign and direct the placement of that the Individual to an appropriate Provider with the Provider's agreement;
- viii. Issue a written assignment order immediately upon the commitment of the Individual by the court under ORS 426.130 or recommitment under ORS 426.307, and at any time the committed Individual is transferred to another Provider during the commitment period; and
- ix. Submit a copy of all written assignment orders to OHA as required by rule;
 - A. Monitor the Individual's progress in their treatment service plan and current placement, and identify when the Individual may be transferred to a lower level of care;
 - B. Ensure discharge planning continues throughout the Individual's civil commitment placement with the goal of moving the Individual to the lowest level of care that will maintain long term their mental and physical health; and
 - C. File a written certificate discharging the Individual early from civil commitment pursuant to ORS 426.300 with the last committing court and the court of residence, if the County determines that the Individual is no longer a person with mental illness or that the transfer of the Individual to a voluntary status is in the Individual's best interest.

(i) **Behavioral Health Service Requirements**

For Individuals described in Subsection a.(1)(a)iv.-v. of MHS 24, County shall provide:

- i. Care Coordination to facilitate the Individual's access to Services in the least restrictive, most integrated setting appropriate to meet the Individual's behavioral health needs, strengths and to the extent possible consistent with the Individual preferences and choices, including:

- A.** Facilitate communication between the Individual, family, natural supports, community resources, Providers, DHS (if eligible for Aging and People with Disabilities (APD) or Intellectual and Developmental Disabilities (I/DD) services), and the courts (if applicable);
 - B.** Serve as a Single Point of Contact (SPOC) for all referrals from OSH to Assertive Community Treatment, as described in OAR 309-019-0225(25) (Definition of SPOC), in ACT Admission Process, as described in OAR 309-019-0248; and
 - C.** Collaborate with the DHS, APD and I/DD Divisions to support the Behavioral Health Treatment Service needs of Individuals determined service-eligible for APD or I/DD.
- ii.** Stabilization, Maintenance and Preventative Services, including:
 - A.** Develop a treatment service plan for the Individual in the least restrictive, most integrated setting appropriate to meet the Individual's behavioral health needs, preferences, choices and strengths;
 - B.** Identify appropriate Providers that are able to meet the Individual's behavioral health needs and willing to provide that care, treatment and Services to the Individual;
 - C.** Monitor the Individual's progress in their treatment service plan, and identify when the Individual may receive Services in a lower level of care or lower level of court intervention (if applicable);
 - D.** Ensure treatment service planning continues throughout the Individual's receipt of MHS 24 Services with the goal of the Individual receiving Services in the lowest level of care and at the lowest level of court intervention that will maintain their mental and physical health long term;
 - E.** Provide crisis stabilization services, such as accessing psychiatric, medical, or qualified professional intervention to protect the health and safety of the Individual and others;
 - F.** Provide timely, appropriate access to crisis intervention to prevent or reduce acute emotional distress, which might necessitate psychiatric hospitalization;
 - G.** Assist the Individual with money management, when requested by an Individual, to include accurate documentation of all funds deposited and withdrawn when funds are held in trust for the Individual;
 - H.** Assist with or arrange for the supervision of the Individual's daily living activities and life skills (if appropriate), such as training in nutritional wellness, personal hygiene, clothing care and grooming, communication with social skills, health care, household management, and using community

resources to support increasing independence and preparation for living in the most integrated community environment;

- I.** Provide for or arrange for the care of the Individual, including the assumption of responsibility for the safety and well-being of the Individual;
 - J.** If the Individual is placed in a residential setting, ensure the Provider is providing a safe environment for the Individual;
 - K.** Provide for or arrange for the administration and supervision of prescribed and non-prescribed medication(s);
 - L.** Provide or arrange for routine and emergency transportation;
 - M.** Provide for or arrange for the management of aggressive or self-destructive behavior;
 - N.** Provide for or arrange for the management of any specialized diet for the Individual, prescribed by a physician, requiring extra effort or expense in preparation of food;
 - O.** Provide for or arrange for the management of the Individual's physical or health problems including, but not limited to, seizures, incontinency, diabetes, and pain management;
 - P.** Provide financial assistance for behavioral health services, as described in OAR 410-172-0630;
 - Q.** Provide financial assistance for individual services and activities, as described in OAR 309-035-0200, including but not limited to the:
 - I.** Provision of adequate shelter;
 - II.** Assistance with acquiring skills to live as independently as possible; and
 - III.** Assistance with accessing other additional services, as needed;
 - R.** Provide a transitional treatment plan for Individuals when they are no longer receiving Services;
 - S.** Provide interpretive services as needed;
 - T.** Provide notice to the Individual of any admission decisions for residential care in accordance with OAR 309-035-0163(11); and
 - U.** Provide any clinical records and contact information to OHA and its designees for oversight and coordination purposes upon request;
- iii.** Services to Remove Barriers to Community-Based Care when consistent with the Individual's treatment service plan, including, but are not limited to:
- A.** Room and board payments;

- B. Rental assistance, security deposits, and application fees;
- C. Utility payments and deposits;
- D. Prescription or over-the-counter medications and medical supplies not covered by Medicaid or other sources;
- E. Transportation;
- F. Activities to facilitate the securing of guardianship Services, including but not limited to:
 - I. Paying the costs of:
 - (A) Court hearings to determine the necessity, continuation, or termination of a guardianship; and
 - (B) Guardianship Services to make decisions related to overseeing the care and supervision of an Individual; and
 - II. If guardianship is expected to continue beyond a transitional period of time (6 months or less), then other payment options should be sought in order to maintain guardianship Services; and
- G. Activities to facilitate the securing of representative payee services.

(3) **Reporting Requirements**

Reports must be prepared using forms and procedures prescribed by OHA. Forms are located at <http://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>. County shall submit electronically, to hsd.contracts@odhsoha.oregon.gov, an annual accounting report of financial assistance within 45 calendar days from the end of the contract year.

See Exhibit E, Section 10, "Reporting Requirements for MOTS."

(4) **Special Reporting Requirements**

If County has authorized or anticipates authorizing delivery of MHS 24 Services to an Individual and wishes to reserve MHS 24 Service capacity as defined in OAR 309-011-0115(3), up to a maximum of 30 calendar days for that Individual while the Individual is not actually receiving MHS 24 Services, County shall submit a written Reserved Service Capacity Payment (RSCP) request and a CAR to OHA under OAR 309-011-0105 through 309-011-0115. If OHA approves the RSCP request and the CAR for a non-Medicaid-eligible Individual, OHA and County shall execute an amendment to the Financial Assistance Award to reduce residential funding, and add funds necessary to make the approved disbursements to reserve the service capacity. If the Individual is Medicaid-eligible, OHA and County shall execute an amendment to the Financial Assistance Award to add funds necessary to make the approved disbursements to reserve the service capacity. OHA shall have no obligation to make the disbursements unless and until the Financial Assistance Award has been so amended.

(5) **Financial Assistance Calculation, Disbursement Procedures, and Confirmation of Performance and Reporting Requirements:**

(a) **Payment**

See Exhibit D, “Payment, Settlement, and Confirmation Requirements.”

Use Payment and Confirmation language, Section 1.f.(2).

(b) **Disbursement of Financial Assistance:**

Invoices shall be submitted electronically, to

hsd.contracts@odhsoha.oregon.gov, with the subject line “Invoice, contract #(your contract number), contractor’s name” on an OHA approved invoice, and at the level of detail prescribed by OHA no later than 60 calendar days after the Individual’s last date of Services. All payments made to County under this Agreement are subject to recovery by OHA as follows:

- i. If an audit of the Services rendered by County under this Agreement, whether directly or through subcontract(s), results in a refund to or disallowance by the federal government of payment made to County under this Agreement, OHA may recover from County the amount of the refund or disallowance and any applicable OHA matching funds.
- ii. If County expends funds awarded to County under this Agreement for unauthorized expenditures, OHA may recover from County the full amount of unauthorized expenditures.
- iii. In the event funds awarded to County under this Agreement are subject to recovery as described above, OHA may, at its option, upon written notice to County:
 - A. Offset the amount subject to recovery against other funds due County from OHA under this Agreement or otherwise; or
 - B. Demand that County pay to OHA the amount subject to recovery, in which case County shall immediately pay said amount to OHA. Nothing in this section will affect OHA’s right to terminate this Agreement as set forth in Exhibit G, “Standard Terms and Conditions,” or any remedies otherwise available to OHA as a result of the termination of this Agreement.
- iv. Upon 30 calendar days advance written notice to County, OHA may withhold financial assistance otherwise due County under this Agreement if County fails to submit required reports when due or fails to perform or document the performance of Services under this Agreement. Immediately upon written notice to County, OHA may withhold financial assistance if County or its Provider(s) no longer holds all licenses, certificates, letters of approval, or certificate of approval that are required to perform the Services. Withholding of financial assistance may continue until County submits the required reports or performs the required Services. Nothing in this section will affect OHA’s right to terminate this Agreement as set forth in Exhibit G, “Standard Terms and Conditions,” or any remedies

otherwise available to OHA as a result of the termination of this Agreement.

- v. OHA will not provide financial assistance in excess of the maximum compensation amount set forth in this Agreement. If this maximum compensation amount is increased by amendment of this Agreement, the amendment must be fully effective before County or its Provider(s) performs Services subject to the amendment. No financial assistance will be provided for any Services performed before the beginning date or after the expiration date of this Agreement, as it may be amended from time to time in accordance with its terms.

- x. Service Name: **MOBILE CRISIS INTERVENTION SERVICES**
Service ID Code: **MHS 25**

(1) Service Description

(a) Overview:

Mobile Crisis Intervention Services (MCIS) are services delivered in person, by the County through its' Community Mental Health Programs (CMHP), to Individuals experiencing a behavioral health crisis, regardless of age or insurance type. Services shall be provided to Individuals in community-based settings, 24 hours a day, seven days a week, every day of the year.

The goal of MCIS is to provide a community-based alternative to individuals experiencing a behavioral health crisis, in accordance with OAR 309-072-0140 (4) and OAR 309-072-0140 (10). MCIS are provided in the community at times and locations that are convenient to the Individual and their family. Services and supports are provided by staff trained in crisis response, in a trauma-informed manner. Individuals can receive the services and supports that they need in a timely manner. MCIS is focused on early intervention and crisis de-escalation, with a focus on diverting unnecessary trips to the emergency department, hospitalizations, child welfare involvement, juvenile justice or arrests, and providing services and supports to the individual in the least restrictive environment necessary.

Mobile Crisis Intervention Team (MCIT) will work with the Individual in crisis and their family, when applicable, to attempt to address and deescalate the current crisis. MCIT will attempt to screen each Individual for risk of harm to self and others and work with the Individual to identify additional services and supports to meet the needs of the Individual in crisis and actively connect the Individual directly to services and supports whenever possible.

All MCITs shall provide services and supports in accordance with OAR 309-072-0100 to 309-072-0160.

Crisis line services shall be provided in accordance with OAR 309-019-0300.

County will contact OHA, as soon as possible, upon identification, when there are known Service Elements or OARs that are not being met. A Plan of Action must be submitted, in writing to OHA, which outlines the steps to be taken to address the areas of concern and includes a timeline for resolution.

(b) In the event of a Disaster Declaration: provide disaster response, crisis counseling services to include:

i. Responding to local disaster events by:

- A.** Providing Crisis counseling and critical incident stress debriefing to disaster victims; police, firefighters and other "first-responders"; disaster relief shelters; and the community-at-large.

B. Coordinating crisis counseling services with County Emergency Operations Manager (CEOM); and providing crisis counseling and stress management services to Emergency Operations Center staff according to agreements established between the County and CEOM.

- ii. Assisting County's in the provision of these services as part of a mutual aid agreement; and
- iii. For the purpose of responding to a specified local disaster event, payment may be made through an amendment to the Financial Assistance Agreement for these services.

(2) Performance Requirements

- (a) County shall maintain a Certificate of Approval for MCIS OAR 309, Division 008 (309-008-0100 – 309-008-1600) Health Treatment Services OAR 309, Division 008 (309-008-0100 – 309-008-1600) Certification of Behavioral Health Treatment Services AR 309, Division 008 (309-008-0100 – 309-008-1600) Certification of Behavioral Health Treatment Services.
- (b) County shall comply with OAR 309-072-0100 to 309-072-0160 as such rules may be revised from time to time.

(3) Reporting Requirements

None.

(4) Special Reporting Requirements

- (a) Forms are located at <http://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>.
- (b) County must collect and submit data in accordance with the OHA approved data collection process monthly.
- (c) County agrees to work directly with OHA approved contractor to submit the required data in a timely manner. The OHA approved contractor is responsible for analyzing the provided data and developing quarterly reports.
- (d) County is responsible for reviewing and approving the quarterly reports generated by the OHA approved contractor.
- (e) OHA approved contractor shall submit the quarterly report to OHA via HSD.Contracts@odhsoha.oregon.gov, on behalf of the County, no later than 45 calendar days following the end of each quarter.

(5) Financial Assistance Calculation, Disbursement, and Confirmation of Performance and Reporting Requirements Procedures

See Exhibit D, "Payment, Settlement, and Confirmation Requirements".

Use Payment and Settlement language, Section 1.f.(1).

y. **Service Name:** **NON-RESIDENTIAL MENTAL HEALTH SERVICES FOR YOUTH & YOUNG ADULTS IN TRANSITION**

Service ID Code: **MHS 26**

(1) Service Description

Non-Residential Mental Health Services for Youth & Young Adults in Transition (MHS 26 Services) are Mental Health Services delivered to Individuals through 25 years of age who are under the jurisdiction of the Juvenile Panel of the Psychiatric Security Review Board (JPSRB) or are considered Young Adults in Transition (YAT), as specified in Exhibit C, "Financial Assistance Award," and have behavioral health needs posing a danger to the health and safety of themselves or others. The purpose of MHS 26 Services is to provide mental health services in community settings that reduce or ameliorate the disabling effects of behavioral health needs. Services shall be trauma informed, culturally and linguistically responsive and work to reduce the impacts of adverse childhood and traumatic experiences. Non-Residential Mental Health Services for Youth & Young Adults in Transition can include:

- (a) Care coordination and residential case management services;
- (b) Vocational and social services;
- (c) Rehabilitation;
- (d) Support to obtain and maintain housing (non-JPSRB only);
- (e) Abuse investigation and reporting;
- (f) Medication (non-JPSRB only) and medication monitoring;
- (g) Skills training;
- (h) Mentoring;
- (i) Peer support services;
- (j) Emotional support;
- (k) Occupational therapy;
- (l) Recreation;
- (m) Supported employment;
- (n) Supported education;
- (o) Secure transportation (non-JPSRB only);
- (p) Individual, family and group counseling and therapy;
- (q) Rent Subsidy (non-JPSRB only); and
- (r) Other services as needed for Individuals, at the sole discretion of OHA.

(2) Performance Requirements

- (a) Services to Individuals through 25 years of age under the jurisdiction of the JPSRB or are considered Young Adults in Transition (YAT) must be delivered with the least possible disruption to positive relationships and must incorporate the following:

- i.** The rapport between professional and Individual will be given as much of an emphasis in Service planning as other case management approaches;
 - ii.** Services will be coordinated with applicable adjunct programs serving both children and adults, so as to facilitate smoother transitions and improved integration of Services and supports across both adolescent and adult systems;
 - iii.** When youth and young adults identify as a member of an Oregon Tribe or as an American Indian/Alaska Native (AI/AN) services will be culturally responsive and coordinated with their Tribe or the Urban Indian Health Program;
 - iv.** Services will be engaging and relevant to youth and young adults;
 - v.** Services will accommodate the critical role of peers and friends;
 - vi.** The treatment plan will include a safety component to require that identity development challenges and boundary issues are not cause for discontinuing Service;
 - vii.** The “Service Plan” will include a specific section addressing Services and supports unique to the developmental progress of Youth and Young Adults in Transition including school completion, employment, independent living skills, budgeting, finding a home, making friends, parenting and family planning, and delinquency prevention;
 - viii.** The OHA Young Adult Service Delivery Team or its designee shall provide direction to Provider regarding Services to be delivered to the youth or young adult; and
 - ix.** Secured transportation services under the “Service Description” section for MHS 26 Services will be approved by OHA on a case by case basis.
- (b)** Required non-JPSRB Services that are not otherwise covered by another resource will be funded at the Medicaid Fee Schedule rate as a basis for disbursement purposes. Disbursements will be made by invoice in accordance with the “Financial Assistance Calculation, Disbursement, and Agreement Settlement Procedures” section below. Approved Services may include one or more of the following:
- i.** Additional staffing;
 - ii.** Transportation;
 - iii.** Interpreter services;
 - iv.** Medical services and medications;
 - v.** Rental assistance, room and board, and personal incidental funds; or
 - vi.** Non-medically approved services including, but not limited to, assessment, evaluation, outpatient treatment, and polygraph.

(3) **Reporting Requirements**

See Exhibit E, Section 10, “Reporting Requirements for MOTS.”

(4) **Special Reporting Requirements**

County shall prepare and electronically submit, to hsd.contracts@odhsoha.oregon.gov, written quarterly reports, no later than 45 calendar days following the end of each subject quarter for which financial assistance is awarded through this Agreement. Reports must be prepared using forms and procedures prescribed by OHA. Forms are located at <http://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>.

There shall be a report from each Young Adult Residential Treatment Program providing Services under this Agreement within the County (or one report that breaks out each separate entity) for data subject to that specific quarter. Each report shall include the following components:

- (a) Number admitted;
- (b) Number discharged;
- (c) Demographic information for discharges;
- (d) Program Strengths;
- (e) Program Challenges; and
- (f) Success Story.

In addition, all programs for which financial assistance is awarded through this Agreement shall administer the Adult Hope Scale, located at <https://ppc.sas.upenn.edu/sites/default/files/hopescale.pdf>, to each Individual and include the results on the quarterly report. Counties providing both MHS 26 and MHS 27 Services need only provide one report for both Services.

(5) **Financial Assistance Calculation, Disbursement, and Confirmation of Performance and Reporting Requirements Procedures**

See Exhibit D, “Payment, Settlement, and Confirmation Requirements.”

Use Payment and Confirmation language, Section 1.f.(2).

z. Service Name: **RESIDENTIAL MENTAL HEALTH TREATMENT SERVICES FOR YOUTH & YOUNG ADULTS IN TRANSITION**

Service ID Code: **MHS 27**

(1) Service Description

- (a) Residential Mental Health Treatment Services for Youth & Young Adults in Transition (MHS 27 Services) are mental health Services delivered to Individuals 17 through 24 years of age in a group residential setting to enable the Individual to acquire sufficient stability and connectivity to the community to enable them to live as independently as they choose. These are Individuals who are under the jurisdiction of the Juvenile Panel of the Psychiatric Security Review Board (JPSRB) or are considered Young Adults in Transition (YAT), and are transitioning from an institutional setting, or in need of a structured and supportive transitional living environment. This includes Individuals without insurance or those who are under-insured. Programs are expected to maximize this funding to enhance an Individuals' likelihood of living independently in the community through the provision of the Services listed in MHS 27. Services shall be trauma informed, culturally and linguistically responsive and work to reduce the impacts of adverse childhood and traumatic experiences.
- (b) Individuals eligible for these Services are those that the OHA's Young Adult Coordinator or designee determines are unable to live independently at the time of the referral, without supervised intervention, training, or support.
- (c) Services are delivered on a 24-hour basis to Individuals with mental or emotional disorders who have been hospitalized or are at immediate risk of hospitalization, who need continuing services to avoid hospitalization, or who are a danger to themselves or others, or who otherwise require transitional care to remain in the community.
- (d) These Services have no timeline. It is expected that they will be used to help the Individual connect to ongoing, longer-term supports, meet their needs and goals, and support them in moving toward a positive life trajectory.
- (e) It is preferable that the peer support specialist and the clinical staff meet with the Individual together during the initial contact, or soon thereafter. Contacts should be as frequent as is necessary for the goals of the project to occur, but no less than twice per week.
- (f) MHS 27 Services shall be delivered in appropriately licensed and certified programs or facilities and include, but are not limited to, the following:
 - i. Crisis stabilization services, such as accessing psychiatric, medical, or qualified professional intervention to protect the health and safety of the Individual and others;
 - ii. Timely, appropriate access to crisis intervention to prevent or reduce acute, emotional distress, which might necessitate psychiatric hospitalization;
 - iii. Money and household management;

- iv. Supervision of daily living activities such as skill development focused on nutrition, personal hygiene, clothing care and grooming, and communication skills for social, health care, and community resources interactions;
- v. Provision of care including the assumption of responsibility for the safety and well-being of the Individual;
- vi. Administration, supervision, and monitoring of prescribed and non-prescribed medication and client education on medication awareness;
- vii. Provision or arrangement of routine and emergency transportation;
- viii. Developing skills to self-manage emotions;
- ix. Management of a diet, prescribed by a physician, requiring extra effort or expense in preparation of food;
- x. Management of physical or health problems including, but not limited to, diabetes and eating disorders;
- xi. Skills training;
- xii. Mentoring, peer delivered services, and peer support services;
- xiii. Positive use of leisure time and recreational activities;
- xiv. Supported education;
- xv. Supported employment;
- xvi. Occupational therapy; and
- xvii. Recreation.

(2) Performance Requirements

- (a) Services to Individuals through 24 years of age under the jurisdiction of the JPSPRB or are considered Youth & Young Adults in Transition shall be delivered with the least possible disruption to positive relationships and shall incorporate the following principles and practices:
 - i. The rapport between professional and Individual will be given as much of an emphasis in Service planning as other case management approaches;
 - ii. Services will be coordinated with applicable adjunct programs serving both children and adults so as to facilitate smoother transitions and improved integration of Services and supports across both adolescent and adult systems;
 - iii. When Individuals identify as members of an Oregon Tribe or as American Indians/Alaskan Natives (AI/AN), services will be culturally responsive and coordinated with their Tribe or the Urban Indian Health Program.
 - iv. Services will be engaging and relevant to Youth & Young Adults in Transition;
 - v. Services will accommodate the critical role of peers and friends;

- vi. The individual service and support plan will include a safety component to require that identity development challenges and boundary issues are not cause for discontinuing Service;
 - vii. The individual service and support plan will include a specific section addressing Services and supports unique to the developmental progress of Youth & Young Adults in Transition, including school completion, employment, independent living skills, budgeting, finding a home, making friends, parenting and family planning, and delinquency prevention; and
 - viii. Staff working in the programs must have training in suicide prevention and intervention strategies and Trauma Informed Care and be provided with ongoing maintenance of the skills and practice associated with these approaches.
- (b) Services to Individuals under the jurisdiction of the JPSRB shall be delivered in support of the conditional release plan as set forward by the JPSRB Board.
 - (c) Providers of MHS 27 Services funded through this Agreement shall comply with OAR 309-035-0100 through 309-035-0225, as such rule may be revised from time to time.
 - (d) Providers of MHS 27 Services funded through this Agreement shall maintain a Certificate of Approval in accordance with OAR 309-008-0100 through 309-008-1600.

(3) **Reporting Requirements**

See Exhibit E, Section 10, "Reporting Requirements for MOTS."

(4) **Special Reporting Requirements**

County shall prepare and electronically submit, to hsd.contracts@odhsoha.oregon.gov, the following written reports using forms and procedures prescribed on OHA's website located at <http://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>.

- (a) A quarterly report that includes the following elements per each Young Adult Residential Treatment Program per subject quarter:
 - i. Number admitted;
 - ii. Number discharged;
 - iii. Demographic information for discharges;
 - iv. Program strengths;
 - v. Program challenges; and
 - vi. Success story.
- (b) In addition, all programs shall administer the Adult Hope Scale, located at <https://ppc.sas.upenn.edu/sites/default/files/hopescale.pdf>, as an outcome measurement tool.

(5) **Financial Assistance Calculation, Disbursement, and Agreement Settlement Procedures**

See Exhibit D, “Payment, Settlement, and Confirmation Requirements.”

Use Payment and Settlement language, Section 1.f.(1).

aa. Service Name: **INPATIENT OR RESIDENTIAL TREATMENT SERVICES**
Service ID Code: **MHS 28**

(1) Service Description

Inpatient or Residential Treatment Services are delivered to Individuals with a mental or emotional disturbance who require treatment on an inpatient or residential basis (24 hours, 7 days a week) in a hospital, Secure Residential Treatment Facility (STRF), Residential Treatment Facility (RTF), or Residential Treatment Home (RTH).

The specific MHS 28 Services delivered to an Individual are determined based upon an assessment of treatment needs that is person-centered, and the development of a treatment service plan that is individualized to promote stabilization, skill-building, and preparation to be living in a more integrated community.

The goal of MHS 28 Services is to divert Individuals from involuntary civil or forensic commitment, provide Services in community-based settings outside of the state hospital, community hospitals or other secure settings, and to support Individuals in their progress towards stabilization and community-based outpatient Services.

(2) Performance Requirements

(a) Eligibility for Services

- i. County shall provide MHS 28 Services to Individuals, who are 18 years or older, and who:
 - A. Are found guilty except for insanity of a criminal offense under ORS 161.327 or ORS 161.328;
 - B. Are committed as extremely dangerous persons with qualifying mental disorders under ORS 426.701, or recommitted under ORS 426.702;
 - C. Are found by a court to lack the fitness to proceed under ORS 161.370 and are not being held in custody at the state hospital or a correctional facility;
 - D. Are not currently under a guilty except for insanity or extremely dangerous judgment, but have been:
 - I. Found guilty except for insanity under ORS 161.327 or 161.328 more than once, civilly committed as extremely dangerous persons under ORS 426.701 more than once, or recommitted as extremely dangerous persons under ORS 426.702; and
 - II. Require continuing Services to prevent involuntary forensic commitments, extremely dangerous civil commitments, hospitalization, and posing a danger to themselves or others; or
 - III. Require continuing Services to maintain stability and learn skills needed to be placed in a more integrated community setting;

- E. Had their guilty except for insanity term discharged early or terminated by operation of law within the past 12 months; and
- F. Had their extremely dangerous civil commitment or recommitment end within the past 12 months.
- ii. County may provide MHS 28 Services to Individuals, who are 18 years or older, and who:
 - A. Are under a guardianship order under ORS 125.305; or
 - B. Have a mental or emotional disturbance and require inpatient or residential treatment.

(b) General Requirements

When providing Services under this Service Element to Individuals described in Subsection a.(2)(a) of MHS 28, County shall:

- i. Comply with all applicable statutes and rules, including but not limited to ORS chapters 426 and 430 generally, ORS 430.630(3)-(4), ORS 426.241(5), and OAR chapter 309, divisions 8, 14, 15, 19, 32, 33, 35, and 88 which may be revised from time to time;
- ii. Ensure that the County, to the extent it provides direct Services, or its Providers (including but not limited to community hospitals, residential treatment facilities, residential homes or other providers):
 - A. Comply with all applicable statutes and administrative rules, including but not limited to OAR 309-015-0000 through 309-015-0060 and OAR 309-035-0100 through 309-035-0225, as such rules may be revised from time to time; and
 - B. Comply with and maintain any certifications or licenses required to operate or provide Services under MHS 28.
- iii. Assist all eligible and interested Individuals with applying for public assistance, medical assistance, and any other state or federal benefits that the individual may be eligible for now or upon discharge from their current placement;
- iv. Investigate and report allegations of abuse regarding served Individuals and provide protective services to those Individuals to prevent further abuse. The investigation, reporting, and protective services must be completed in compliance with ORS 430.731 through 430.768 and OAR chapter 407, division 45, as such statutes and rules may be revised from time to time;
- v. Provide payment for MHS 28 Services provided to Individuals, who are uninsured, underinsured, not eligible for Medicaid, or have exhausted Medicaid services, including those who meet the criteria for Citizen Alien Waived Medical Program;
- vi. Coordinate with any third-party payors, including but not limited to coordinated care organizations, for the payment of MHS 28 Services covered for the Individual under private insurance or through public or medical assistance programs; and

- vii. Contract with Providers to meet the MHS 28 Services needs of eligible Individuals in the County's service area.

(c) **Placement-Related Service Requirements**

For Individuals described in Subsection a.(2)(a) of MHS 28, County shall:

- i. Develop a treatment service plan for Individual in the least restrictive, most integrated setting appropriate to meet the Individual's behavioral health needs, preferences, choices and strengths;
- ii. Identify an appropriate Provider that is able to meet the Individual's behavioral health needs and willing to provide that care, treatment and Services to the Individual;
- iii. Ensure MHS 28 Services are provided in the least restrictive and most integrated setting appropriate to meet the Individual's behavioral health needs;
- iv. Divert the Individual from placement at a state hospital, community hospital or secure residential treatment facility, whenever possible;
- v. Obtain any necessary approvals from the Provider to allow admission, if it is a residential or state hospital placement;
- vi. Continue to send referrals to Providers until the Individual is placed at or is receiving appropriate Services;
- vii. Monitor the Individual's progress in their treatment service plan and current placement, identify when the Individual may be transferred to a lower level of care, and provide that information to any supervisory authority (e.g., the Psychiatric Security Review Board (PSRB) or court); and
- viii. Ensure discharge planning continues throughout the Individual's placement in a hospital or inpatient/residential placement with the goal of moving the Individual to the lowest level of care that will maintain long term their mental and physical health.

(d) **Behavioral Health Service Requirements**

For Individuals described in Subsection aa.(2)(a) of MHS 28 County shall provide:

- i. Care Coordination to facilitate the Individual's access to Services in the least restrictive, most integrated setting appropriate to meet the Individual's behavioral health needs, preferences, choices and strengths, including:
 - A. Facilitate communication between the Individual, family, natural supports, community resources, Providers, DHS (if eligible for APD or I/DD services), and PSRB or courts (if applicable);
 - B. Identify Providers that can provide Behavioral Health Treatment Services consistent with the Individual's treatment

service plan, whether it is provided on an inpatient, residential or outpatient basis;

- C.** Organize, facilitate and participate in interdisciplinary team (IDT) meetings with the Individual, Providers, and CCO Care Coordinators (if the Individual is a CCO member);
 - D.** Facilitate access to community-based rehabilitative Behavioral Health Treatment Services that are recovery-oriented, culturally responsive, and geographically accessible;
 - E.** Facilitate access to Peer Delivered Services;
 - F.** Serve as the Single Point of Contact (SPOC) for all referrals from OSH to Assertive Community Treatment, as described in OAR 309-019-0225(25) (Definition of SPOC), in ACT Admission Process, as described in OAR 309-019-0248; and
 - G.** Collaborate with the DHS, APD and I/DD Divisions to support the Behavioral Health Treatment Service needs of Individuals determined service-eligible for APD or I/DD;
- ii.** Stabilization, Maintenance and Preventative Services, including:
 - A.** Provide crisis stabilization services, such as accessing psychiatric, medical, or qualified professional intervention to protect the health and safety of the Individual and others;
 - B.** Provide timely, appropriate access to crisis intervention to prevent or reduce acute emotional distress, which might necessitate psychiatric hospitalization;
 - C.** Assist the Individual with money management, when requested by an Individual, to include accurate documentation of all funds deposited and withdrawn when funds are held in trust for the Individual;
 - D.** Assist with or arrange for the supervision of the Individual's daily living activities and life skills (if appropriate), such as training in nutritional wellness, personal hygiene, clothing care and grooming, communication with social skills, health care, household management, and using community resources to support increasing independence and preparation for living in the most integrated community environment;
 - E.** Provide for or arrange for the care of the Individual, including the assumption of responsibility for the safety and well-being of the Individual;
 - F.** If the Individual is placed in an inpatient or residential setting, ensure the Provider is providing a safe environment for the Individual;
 - G.** Provide for or arrange for the administration and supervision of prescribed and non-prescribed medication(s);
 - H.** Provide or arrange for routine and emergency transportation;

- I.** Provide for or arrange for the management of aggressive or self-destructive behavior;
- J.** Provide for or arrange for the management of any specialized diet for the Individual, prescribed by a physician, requiring extra effort or expense in preparation of food;
- K.** Provide for or arrange for the management of the Individual's physical or health problems including, but not limited to, seizures, incontinency, diabetes, and pain management;
- L.** Provide financial assistance for behavioral health services, as described in OAR 410-172-0630;
- M.** Provide financial assistance for individual services and activities, as described in OAR 309-035-0200, including but not limited to the:
 - I.** Provision of adequate shelter;
 - II.** Assistance with acquiring skills to live as independently as possible; and
 - III.** Assistance with accessing other additional services, as needed or as assigned by OHA;
- N.** Provide a transitional treatment plan for Individuals when they are no longer receiving Services, and when and how to reinstate services if and when needed;
- O.** Provide interpretive services as needed;
- P.** Provide notice to the Individual of any admission decisions for residential care in accordance with OAR 309-035-0163(11);
- Q.** Provide any clinical records and contact information to OHA and its designees for oversight and coordination purposes upon request;
- iii.** Services to Remove Barriers to Community-Based Care when consistent with the Individual's treatment service plan, including, but are not limited to:
 - A.** Room and board payments;
 - B.** Rental assistance, security deposits, and application fees;
 - C.** Utility payments and deposits;
 - D.** Prescription or over-the-counter medications and medical supplies not covered by Medicaid or other sources;
 - E.** Transportation;
 - F.** Activities to facilitate the securing of guardianship Services, including but not limited to:
 - I.** Paying the costs of:

- (A) Court hearings to determine the necessity, continuation, or termination of a guardianship; and
- (B) Guardianship Services to make decisions related to overseeing the care and supervision of an Individual; and

II. If guardianship is expected to continue beyond a transitional period of time (6 months or less), then other payment options should be sought in order to maintain guardianship Services; and

B. Activities to facilitate the securing of representative payee services.

(e) **Funding-Dependent Performance Requirements**

For Individuals described in Subsection aa.(2)(a) of MHS 28, County may provide the Services described in Subsection aa.(2)(c)-(d) of MHS 28, subject to the requirements in Subsection aa.(2)(b) of MHS 28.

(3) **Reporting Requirements**

Reports must be prepared using forms and procedures prescribed by OHA. Forms are located at <http://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>. County shall submit electronically, to hsd.contracts@odhsoha.oregon.gov, an annual accounting report of financial assistance within 45 calendar days from the end of the contract year.

(4) **Special Reporting Requirements**

See Exhibit E, Section 10, "Reporting Requirements for MOTS."

(5) **Financial Assistance Calculation, Disbursement, and Agreement Settlement Procedures**

(a) **Payment**

See Exhibit D, "Payment, Settlement, and Confirmation Requirements."

Use Payment and Confirmation language, Section 1.f.(2). In addition, use Part A payment language, Section 1.b.

County understands and agrees that funding under Part A or Part C may be reduced by Contract amendment to the extent County's billings exceed the allocated total aggregated budget as set for in Exhibit C, "Financial Assistance Award." The Part C awards do not apply to PSRB Individuals, as these Services are covered in the Service Description for MHS 30.

(b) **Disbursement of Financial Assistance:**

Invoices shall be submitted electronically, to hsd.contracts@odhsoha.oregon.gov, with the subject line "Invoice, contract #(your contract number), contractor's name" on an OHA approved invoice, and at the level of detail prescribed by OHA no later than 60 calendar days after the Individual's last date of Services.

bb. Service Name: **MONITORING, SECURITY, AND SUPERVISION SERVICES FOR INDIVIDUALS UNDER THE JURISDICTION OF THE ADULT AND JUVENILE PANELS OF THE PSYCHIATRIC SECURITY REVIEW BOARD**

Service ID Code: **MHS 30**

(1) Service Description

Monitoring, Security, and Supervision Services for Individuals under the Jurisdiction of the Adult and Juvenile Panels of the Psychiatric Security Review Board (PSRB & JPSRB) (MHS 30 Services). MHS 30 Services are delivered to Individuals who are placed in their identified service area by Order of Evaluation or Conditional Release Order as designated by OHA.

(a) Monitoring Services include:

- i.** Assessment and evaluation for the court, and the PSRB or JPSRB of an Individual under consideration for placement on a waiting list or for Conditional Release from the Oregon State Hospital (OSH), a hospital, jail, or facility designated by OHA, to determine if the Individual can be treated in the community, including identification of the specific requirements for the community placement of an Individual;
- ii.** Supervision consistent with the requirements of the PSRB or JPSRB Conditional Release Order;
- iii.** Coordination with OSH, a hospital, or facility designated by OHA on transition activities related to Conditional Release of an Individual;
- iv.** Provide supported housing and intensive case management for identified programs at approved budgeted rates; and
- v.** Administrative activities related to the Monitoring Services described above, including but not limited to:
 - A.** Reporting of the Individual's compliance with the conditional release requirements, as identified in the order for Conditional Release, as identified in the Order for Conditional Release, through monthly progress notes to the PSRB or JPSRB;
 - B.** Providing interim reports for the purpose of communicating current status of an Individual to the PSRB or JPSRB;
 - C.** Submitting requests for modifications of Conditional Release Orders to the PSRB or JPSRB;
 - D.** Implementing board-approved modifications of Conditional Release Orders;
 - E.** Implementing revocations of Conditional Release due to violation(s) of Conditional Release Orders and facilitating readmission to OSH;

- F.** Responding to Law Enforcement Data System (LEDS) notifications as a result of contact by the Individual receiving MHS 30 Services with law enforcement agencies; and
- G.** An annual comprehensive review of supervision and treatment Services to determine if significant modifications to the Conditional Release Order should be requested from the PSRB or JPSRB.

(b) Security and Supervision Services includes:

- i.** Security Services include: Services identified in the PSRB or JPSRB Conditional Release Order, which are not medically approved Services but are required for safety of the Individual and the public, and are covered at a rate based on a determination of the risk and care needs, as identified in the Security Services Matrices below: For additional information about Security and Supervision Services, see PSRB Security Payment Scoring.doc

Security Services Matrix (Community)	Low Risk	Med Risk	High Risk
High Care	Rate 1	Rate 2	Rate 3
Med Care	Rate 2	Rate 3	Rate 4
Low Care	Rate 3	Rate 4	Rate 5

- ii.** Security Services for those residing in a Class 1 or Class 2 Secure Residential Treatment Facility (SRTF): When Forensic risk factors, and risk to the public, create a need to provide an alternative security payment level, the Security Services Payment will be as defined in the table below:

Security Services Matrix	Maintenance Minimal Additional Risk	Medium Additional Risk	High Additional Risk
SRTF (Very High Risk)	SRTF Rate 6	SRTF Rate 7	SRTF Rate 8

- iii.** Supervision Services include approved Services that are not covered by another resource and will be funded at the current Medicaid Fee Schedule rate as a basis for reimbursement purposes. Disbursement will be made by invoice in accordance with the “Financial Assistance Calculation, Disbursement, and Agreement Settlement Procedures” section below. Approved Supervision Services may include one or more of the following:

- A.** Additional staffing (utilize the Intensive Rate Request process through Rate Review Committee);
- B.** Transportation;

- C. Interpreter services;
- D. Medical services and medications;
- E. Rental assistance, room and board, and person and incidental funds;
- F. Payee;
- G. Guardianship (initial and ongoing) costs;
- H. To obtain legal identification; and
- I. Non-medically approved services including, but not limited to: assessment, evaluation (including evaluations ordered beyond typical monitoring required by the PSRB), outpatient treatment, and polygraph if such expenses are needed to maintain compliance with the terms of a conditional release and not covered by some other mechanism.

(2) **Performance Requirements**

- (a) Providers of MHS 30 Services funded through this Agreement shall comply with OAR 309-019-0160, as such rule may be revised from time to time.
- (b) Providers of MHS 30 Services funded through this Agreement shall maintain a Certificate of Approval in accordance with OAR 309-008-0100 through OAR 309-008-1600, as such rules may be revised from time to time.

(3) **Reporting Requirements**

See Exhibit E, Section 10, "Reporting Requirements for MOTS."

(4) **Special Reporting Requirements**

Upon request County shall submit one or more of the following to the OHA Contract Administrator for MHS 30 Services:

- (a) Conditional Release Plan or Conditional Release Order;
- (b) Monthly progress notes;
- (c) Incident reports;
- (d) Evaluations and assessments;
- (e) Notifications of Revocation and Order of Revocation;
- (f) Treatment Plans
- (g) Notification of Change of Residence; or
- (h) Any other documentation deemed necessary for monitoring and implementing MHS 30 Services.

(5) **Financial Assistance Calculation, Disbursement, and Agreement Settlement Procedures**

See Exhibit D, "Payment, Settlement, and Confirmation Requirements.

Use Payment and Settlement language, Section 1.f.(1).

cc. Service Name: **ENHANCED CARE AND ENHANCED CARE OUTREACH SERVICES**

Service ID Code: **MHS 31**

(1) Service Description

Enhanced Care and Enhanced Care Outreach Services (MHS 31) enable an Individual to leave, or avoid placement in, the Oregon State Hospital (OSH). MHS 31 Services are outpatient community mental health and psychiatric rehabilitation Services delivered to Individuals who are Department of Human Services (DHS), Adults and People with Disabilities (APD) service need eligible and who have been diagnosed with a severe mental illness with complex behaviors and require intensive community mental health services for successful integration into the community.

(2) Performance Requirements

- (a) Providers of MHS 31 Services funded through this Agreement shall comply with OAR 309-019-0155, as such rule may be revised from time to time.
- (b) Providers of MHS 31 Services funded through this Agreement shall maintain a Certificate of Approval in accordance with OAR 309-008-0100 through 309-008-1600, as such rules may be revised from time to time.
- (c) MHS 31 Services funded through this Agreement may only be delivered to Individuals who satisfy the requirements for receipt of nursing facility or community based care under Medicaid, as specified in OAR 411-015-0000 through 411-015-0100, as such rules may be revised from time to time, and who receive such services in a nursing facility, residential care facility, assisted living facility, or foster home operated by a Provider that has entered into an agreement with and is licensed by DHS's APD Division to provide services to designated individuals. All Individuals shall be evaluated by the Provider and local DHS APD licensed facility staff prior to placement.
- (d) If County wishes to use MHS 31 funds made available through this Agreement for delivery of MHS 31 Services to otherwise eligible Individuals not residing in a DHS APD facility, County shall receive a variance from OHA in accordance with OAR 309-008-1600, as such rules may be revised from time to time.
- (e) County shall notify the OHA ECS Coordinator prior to transition from ECS. County shall also notify the OHA ECS Coordinator within three working days of any change in an Individual's medical or psychiatric condition, which jeopardizes the placement.

(3) Reporting Requirements

See Exhibit E, Section 10, "Reporting Requirements for MOTS."

(4) Special Reporting Requirements

- (a) County shall submit a Referral Outcome Form within 21 calendar days of receiving a referral to, enhancedcare.team@odhsoha.oregon.gov.

- (b) County prepares and electronically submits to, enhancedcare.team@odhsoha.oregon.gov,
 - i. Monthly Enhanced Care Services Census Report;
 - ii. CS Data Base Part I; and
 - iii. ECS Data Base Part II.
- (c) County shall prepare and electronically submit, to hsd.contracts@odhsoha.oregon.gov, the following reports using forms and procedures as prescribed on OHA's website, located at <http://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>:
 - i. Monthly Enhanced Care Services Census Report;
 - ii. ECS Data Base Part I; and
 - iii. ECS Data Base Part II.

(5) **Financial Assistance Calculation, Disbursement, and Confirmation of Performance and Reporting Requirements Procedures**

See Exhibit D, Payment, Settlement, and Confirmation Requirements.

Use Payment and Confirmation language, Section 1.f.(2). In addition:

dd. Service Name: **ADULT FOSTER CARE SERVICE**
Service ID Code: **MHS 34**

(1) Service Description

Adult Foster Care Services (MHS 34) are Services delivered to Individuals with chronic or severe mental illness who are in need of further stabilization in a licensed care setting for the potential of transitioning to an *integrated setting*. These Individuals have been hospitalized or are at immediate risk of hospitalization, are in need of continuing Services to avoid hospitalization, or pose a danger to the health and safety of themselves or others, and are unable to live by themselves without supervision. MHS 34 Services are delivered in a family home or facility with five or fewer Individuals receiving MHS 34 Services. The purpose of MHS 34 Services is to maintain the Individual at his or her maximum level of functioning or to improve the Individual's skills to the extent that he or she may live more independently.

Integrated setting was recently explained in a publication by the Department of Justice¹, dated June 22, 2011, as follows:

"In the years since the Supreme Court's decision in *Olmstead v. L.C.*, 527 U.S. 581 (1999), the goal of the integration mandate in title II of the Americans with Disabilities Act [is] to provide individuals with disabilities opportunities to live their lives like individuals without disabilities."

"By contrast, segregated settings often have qualities of an institutional nature. Segregated settings include, but are not limited to: (1) congregate settings populated exclusively or primarily with individuals with disabilities; (2) congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy, policies limiting visitors, or limits on individuals' ability to engage freely in community activities and to manage their own activities of daily living; or (3) settings that provide for daytime activities primarily with other individuals with disabilities."

The expectation for individuals living in Adult Foster Care Services is to stabilize and transition to a non-licensed, integrated setting. Perpetual living at this level of care is not warranted and can only continue with the ongoing approval by OHA's Independent Qualified Agent (IQA) in determining this specific Level of Care (LOC).

All stays in Adult Foster Care Services shall include activities to integrate the individual into the community based on individual goals and desires, and should not be limited to foster home group activities.

MHS 34 Services include, but are not limited to, the following:

- (a)** Crisis stabilization services such as accessing psychiatric, medical, or qualified professional intervention to protect the health and safety of the individual and others;

¹ https://www.ada.gov/olmstead/q&a_olmstead.htm

- (b) Timely, appropriate access to crisis intervention to prevent or reduce acute, emotional distress, which might necessitate psychiatric hospitalization;
- (c) Management of personal money and expenses;
- (d) Supervision of daily living activities and life skills, such as training in nutritional wellness, personal hygiene, clothing care and grooming, communication with social skills, health care, household management, and using community resources to support increasing independence and preparation for living in the most integrated living environment;
- (e) Provision of care including assuming the responsibility for the safety and well-being of the individual;
- (f) Administration and supervision of prescribed and non-prescribed medication;
- (g) Provision of or arrangement for routine medical and emergency transportation;
- (h) Management of aggressive or self-destructive behavior;
- (i) Management of a diet, prescribed by a physician, requiring extra effort or expense in preparation of food; and
- (j) Management of physical or health problems including, but not limited to, seizures, incontinency, diabetes, and pain management.

(2) **Performance Requirements**

- (a) Providers of Foster Care MHS 34 Services funded through this Agreement shall comply with OAR 309-040-0300 through 309-040-0455, as such rules may be revised from time to time.
- (b) Prior to commencement of Foster Care MHS 34 Services, County shall develop and submit to OHA, for OHA's review and approval, a personal care plan for the Individual. After commencement of Foster Care MHS 34 Services, County shall require that the Provider of the MHS 34 Services delivers the Services to the Individual in accordance with the Individual's personal care plan. County shall complete a new personal care plan at least annually for each Individual receiving MHS 34 Services funded through this Agreement and revise as necessary.
- (c) County shall assist OHA's function of licensing and certifying homes providing Foster Care MHS 34 Services funded through this Agreement by performing the following tasks within the timelines required by OAR 309-040-0300 through 309-040-0455, as such rules may be revised from time to time:
 - i. For new licenses and certifications: County shall assist with inspection of the homes, and completion and submission to OHA of the following, as prescribed by OHA:
 - A. Foster Home License or Certification Application;
 - B. Foster Home Inspection Form;
 - C. Criminal History Check;

- D. A letter of support in the form and substance attached as Attachment #1, and
 - E. Any other information necessary for licensing or certifying the residences.
- ii. For renewal of existing licenses and certifications: County shall assist OHA with the completion and submission to OHA of a letter of support in the form and substance attached as Attachment #1, and with inspection of the homes and completion and submission to OHA of the Foster Home License/Certification Evaluation Forms; and
 - iii. County shall assist currently licensed and potential new foster homes providing MHS 34 Services to meet statutory requirements for training and testing by:
 - A. Maintaining and distributing copies of OHA's "Basic Training Course and Self-Study Manual" and associated video tapes; and
 - B. Making test site(s) available, administering tests provided by OHA, and mailing completed tests promptly to OHA for scoring.

OHA will make the final determination on issuance and renewal of licenses and certifications, based on information submitted by County as required above.

(3) **Reporting Requirements**

See Exhibit E, Section 10, "Reporting Requirements for MOTS."

(4) **Special Reporting Requirements**

None

(5) **Financial Assistance Calculation, Disbursement, and Agreement Settlement Procedures**

See Exhibit D, "Payment, Settlement, and Confirmation Requirements."

Use Payment and Settlement language, Section 1.f.(1).

ATTACHMENT #1

Health Systems Division
500 Summer Street NE E-86
Salem, OR 97301

Dear HSD Licensing and Certification Unit Manager,

Pursuant to OAR 309-040-0315 (3)(e), I am submitting this letter of support on behalf of [name of CMHP], an authorized designee of the Local Mental Health Authority in [County].

At this time, [name of CMHP] is in support of the operation of [name of AFH] AFH located at [full address of AFH] under the following conditions:

- The provider maintains substantial compliance with all regulations that govern the licensure and safe operation of AFHs.
- The provider ensures the delivery at all times adequate room and board, food, safety and sanitation oversight, compliance with building and maintenance requirements, supervision, and care to vulnerable adults with mental, emotional, or behavioral disorders who reside at the AFH by qualified and approved providers, resident managers, staff, and volunteers.
- The provider timely submits incident reports to the CMHP in accordance with applicable ORS' and OARs.
- The provider complies with any additional requirements or conditions set forth by the Health Systems Division, Oregon Health Authority.

[name of CMHP] will immediately notify HSD when it changes its level of support for the continued operation of or adjusted placement referral decisions associated with [name of AFH] AFH.

[name of CMHP] will immediately notify HSD in writing if CMHP staff become aware of or observe any violations to regulations that govern the health, safety, and welfare of residents who reside at the home.

[name of CMHP] will provide a detailed written summary to HSD (and to the Office of Training, Investigations, and Safety, *formerly OAAPI*) if CMHP staff become aware of or observe any medication errors, inadequate or unsafe physical conditions of the home, unauthorized persons living or sleeping in the home, failure by the AFH provider to timely submit incident reports, suspected abuse or neglect to residents, crimes committed on the property, or in any other situation that jeopardizes the health, safety, and welfare of vulnerable adults who live in and receive services in the home.

Name of the LMHA representative or designee who is signing this letter of support: [name]

Full title of the LMHA representative or designee who is signing this letter of support: [title]

Email of the LMHA representative or designee who is signing this letter of support: [email]

Signature of the CMHP Director or designee

Date of signature

ee. Service Name: **OLDER OR DISABLED ADULT MENTAL HEALTH SERVICES**

Service ID Code: **MHS 35**

(1) **Service Description**

Older or Disabled Adult Mental Health Services (MHS 35 Services) are:

If Specialized Service requirement MHS 35A applies, specialized geriatric mental health Services delivered to older or disabled adults with mental illness, as such Services are further described in the Specialized Service requirement MHS 35A.

(2) **Performance Requirements**

Funds awarded for MHS 35 Services on lines in Exhibit C, "Financial Assistance Award," containing "35A" in column "Part IV" may only be expended on MHS 35 Services as described in the Specialized Service requirement MHS 35A.

(3) **Reporting Requirements**

See Exhibit E, Section 10, "Reporting Requirements for MOTS."

(4) **Special Reporting Requirements**

County shall prepare and electronically submit, to hsd.contracts@odhsoha.oregon.gov, written quarterly summary financial and program narrative reports on the delivery of Older or Disabled Adult Mental Health Services, no later than 45 calendar days following the end of each subject quarter for which financial assistance is awarded through this Agreement, that are subject to Specialized Service requirements 35A. Reports must be prepared using forms and procedures prescribed by OHA. Forms are located at <http://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>.

(5) **Financial Assistance Calculation, Disbursement, and Confirmation of Performance and Reporting Procedures**

See Exhibit D, "Payment, Settlement, and Confirmation Requirements."

Use Payment and Confirmation language, Section 1.f.(2). In addition:

Upon amendment to the Financial Assistance Award, OHA shall adjust monthly allotments as necessary to reflect changes in the funds shown for Specialized Service requirement MHS 35A Services provided under that line of the Financial Assistance Award.

ff. Service Name: **PRE-ADMISSION SCREENING AND RESIDENT REVIEW SERVICES (PASRR)**

Service ID Code: **MHS 36**

(1) Service Description

- (a) Pre-admission Screening and Resident Review Services (MHS 36 Services) are evaluation services delivered to Individuals who are entering a nursing facility where a PASRR level I screen has indicated that they have a serious and persistent mental illness (SPMI), regardless of insurance type or lack of health insurance, or are residing in a nursing home. Eligible populations served are: Medicaid, those uninsured, underinsured, or have exhausted Medicaid Services, Citizen/Alien-Waived Emergent Medical, Medicare, Private Insurance, or Private Pay.
 - i. Referred for placement in Medicaid-certified long-term care nursing facilities if they are exhibiting symptoms of a serious persistent mental illness; or
 - ii. Residing in Medicaid-certified long-term care nursing facilities and experiencing a significant change in mental health status.
- (b) Pre-admission Screening and Resident Review Services must determine if:
 - i. Individuals have a serious and persistent mental illness, as defined in OAR 309-036-0105(36); and
 - ii. If those determined to have a serious and persistent mental illness are appropriately placed in a nursing facility or need inpatient psychiatric hospitalization.

(2) Performance Requirements

- (a) County shall comply with the Nursing Home Reform Act, under the Omnibus Budget Reconciliation Act of 1987 (OBRA 1987), as amended by OBRA 1990, including but not limited to 42 U.S.C. 1396r(e)(7) and OAR 411-070-0043 through 411-070-0045, as such laws and rules may be revised from time to time. County shall maintain a Certificate of Approval in accordance with OAR 309-008-0100 through OAR 309-008-1600, as such rules may be revised from time to time.
- (b) County shall require that all Individuals referred for MHS 36 Services by licensed nursing facilities receive MHS 36 Services review and evaluation.
- (c) All MHS 36 Services paid for through this Agreement must be delivered by a Qualified Mental Health Professional (as defined in OAR 309-039-0510 (10)) or a Licensed Medical Practitioner (as defined in OAR 309-019-0105(92)).

(3) Reporting Requirements

See Exhibit E, Section 10, "Reporting Requirements for MOTS."

(4) Special Reporting Requirements

County shall prepare and electronically submit, to hsd.contracts@odhsoha.oregon.gov, written forms HSD 0438 and HSD 0440, no

later than 21 calendar days following each review for which financial assistance is awarded through this Agreement. Reports must be prepared using forms and procedures prescribed by OHA. Forms are located at <http://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>.

(5) **Financial Assistance Calculation, Disbursement, and Confirmation of Performance and Reporting Procedures**

See Exhibit D, “Payment, Settlement, and Confirmation Requirements.”

Use Payment and Confirmation language, Section 1.f.(2). In addition:

gg. **Service Name:** **START-UP**
 Service ID Code: **MHS 37**

(1) Service Description

The funds awarded for MHS 37 – Start-Up must be used for Start-Up activities as described in a special condition in Exhibit C, “Financial Assistance Award,” and Exhibit K, “Start-Up Procedures.” For purposes of this special project description, Start-Up activities are activities necessary to begin, expand, or improve mental health services. These expenses are distinct from routine operating expenses incurred in the course of providing ongoing services. Notwithstanding the description of the Start-Up activities in a special condition, funds awarded for MHS 37 may not be used for real property improvements of \$10,000 and above. When OHA funds in the amount of \$10,000 and above are to be used for purchase or renovation of real property, County shall contact the Social Determinants of Health (SDOH) Unit of OHA and follow the procedures as prescribed by that unit.

MHS 37 funds are typically disbursed prior to initiation of services and are used to cover approved, allowable Start-Up expenditures, as described in Exhibit K, that will be needed to provide the services planned and delivered at the specified site(s).

(2) Performance Requirements

The funds awarded for MHS 37 must be expended only in accordance with Exhibit K, “Start-Up Procedures,” which is incorporated herein by this reference.

(3) Reporting Requirements

None

(4) Special Reporting Requirements

Using the OHA prescribed “Start-Up Request & Expenditure Form,” the County shall prepare and electronically submit, to hsd.contracts@odhsoha.oregon.gov, a request for disbursement of allowable Start-Up funds as identified in a special condition in a particular line of Exhibit C, “Financial Assistance Award.” The reports must be prepared in accordance with forms prescribed by OHA and the procedures described in Exhibit K, “Start-Up Procedures.” Forms are located at <http://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>.

(5) Financial Assistance Calculation, Disbursement, and Agreement Settlement Procedures

See Exhibit D, “Payment, Settlement, and Confirmation Requirements.”

Use Payment Start-Up, Section 1.e., and Settlement Start-Up language, Section 1.f.(1)(b).

hh. Service Name: **SUPPORTED EMPLOYMENT SERVICES**

Service ID Code: **MHS 38**

(1) **Service Description**

- (a) Provide Individual Placement and Support (IPS) Supported Employment Services (MHS 38 Services) consistent with the Dartmouth IPS Supported Employment Fidelity Model. The IPS Fidelity Manual, published by Dartmouth Psychiatric Research Center, incorporated by reference herein, can be found in the IPS Employment Center's Document Library, at: <https://ipsworks.org/index.php/library/>, or at the following link: https://ipsworks.org/wp-content/uploads/2017/08/ips-fidelity-manual-3rd-edition_2-4-16.pdf.

(b) **Definitions:**

- i. **Competitive Integrated Employment** means full-time or part time work: at minimum wage or higher, at a rate that is not less than the customary rate paid by the employer for the same or similar work performed by other employees who are not individuals with disabilities, and who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skill; with eligibility for the level of benefits provided to other employees; at a location where the employee interacts with other persons who are not individuals with disabilities (not including supervisory personnel or individuals who are providing services to such employee) to the same extent that individuals who are not individuals with disabilities and who are in comparable positions interact with other persons; and as appropriate, presents opportunities for advancement that are similar to those for other employees who are not individuals with disabilities and who have similar positions.
- ii. **Division Approved Reviewer** means the Oregon Supported Employment Center of Excellence (OSECE). OSECE is OHA's contracted entity responsible for conducting Supported Employment fidelity reviews, training, and technical assistance to support new and existing Supported Employment Programs statewide.
- iii. **Supported Employment Services** are individualized Services that assist Individuals to obtain and maintain integrated, paid, competitive employment. Supported Employment Services are provided in a manner that seeks to allow Individuals to work the maximum number of hours consistent with their preferences, interests, and abilities and are individually planned, based on person-centered planning principles and evidence-based practices.

(2) **Performance Requirements**

County shall provide MHS 38 Services in a manner that is consistent with fidelity standards established in OAR 309-019-00270 through 309-019-0295 and is consistent with County's Local Plan as per ORS 430.630. If County lacks qualified Providers to deliver MHS 38 Services, County shall implement a plan, in

consultation with their respective CCO and OHA, to develop a qualified Provider network for Individuals to access MHS 38 Services. MHS 38 Services must be provided by Providers meeting Supported Employment fidelity scale standards.

(3) **Reporting Requirements**

See Exhibit E, Section 10, “Reporting Requirements for MOTS.”

(4) **Special Reporting Requirements**

County shall prepare and electronically submit, to hsd.contracts@odhsoha.oregon.gov, written quarterly summary reports on the delivery of MHS 38 Services no later than 45 calendar days following the end of each subject quarter for which financial assistance is awarded through this Agreement. Reports must be prepared using forms and procedures prescribed by OHA. Forms are located at <http://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>

- (a) A Provider delivering MHS 38 Services with funds provided through this Agreement may not use funds to deliver covered Services to any individual known to be enrolled in the Oregon Health Plan at the time Services are delivered.
- (b) Quarterly reports shall include, but are not limited to:
 - i. Individuals with Serious and Persistent Mental Illness (SPMI) who receive MHS 38 Services and are employed in Competitive Integrated Employment, as defined above;
 - ii. Individuals with SPMI who no longer receive MHS 38 Services and are employed in competitive integrated employment without currently receiving supportive services from a supported employment specialist; and
 - iii. Individuals with SPMI who received MHS 38 Services as part of an Assertive Community Treatment (ACT) Program.

(5) **Financial Assistance Calculation, Disbursement, and Confirmation of Performance and Reporting Requirements**

See Exhibit D, “Payment, Settlement, and Confirmation Requirements.”

Use Payment and Settlement language, Section 1.f.(2).

ii. **Service Name:** **PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) SERVICES**

Service ID Code: **MHS 39**

(1) Service Description

The goal of the Projects for Assistance in Transition from Homelessness (PATH) Services program is to reduce or eliminate homelessness for Individuals with Serious Mental Illness (SMI), as defined in OAR 309-036-0105(10), who experience homelessness or are at imminent risk of becoming homeless. Individuals may also have a co-occurring Substance Use Disorder (SUD).

PATH funds are used to provide a menu of allowable Services, prioritizing street outreach, case management, and Services which are not supported by mainstream Mental Health programs. Through its Services, PATH links a vulnerable population who experience persistent and pervasive health disparities to mainstream and other supportive Services. Collectively these efforts help Individuals with SMI experiencing homelessness secure safe and stable housing, improve their health, and live a self-directed, purposeful life.+

Eligible Services, not otherwise covered by another resource, are as follows:

- (a) Outreach services including prioritization of those with serious mental illness who are veterans and experiencing homelessness or in danger of becoming homeless;
- (b) Screening and diagnostic treatment services;
- (c) Habilitation and rehabilitation services;
- (d) Community mental health services including recovery support services (e.g. peer specialist/recovery coaches);
- (e) Alcohol and drug treatment services;
- (f) Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where Individuals who are homeless require Services;
- (g) Case management services, including:
 - i. Preparing a plan for the provision of community mental health and other supportive services to eligible Individuals experiencing homelessness and reviewing such plan not less than once every three months;
 - ii. Providing assistance in obtaining and coordinating social and maintenance services for eligible Individuals who experience homelessness, including services relating to daily living activities, peer support, personal financial planning, transportation services, habilitation and rehabilitation services, prevocational and vocational training, and housing;
 - iii. Providing assistance to eligible Individuals who experience homelessness in obtaining income support services, including housing assistance, Supplemental Nutrition Assistance Program (SNAP), and supplemental securing income benefits;

- iv. Referring eligible Individuals who experience homelessness for such other services as may be appropriate; and
 - v. Providing representative payee services in accordance with Section 1631(a)(2) of the Social Security Act if the eligible Individuals who experience homelessness are receiving aid under title XVI of such Act and if the applicant is designated by the Secretary of the Social Security Administration to provide such services.
- (h) Supportive and supervisory services in residential settings including shelters, group homes, supported apartments and other residential settings specifically serving those living with serious mental illness or co-occurring disorders;
- (i) Referrals for primary health services, job training, educational services, and relevant housing services; and including use of peer providers to help to assure that these services are successfully accessed by individuals who experience homelessness with serious mental illness(es) and co-occurring disorders; and
- (j) Housing services as specified in Section 522(b)(10) of the PHS Act as amended (U.S.C. § 290cc-22(b)), including:
- i. Minor renovation, expansion, and repair of housing;
 - ii. Planning of housing;
 - iii. Technical assistance in applying for housing assistance;
 - iv. Improving the coordination of housing services;
 - v. Security deposits;
 - vi. Costs associated with matching eligible Individuals who experience homelessness with appropriate housing situations; and
 - vii. One-time rental payments to prevent eviction.

No more than 20% of PATH funds allocated through MHS 39 shall be expended for housing services.

(2) **Performance Requirements**

Providers of MHS 39 Services funded through this Agreement shall comply with OAR 309-032-0301 through 309-032-0351, as such rules may be revised from time to time.

Services provided must be eligible services in accordance with 42 U.S.C. § 290cc-22(b).

Providers of MHS 39 Services funded through this Agreement shall:

- (a) Use third party and other revenue realized from provision of Services to the extent possible;
- (b) Implement policies and procedures to prioritize use of other available funding sources for PATH Services;
- (c) Assist PATH-eligible Individuals in applying for benefits for which they may be eligible for or entitled to, including but not limited to:

- i. Social Security Insurance (SSI)/Social Security Disability Insurance (SSDI) or other financial assistance;
 - ii. Medicaid or Medicare;
 - iii. Veterans Administration Benefits; and
 - iv. SNAP.
- (d) Assist OHA, upon request, in the development of an annual application requesting continued funding for MHS 39 Services, including the development of a budget and an Intended Use Plan for PATH funds consistent with the requirement set forth in Funding Opportunity Announcement; and
- (e) Provide, at a minimum, the following:
 - i. Meet or exceed the current Government Performance and Results Act (GPRA) Measures posted to the PATH Data Exchange website <https://pathpdx.samhsa.gov/> for the following measures:
 - A. Percentage of enrolled individuals who experience homelessness in the PATH program who receive community mental health services;
 - B. Number of homeless individuals who experience homelessness contacted;
 - C. Percentage of contacted individuals who experience homelessness with serious mental illness who experience homelessness and become enrolled in services; and
 - D. Number of PATH providers trained on SSI/SSDI Outreach, Access, and Recovery (SOAR) to ensure eligible homeless individuals are receiving benefits.
 - ii. Active participation in the local Continuum of Care;
 - iii. Attendance at semi-annual PATH Provider meetings;
 - iv. Attendance at PATH Technical Assistance trainings as requested by OHA;
 - v. Development of an annual PATH Intended Use Plan including a line-item budget and budget narrative using forms and templates provided by OHA;
 - vi. Participation in annual PATH program site reviews conducted by OHA; and
 - vii. Participation in federal site reviews as needed or requested by OHA.
- (f) All Individuals receiving MHS 39 Services provided through this Agreement shall be enrolled and that Individual's record maintained in the Homeless Management Information Systems (HMIS).
- (g) Service Providers who are recipients of MHS 39 funds must match, directly or through donations from public or private entities, MHS 39 funds in an amount that is not less than \$1 of non-federal funds for each \$3 of federal PATH funds allocated through MHS 39.

- i. Non-federal contributions required may be in cash or in-kind, fairly evaluated, including plant, equipment, or services.
- ii. Funding provided by the federal government, or services assisted or subsidized to any significant extent by the federal government, shall not be included in non-federal contributions.

(3) **Reporting Requirements**

See Exhibit E, Section 10, “Reporting Requirements for MOTS.”

(4) **Special Reporting Requirements**

County shall prepare and electronically submit, to hsd.contracts@odhsoha.oregon.gov, written quarterly and annual progress and financial reports on the delivery of PATH Services, no later than 45 calendar days after the end of each subject quarter or year for which financial assistance is awarded through this Agreement. Quarterly and Annual Progress Reports must be completed and submitted at the PATH Data Exchange website. Financial Reports must be prepared using forms and procedures prescribed by OHA. Forms are located at <http://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>.

Quarterly written reports documenting PATH eligible financial expenditures shall be electronically submitted to hsd.contracts@odhsoha.oregon.gov.

Quarterly and Annual Progress Reports documenting actual utilization and demographic data submitted through the PATH Data Exchange – Learning website at <https://pathpdx-learning.samhsa.gov/>.

(5) **Financial Assistance Calculation, Disbursement, and Confirmation of Performance and Reporting Requirements Procedures**

See Exhibit D, “Payment, Settlement, and Confirmation Requirements.”

Use Payment and Confirmation language, Section 1.f.(2).