



MOTS Messenger, a Newsletter for those using the Measures & Outcomes Tracking System

September 18, 2015

Changes for October 1, 2015

There is nothing so stable as change.

Expect big MOTS enhancements coming for October 1, 2015! Below is a list of what is changing and how.

- International Classification of Disease (ICD) diagnosis codes
 - In Client Entry (CE) on or after 10/1/2015 client records will require ICD-10 diagnosis codes; status records with ICD-9 diagnosis will need to be updated to new ICD-10 codes before submitting a status update.
 - For Status Records the submission date is the key; CE users be sure to submit any records requiring ICD-9 codes before October 1, 2015; Electronic Data Interchange (EDI) users the ICD diagnosis code must match the submission date on the file.
 - For Non-Medicaid Service Records the Service From Date is used for determining whether to use ICD-9 or ICD-10 codes; In addition users will be able to select a diagnosis even if it is not in the Behavioral Health Record.
- New Living Arrangements
 - More and better defined living arrangement options for providers and for tracking investment funds.

- Veteran Status options are currently Yes, No, and Unknown; The Department of Defense requested the additional more specific values below:
 - Yes, Veteran and not specified Branch of Service
 - Yes, Veteran and Current or Former Active Duty Military
 - Yes, Veteran and Current or Former Guard/Reserve Military
 - No, but Current or Former Guard/Reserve Military
- Global Assessment Functioning (GAF) score will be optional
 - CE users will note the field will not be required to submit a record
 - If the field is empty, EDI files will not generate an error

For specific definitions and additional information about these changes, consult the MOTS Reference Manual found on the resources page of the MOTS website:

<http://www.oregon.gov/oha/amh/mots/pages/index.aspx>

Another Change! The MOTS Team Says Goodbye to Ben Kahn

After 25 years of service to DHS-OHA, Ben Kahn, our fearless leader, will be embarking on a new journey with the Oregon Department of Transportation, leading the Service Transformation Program. His last day working with us will be Friday, September 18th. He will be greatly missed, but we wish him well in his new adventure!

MOTS Security

Please remember that each person needing access to MOTS must have their own unique state-assigned username (P number). Please do not share P numbers or passwords among staff in your office. MOTS Users are responsible for all activities taken using their assigned P number. If staff members at your agency need P numbers, the Agency System Administrator should complete the MOTS User Name Acquisition spreadsheet located at <http://www.oregon.gov/oha/amh/mots/Pages/resource.aspx> and send it to MOTS.Support@state.or.us

Which Behavioral Health Providers are Required to Report in MOTS?

In general, behavioral health providers who are either licensed or have a letter of approval from the former AMH, now Health Systems Division (HSD) and receive public funds to provide treatment services are required to report to MOTS. In addition to the general rule above, there are four basic ways to classify who is required to submit data to MOTS:

1. Providers with HSD contracts that deliver treatment services (this includes Community Mental Health Programs [CMHP], Local Mental Health Authorities [LMHA] and other types of community behavioral health providers); These programs should all have a license or letter of approval from HSD;
2. Providers that are subcontractors (can be a subcontractor of a CMHP or other entity that holds a contract with HSD or OHA, such as a Mental Health Organization [MHO], or a Coordinated Care Organization [CCO]);
3. Providers that HSD does not contract with but are required to submit data to MOTS by State/Federal statute or rule; These include DUII providers and methadone maintenance providers;
4. Providers that contract with other governmental agencies (e.g., Oregon Youth Authority [OYA] or the Department of Corrections [DOC] to deliver mental health and/or substance abuse services).

Note: Primary care physicians that provide a single service on behalf of the CMHP are not required to report the MOTS status or service level data at this time.

Thank you for reading this newsletter. If you have ideas or questions you want addressed in future newsletters, please let me know.
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