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OREGON HEALTH AUTHORITY,
ADDICTIONS AND MENTAL HEALTH DIVISION: MENTAL HEALTH SERVICES

DIVISION 39
PROVIDERS OF
NON-IMPATIENT MENTAL HEALTH TREATMENT SERVICES

309-039-0500

Purpose and Scope

These rules apply to the non-inpatient certifications to provider organizations rendering mental health treatment services. The certifications exist solely for the purpose of qualifying for insurance reimbursement. Agencies that contract with OHA, subcontract with OHA, or contract with a Community Mental Health Program are not eligible for the “non-inpatient” certification.

Stat. Auth.: ORS 413.042 & 743A.168

Stats. Implemented: ORS 743A.160 & 743.168 **309-039-0510**

Definitions

As used in these rules:

(1) “Community Mental Health Program” means the organization of all services for persons with mental or emotional disturbances, drug abuse problems, mental retardation or other developmental disabilities, and alcoholism and alcohol abuse problems, operated by, or contractually affiliated with, a local mental health authority, operated in a specific geographic area of the state under an intergovernmental agreement or direct contract with the Division.

(2) “Certificate of Approval” means a Certificate of Approval as defined in OAR 309-012-0130 through 309-012-0220.

(3) “Day Treatment” or “Partial Hospitalization Program” means a non-residential program which provides an organized part-day program of mental health services to persons who spend only part of a 24 hour period in the facility. Services provided in a day treatment program are substantially similar to those provided in a partial hospitalization program.

(4) “Division” means the Addictions and Mental Health Division of the Oregon Health Authority.

(5) “DSM” means the current edition of the “**Diagnostic and Statistical Manual of Mental Disorders**,” published by the American Psychiatric Association.

(6) “Facility” means a corporate or other entity which provides services for the treatment of mental health conditions.

(7) “Non-Related Adult” means any person over 18 years of age who is not related by blood, marriage or living situation. Foster parents and adults co-habiting with a child may be considered to be related adults.

(8) “Outpatient Program” means a program that provides evaluation, treatment and rehabilitation on a regularly scheduled basis or in response to crisis in a setting outside an inpatient program, residential program, day treatment or partial hospitalization program.

(9) “Program” means a particular type or level of service that is organizationally distinct within a facility.

(10) “Provider” means a program operated by either a licensed business or a corporation that provides mental health services.

(11) “Qualified Mental Health Associate” means any person delivering services in a mental health program, under the direct supervision of a qualified mental health professional. The qualified mental health associate shall meet one of the following:

(a) Has a bachelor’s degree in a mental health related field;

(b) Has a combination of one year’s work experience and two years education, training or work experience in mental health.

(12) “Qualified Mental Health Professional” means any person, providing treatment services in a mental health program, supervised by a qualified supervisor. The qualified mental health professional shall have one of the following:

(a) A license to practice medicine in the State of Oregon;

(b) A graduate degree in Psychology;

(c) A graduate degree in Social Work;

(d) A graduate degree in Psychiatric Nursing and licensed in the State of Oregon; or

(e) A graduate degree in another mental health-related field.

(13) “Qualified Supervisor” means any person meeting the following qualifications:

(a) A medical or osteopathic physician licensed by the Board of Medical Examiners for the State of Oregon and who is board eligible for the practice of psychiatry;

(b) A psychologist licensed by the State Board of Psychologist Examiners;

(c) A registered nurse certified as a psychiatric nurse practitioner by the Oregon State Board of Nursing; or

(d) A clinical social worker licensed by the State Board of Clinical Social Workers.

(14) "Residential Program" means a program that provides room, board, and an organized full-day program of mental health services in a facility for six or more persons who do not require 24-hour nursing care.

Stat. Auth.: ORS 413.042 & 743A.168

Stats. Implemented: ORS 743A.160 & 743.168

309-039-0520

Eligible Providers

(1) Agencies that currently hold a Certificate of Approval for the provision of mental health services as a contractor of OHA, a subcontractor of OHA, or a contractor of a Community Mental Health Program, or a license to provide residential or adult foster care services, are not eligible for the "non-inpatient" certification.

(2) Certification as a non-inpatient mental health provider is not a substitute for the certification and Medicaid provider enrollment processes that are required for agencies to render services to individuals who are enrolled in the Oregon Health Plan, or individuals whose services are otherwise funded by the State.

(3) Only providers as defined in OAR 309-039-0510(10) are eligible for approval under OAR 309-039-0500 through 309-039-0580. An eligible provider must:

(a) Control the office space, such as by owning, renting or leasing it;

(b) Control the intake to the program and determine which therapist provides assessment and treatment;

(c) Control all clinical records, including storage;

(d) Do all the billing and collect all fees, including deductibles and co-payments;

(e) Pay staff for clinical services provided; and

(f) Display the provider name on the premises so as to be clearly visible to clients.

(4) An individual operating as a private practitioner, whether or not a licensed business or corporation, is not eligible for approval under these rules.

Stat. Auth.: ORS 413.042 & 743A.168

Stats. Implemented: ORS 743A.160 & 743.168

309-039-0530

Approval Process

(1) Request for approval or renewal shall be submitted to the Division with an application form, materials specified in the application instructions and a check or money order in the amount of \$600.00 payable to the Division. This application fee shall be non-refundable irrespective of whether the provider is issued a Certificate of Approval.

(a) Any provider submitting an application for approval or renewal after the effective date of this rule shall pay the application and certification fees;

(b) The fees shall be increased biennially at the same rate as approved by the Legislative Assembly or the Emergency Board for other services and programs of the Division.

(2) A Certificate of Approval, valid for up to three years, shall be issued to the provider when the administrative and certification reviews of the program by the Division indicate the provider is in compliance with the applicable parts of OAR 309-039-0500 through 309-039-0580. The Certificate may be for a period of time shorter than three years if the provider is not in full compliance with these rules.

(3) A Certificate of Approval is not transferable or applicable to any location, facility, or management other than that indicated on the Certificate of Approval.

(4) The award, renewal, and duration of Certificates of Approval as well as periodic and interim reviews, establishment of conditions, denial, revocation and hearings shall comply with OAR 309-012-0130 through 309-012-0220 (Certificate of Approval rule).

Stat. Auth.: ORS 413.042 & 743A.168

Stats. Implemented: ORS 743A.160 & 743.168

309-039-0540

General Standards

Each provider is required to meet the following administrative standards:

(1) Organization. There shall be an up-to-date organization chart showing the lines of authority and responsibility for management of the organization and clinical supervision of treatment staff.

(2) Policy and Procedures. There shall be written statements of policies and procedures as are necessary and useful to enable the program to accomplish its service objectives and to meet the requirements of these rules and other applicable standards and rules.

(3) Staff Qualifications. Providers shall use only qualified supervisors, qualified mental health professionals and qualified mental health associates who meet OAR 309-039-0510(11) through (13):

(a) Only qualified supervisors and qualified mental health professionals shall provide individual, group and family therapy;

(b) Qualified mental health associates shall only provide skill training, socialization and case management services. Qualified mental health associates may participate in the provision of group therapy if a qualified supervisor or a qualified mental health professional is present.

(4) Client Eligibility for Service. Each provider shall have a written policy regarding client eligibility for service which includes the following:

(a) Mental health services shall not be denied any person on the basis of race, color, creed, sex, handicap, national origin or duration of residence;

(b) No person shall be denied services or be discriminated against on the basis of age unless predetermined clinical or program criteria for service restrict the service to specific age groups.

(5) Client Rights. Each provider shall have written policies and procedures to assure the following:

(a) Protection of client privacy and dignity;

(b) Confidentiality of records consistent with state and federal law as described in the Addictions and Mental Health Division's "**Handbook on Confidentiality**";

(c) The earliest possible involvement of the client in planning the service through the provision of information, presented in terms easily understandable to the client, which explain the following:

(A) The training or treatment to be undertaken;

(B) Alternative training or treatment methods available, if any; and

(C) Risks that may be involved in the training or treatment, if any.

(d) The client's or guardian's right to refuse service unless otherwise ordered by a court; and

(e) That the client is provided with written information concerning the agency fee policies at the earliest possible time and in terms easily understandable to the client.

(6) Treatment and Assessment Services. Each provider shall provide for each client admitted:

(a) Preliminary planning that includes:

(A) An initial assessment of client condition that justifies a diagnostic impression of mental health condition completed within seven working days of admission; and

(B) A preliminary treatment plan completed within seven working days of admission, that describes the services to be delivered to the client while a complete psychosocial assessment and treatment plan are being developed.

(b) A psychosocial assessment, including a problem list, completed within 15 days of admission, or if a residential program within seven days of admission, resulting in a DSM diagnosis which confirms or denies a mental health condition; and

(c) A treatment plan developed from the problem list, within 15 days of admission, that is agreed to and is signed by the client and includes an individualized regimen of treatment services which addresses the mental health condition.

(7) Client Records. A record shall be maintained for each client admitted. The record shall contain the following:

(a) Client identification;

(b) Client consent to treatment;

(c) A preliminary plan, as described in subsection (6)(a) of this rule;

(d) A psychosocial assessment as described in subsection (6)(b) of this rule which includes:

(A) Presenting problems and current psychiatric history;

(B) Alcohol/drug use problems history;

(C) History of psychological problems and past psychiatric history;

(D) Family and interpersonal history;

(E) Education, employment, and vocational history;

(F) Legal history;

(G) Medical history and information;

(H) Problem list;

(I) DSM diagnoses and summary of the justification for each diagnosis; and

(J) Treatment recommendations.

(e) A treatment plan as described in subsection (6)(c) of this rule that addresses the treatment of the mental health conditions and which includes measurable objectives for each of the Axis I diagnoses, type of intervention activities and target dates for meeting objectives;

(f) Progress notes relating to specific problems addressed in the treatment plan;

(g) Client consent for releases of information when appropriate; and

(h) For discharged clients, a discharge/transfer summary which includes an aftercare plan.

(8) Retention of Records. Client records shall be retained for a minimum of seven years.

(9) Personnel Records. Each provider shall maintain a personnel file for each employee or contractor providing treatment services or clinical supervision. The personnel file shall contain a written job description, copies of degrees and licenses, and a current resume that demonstrates qualifications to perform job duties.

(10) Financial Records. Each provider shall maintain financial records that demonstrate payments for service are made to the provider and not to an individual.

(11) Quality Assurance. Each provider shall have policies and procedures for the operation of a routine quality assurance program designed to monitor and evaluate objectively and systematically the quality and appropriateness of client treatment services, pursue opportunities to improve client treatment services, and resolve identified problems. Each provider shall:

(a) Have a written plan for the quality assurance program that describes a systematic procedure for assessing the effectiveness, efficiency, and appropriateness of services provided by the provider; and

(b) Conduct utilization reviews of client treatment services and aftercare plans that address client progress in the resolution of the mental or nervous condition, medical issues pertinent to the treatment of the mental or nervous condition, and functioning in the community following discharge from treatment.

(12) Treatment of Children and Adolescents. If a provider offers services to children or adolescents, then in addition to the requirements of OAR 309-039-0500 through 309-039-0580, the provider must meet the following standards:

(a) Minors 14 years of age or older may consent to outpatient services if provided by a physician licensed in the State of Oregon, licensed psychologist, certified nurse practitioner, or licensed social worker as provided for in ORS 109.675. Minors 15 years or older may consent to residential, partial hospitalization or day treatment services if provided by a physician licensed in the State of Oregon as provided by ORS 109.640. Providers shall provide for the earliest feasible involvement of the parents or guardians in the treatment plan consistent with the clinical requirement of the minor as provided under ORS 109.695;

(b) Children and adolescents are prohibited from receiving services conjointly with unrelated adults. Providers that offer services to both children and adolescents, and adults shall provide services to children and adolescents in areas within the facility, separate from areas in which adults are treated;

(c) As evidenced by previous work experience, academic background, and in-service or other training, the qualified supervisor, qualified mental health professional, and qualified mental health associates shall demonstrate a working knowledge of the following:

(A) The normal process of child and adolescent growth and development;

(B) Dysfunctional families and family systems counseling; and

(C) Mental and nervous conditions of childhood and adolescence.

(d) Treatment plans, in addition to the requirements of OAR 309-039-0540(7)(e), shall:

(A) Be developed in cooperation with the child or adolescent and the family, and other involved professionals as appropriate; and

(B) Include the involvement of the child's or adolescent's "significant others" in treatment; i.e., individuals, schools, agencies, etc.

(13) Grievance Procedure. Each provider shall have a written policy and procedure regarding client grievances. Each client shall be given a copy of the grievance policy and procedure at the time of admission or the grievance policy and procedure shall be posted in all waiting rooms.

Stat. Auth.: ORS 413.042 & 743A.168

Stats. Implemented: ORS 743A.160 & 743.168

309-039-0550

Standards for Mental Health Outpatient Programs

Each provider operating a mental health outpatient program shall comply with OAR 309-039-0500 through 309-039-0540.

Stat. Auth.: ORS 413.042 & 743A.168

Stats. Implemented: ORS 743A.160 & 743.168

309-039-0560

Standards for Mental Health Partial Hospitalization and Day Treatment Programs

In addition to OAR 309-039-0500 through 309-039-0540, each provider operating a mental health partial hospitalization or day treatment program shall comply with the following standards:

(1) Facility standards. The facility shall meet all applicable state and local fire, safety, and health standards.

(2) Treatment standards. Each provider shall provide four hours a day, five days a week, structured treatment activities which address the mental or nervous condition and which, in addition, includes the following services each week:

(a) Daily group therapy for mental and nervous conditions;

(b) Individual counseling with a primary therapist two times per week;

(c) Family therapy, as appropriate to the individual needs of the client;

(d) Psychotropic medication management or monitoring, as appropriate to the individual needs of the client; and

(e) Skills training, vocational training, socialization or structured recreational/physical fitness activities.

Stat. Auth.: ORS 413.042 & 743A.168

Stats. Implemented: ORS 743A.160 & 743.168

309-039-0570

Standards for Mental Health Residential Programs

In addition to meeting OAR 309-039-0500 through 309-039-0540 each provider operating a mental health residential program shall meet the following standards:

(1) Facility standards. Each provider shall meet OAR 309-035-0100 through 309-035-0190.

(2) Treatment standards. Each provider shall provide eight hours of structured services out of every 12 hours from 8 a.m. to 8 p.m. which, each week, includes:

(a) Daily group therapy which addresses the mental health condition;

(b) Individual counseling which addresses the mental health condition with a primary therapist two times per week;

(c) Family therapy, as appropriate to the individual needs of the client;

(d) Psychotropic medication management or monitoring, as appropriate to the individual needs of the client;

(e) One hour per day of structured recreational/physical fitness activities; and

(f) Structured skills training, vocational training, or socialization activities.

(3) Treatment standards for children and adolescents:

(a) Each provider shall comply with OAR 309-035-0100 through 309-035-0190;

(b) Each residential facility serving children or adolescents shall meet the standards described by OAR 413-210-0100 through 413-210-0250, Standards for reviewing, inspecting and licensing those private child caring agencies which are for residential care and treatment services for children and which are subject to the provisions of ORS Chapter 418, for licensure by the Children's Services Division.

(4) Staffing standards. Each provider shall:

(a) Provide staff coverage 24 hours-a-day, seven days-a-week;

(b) Employ sufficient qualified mental health professionals to maintain a maximum caseload of no more than eight clients;

(c) Have a mental health associate on site, and awake, from 8 p.m. to 8 a.m.; and

(d) Have available a mental health professional on-call from 8 p.m. to 8 a.m.

Stat. Auth.: ORS 413.042 & 743A.168

Stats. Implemented: ORS 743A.160 & 743.168

309-039-0580

Variance

A variance from these rules may be granted to a provider in the following manner:

(1) A provider requesting a variance shall submit, in writing, to the Division:

(a) The section of the rule from which the variance is sought;

(b) The reason for the proposed variance;

(c) The alternative practice, service, method, concept or procedure proposed;

(d) A plan and timetable for compliance, if appropriate, with the section of the rule from which the variance is sought.

(2) The Assistant Administrator or designee of the Division shall approve or deny the request for variance.

(3) The Division shall forward the decision and reasons therefor to the provider requesting the variance. This notice shall be given the provider within 30 days of receipt of the request by the Division.

(4) Appeal of the denial of a variance request shall be made in writing to the Administrator of the Division, whose decision shall be final.

Stat. Auth.: ORS 413.042 & 743A.168

Stats. Implemented: ORS 743A.160 & 743.168