

## Frequently Asked Questions for DMAP County BRS Contractors (2)

### 1. When the BRS provider records documentation of services, should they list name and title (position) or name and credentials (*i.e.*, MSW, BS, etc.) for each billable service hour?

Please have staff document name and title (position) for each billable hour. If, during the course of their routine signature, an individual adds MSW (for example), to their name, that is fine, but a title (position) is required to identify whether the program director or coordinator, social service staff or direct care staff provided the billable service.

#### OAR Reference

OAR 410-170-0020, for definitions  
 OAR 410-170-0080(4)(b)(C) for documentation

### 2. Do you want all incident reports or just the critical ones?

The Contract Administrator (either a Compliance Specialist, the Target Coordinator or the Residential Resource Consultant) receives copies of all Incident Reports each month, if they have not previously been submitted under 410-070-0030(12)(b)(B) or (C). Those can be faxed, emailed, or sent hard copy to the appropriate contract administrator.

#### OAR Reference

OAR 410-170-0030(12)(b)(D)

### 3. What kind of documentation is needed for recreation?

The BRS program does not have to provide extensive documentation, and check boxes could still work, with some detail on the type of recreation. This could be written in the daily logs or could be a stand-alone form. Here are some examples.

DATE	TYPE OF ACTIVITY
2/24/14	Shooting hoops in yard
2/25/14	Community basketball game
2/26/14	Ping pong in the garage
2/27/14	Laps at the park
2/28/14	Tired from the day, client napped
3/1/14	Bike riding
3/2/14	Shooting hoops in the yard

Or -

Date	Recreation offered? Y/N	If no, why not?	Activity Type
2/24/14	Y		Shooting hoops in yard
2/25/14	Y		Community basketball game
2/26/14	Y		Ping pong in the garage
2/27/14	Y		Laps at the park
2/28/14	N	Tired, client napped	
3/1/14	Y		Bike riding
3/2/14	Y		Shooting hoops in the yard

## OAR Reference

OAR 410-170-0100(1)(c)(A)

### 4. Is there more information on Suicide Prevention training?

During this past legislative session AMH received funding for a full time suicide prevention specialist. This position will be filled within the next several months and we hope to partner with them in providing you more information. There are several trainings available if you search the Web, but at this time we are not recommending a specific curriculum.

### 5. The rules identify that the BRS provider develops and follows a process allowing a BRS client to provide 3 days advance notice of his or her decision to leave the program. Later in the same rule this is referenced as a policy. Please clarify.

The BRS program must have something in writing that describes how a BRS client would provide advance notice of his or her decision to leave. Although the rules talk about both a process and a policy, the BRS program must have documentation of the process a BRS client would follow in order to assure that each BRS client is provided with consistent information regarding discharge.

Behavior rehabilitation services are voluntary in that any Medicaid client receiving Medicaid-paid services is receiving these services on a voluntary basis. BRS providers always exercise good judgment in working with a BRS client, encouraging the BRS client to make use of the services available to him or her in the BRS provider's program.

#### OAR reference:

OAR 410-170-0060

### 6. We were wondering if you can count a group counseling session as offered to a BRS client if the BRS client is not on the premises (i.e., on a home visit or meeting with a counselor off site)?

When a child is not on the premises, for whatever reason, the group session cannot be considered a behavior rehabilitation service for that child. If that was allowed in the past, the consultation provided at that time is no longer applicable.

There may be a situation where a BRS client is in a group session, not actively participating in the session, but is present. That activity would be logged as such, including the client's non-participation in the actual session (see OAR 410-170-0080(4)(b)(F)). If non-participation is a repeating theme, then the BRS provider would need to adjust or modify the intervention. That is one reason the weekly review of services by the social service staff is critical to ensure services provided are meeting the needs of the child to participate in behavioral change.

#### OAR reference:

OAR 410-170-0080(4)(b)(F)

### 7. What are the record retention requirements for BRS providers?

As all of you are Oregon Medicaid providers, OAR 410-120-1360 (2) requires providers to retain clinical records for 7 years and financial and other records described in Subsections (a) and (b) of this rule for at least five years from the date(s) of service.

We recommend that you keep BRS client records and financial records related to the BRS client 7 years after the discharge or contract end date, whichever is the later date. That will provide a consistent mechanism for you to have a record retention schedule that accommodates both the programmatic and fiscal requirements for record retention.