

Behavioral Health Outpatient Provider Requirements



Standard	Behavioral Health Provider Holding a COA	Behavioral Health Private Practitioners	Physical Health/ Specialty
External reviews	<ul style="list-style-type: none"> • Every 1-3 years required by the state 	<ul style="list-style-type: none"> • No required reviews 	<ul style="list-style-type: none"> • No required reviews
Risk for post payment audits	<ul style="list-style-type: none"> • State looking at records which includes encounter elements every 1-3 years • CCOs looking at encounters 	<ul style="list-style-type: none"> • CCOs looking at encounters 	<ul style="list-style-type: none"> • CCOs looking at encounters
Entry process for new clients	<ul style="list-style-type: none"> • Required orientation to individual rights, grievances and appeals processes, privacy practices, an opportunity to register to vote • Must offer opportunity to complete Declaration for Mental Health Treatment 	<ul style="list-style-type: none"> • No specific requirements 	<ul style="list-style-type: none"> • No specific requirements
Assessment	<ul style="list-style-type: none"> • Must include diagnosis/justification, screening for co-occurring disorder and risks to health and safety/planning with referral for follow-up as appropriate • SUD assessments include ASAM dimensions, diagnosis and level of care determination • Periodic updates when changes in clinical circumstances or risk factors for suicide • Annual updates at minimum for MH services 	<ul style="list-style-type: none"> • Must include diagnosis, a clinical justification for the diagnosis, and demonstrate the medical need for the service 	<ul style="list-style-type: none"> • Must include diagnosis, a clinical justification for the diagnosis, and demonstrate the medical need for the service
Treatment Plans	<ul style="list-style-type: none"> • Reflect the full assessment and level of care to be provided • Completed and signed by qualified staff • Include individualized and measurable objectives, specific services and supports with projected schedule for service delivery, credentials of service providers, and projected schedule for re-evaluating the service plan • For MH services, licensed QMHP signs within 10 days for all treatment plans • For MH services, updated at least annually and approved by a LMP annually 	<ul style="list-style-type: none"> • No LMP signature or annual update required • Must include specific and measurable goals that are created in collaboration with the member • Must conform to accepted professional practice 	<ul style="list-style-type: none"> • OHP definitions for all OHP services
Service Notes	<ul style="list-style-type: none"> • Must include service rendered, service plan objectives addressed by the service, date/time/actual amount of time of service, relationship to treatment objective, signature and credential of rendering provider, and setting where services took place 	<ul style="list-style-type: none"> • Must include service provided, number of services comprising the service provided, date, and amount of time of service 	<ul style="list-style-type: none"> • OHP definitions for all OHP services
Utilization Management	<ul style="list-style-type: none"> • Requires LMP involvement/approval of services for day treatment, PRTS, subacute, etc. 	<ul style="list-style-type: none"> • Not detailed in rule as specific as in behavioral health 	<ul style="list-style-type: none"> • Not detailed in rule as specific as in behavioral health

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Staff competencies	<ul style="list-style-type: none"> • Very specific competencies for all staff levels, including licensed QMHPs (instead of deferring to the Boards) 	<ul style="list-style-type: none"> • Board specific 	<ul style="list-style-type: none"> • Board specific
Staff orientation/ training	<ul style="list-style-type: none"> • DHS background checks • 9 trainings required within 30 days of hire • Very specific personnel file content requirements 	<ul style="list-style-type: none"> • Background checks per Licensing Board standards rather than DHS • CCO credentialing requirements • FWA training 	<ul style="list-style-type: none"> • Background checks per Licensing Board standards rather than DHS • CCO credentialing requirements • FWA training
Supervision	<ul style="list-style-type: none"> • 2 hours per month for full time unlicensed staff • 2 hours per quarter for licensed staff • Weekly supervision for mental health interns • 1 hour of supervision by a Peer Delivered Services Supervisor for staff providing Peer Delivered Services, as practicable • Specific documentation standards including date, time and description of each supervision session 	<ul style="list-style-type: none"> • No specific requirements 	<ul style="list-style-type: none"> • No specific requirements
Board Register Interns	<ul style="list-style-type: none"> • 2 hours per month of supervision and follow board approved supervision plan 	<ul style="list-style-type: none"> • Board approved supervision plan 	<ul style="list-style-type: none"> • No specific requirements
MOTS	<ul style="list-style-type: none"> • Required 	<ul style="list-style-type: none"> • No specific requirements 	<ul style="list-style-type: none"> • No specific requirements
Special programming requirements (e.g. ACT, WRAP)	<ul style="list-style-type: none"> • Required when applicable • Requires crisis response within 1 hour of notification of the crisis for Outpatient programs 	<ul style="list-style-type: none"> • Required when applicable • Crisis response required but without specificity around timelines 	<ul style="list-style-type: none"> • No specific requirements
Required Policies	<ul style="list-style-type: none"> • 16 required program and service policies in OAR 309 (e.g. credentialing, trauma informed care, peer delivered services, and incident reporting) • In addition, all policies from CCO contract outlined in private practitioner column to the right 	<ul style="list-style-type: none"> • Approximately 3 required policies in the CCO contract: <ul style="list-style-type: none"> ○ Drug-free workplace ○ Record keeping system ○ HIPAA 	<ul style="list-style-type: none"> • Approximately 3 required policies in the CCO contract: <ul style="list-style-type: none"> ○ Drug-free workplace ○ Record keeping system ○ HIPAA
Quality Program	<ul style="list-style-type: none"> • Must have a process to assess/monitor/improve quality of services 	<ul style="list-style-type: none"> • No specific requirements 	<ul style="list-style-type: none"> • No specific requirements
Complaints/ Grievances	<ul style="list-style-type: none"> • Posted complaint and grievance process with specific elements • Questions about having to follow 410s, including reporting to the CCOs and tighter timelines (5 days vs. 30 days in COA rule) • Must have a process for responding to complaints that includes a 30 day response timeline, documentation standards, and designated program staff for processing grievances 	<ul style="list-style-type: none"> • No specific requirements 	<ul style="list-style-type: none"> • No specific requirements