

Frequently Asked Questions for DMAP County BRS Contractors (1)

1. How many home visits will be paid to BRS providers who contract with OHA/DMAP?

A BRS provider will be paid for no more than a total of 8 home visits per month per youth if they have been approved by the caseworker and are tied to the BRS client's Individual Service Plan (ISP) or Master Service Plan (MSP). Additional information on conditions for home visits can be found under 410-170-0110 (4). Absences of the BRS client from the BRS Providers' home or facility for any other reason than an approved home visit are not billable.

OAR reference:

OAR 410-170-0110 (4) Home Visits (assuring a Home Visit will be payable)
OAR 410-170-0030 (13)(a)(B)(b) Getting a Home Visit approved
OAR 410-170-0110 (3) Billable Care Days

2. Do "home visits" include any visit to anyone outside the foster home? For example, if we have a child who visits fictive kin "grandparents" with whom they are never going to live, or a child who has sleepovers with friends, do those count as home visits??

When a BRS client's ISP or MSP includes visits with what you describe here as 'fictive kin' or any other type of substitute family, as long as there are no more than 8 such visits per month and all the other qualifiers of an authorized home visit apply, these can count as home visits and are therefore billable.

All types of overnight absences such as sleepovers with friends would need to initially be approved by a caseworker at intake. Overnight absences not approved at intake require written approval from the caseworker, at least 2 business days prior to the visit. For a list of Home Visit resources that are acceptable see 410.170.0030(B-E).

Keep in mind that there is a difference between visits that are approved and those that are billable. All visits outside the BRS home of facility need to be approved but only approved home visits (according to the conditions in OAR 410-170-0110(4)) are billable.

OAR reference:

OAR 410-170-0110 (B-D) References to a Substitute Family
OAR 410-170-0110(4) Conditions of a Home Visit
410-170-0030 (13)(a)(b) Overnight Absences initial approval, subsequent approval
OAR 410-170-0110 (3) Billable Care Days

3. If a BRS client spends a night or multiple nights in the hospital, can these be considered billable days?

If a BRS client must spend the night or nights in the hospital, those days cannot be considered as billable days.

OAR reference:

OAR 410-170-0110 (3)(b) Conditions of a Billable Day

4. A BRS provider must notify the agency on the same day of any arrests or convictions of employees, volunteers, contractors, vendors, etc. Please clarify who we are supposed to notify?

Under this requirement, the county BRS provider must report the arrest or conviction to the agency that OHA delegates (OYA).

1. OHA/DMAP county BRS contractors will contact the Oregon Youth Authority (OYA) with this information under OAR 410-170-0030 (5)(c).
2. Because county BRS contractors and their subcontracting providers are also licensed or approved as child-caring agencies, the arrest or conviction should also be reported to the Licensing Coordinator in the Office of Licensing and Regulatory Oversight (OLRO) under the Licensing Umbrella Rules, OAR 413-215-0091(4), as this would be considered a critical event.

The OYA Compliance Specialist or the Licensing Coordinator will advise you if any further immediate reporting needs to occur. Please notify by phone with a follow up email with the information in writing.

OAR Reference:

OAR 410-170-0030 (5)(c) Requirement to report arrests, convictions
OAR 413-215-0091(4) Responsibilities of Licensees

5. Provide that at least one door in each bedroom is unlocked at all times. Does this include the foster provider's door or other adults in the home? Also, we have some kids who prefer to lock their door while they are out for the day. The rules previously indicated that doors needed to be unlockable from the outside, but not that they needed to be unlocked at all times. Can you please clarify this for us?

The rule regarding unlocking of bedroom doors applies only to the BRS clients.

Bedroom doors need to remain unlocked when a BRS client is in the room. If there are BRS clients who prefer to have their door locked during the day when they are gone, that is permissible. However, staff must ALWAYS be able to enter the room, and the BRS provider must maintain appropriate supervision of the physical facility (whether that is a foster home or a residential program). In addition, the BRS client should always have a means of egress (the possibility to leave the home or facility).

OAR Reference:

OAR 410-170-0030(9)(h-j)

6. The new rules state that OYA must approve our documentation (service plans, AER, discharge summaries, etc.). We have made changes to our documentation that have not been reviewed by OYA. Would you like us to send OYA the most updated templates for our documentation?

The administrative rules do require review and approval by the agency that OHA delegates (OYA). This can be accomplished either in the regular compliance review process under the schedule OYA has already provided or the BRS contractor or provider can send any forms that have been changed to the OYA Compliance Specialist for review, feedback and approval.

OAR Reference:

OAR 410-170-0120 (1)(2) Compliance Reviews
OAR 410-170-0030(3)(d) Access to information/documentation

7. We were planning on including home visit information in our family section of the service plans and refer to which goals will be worked on during the home visits. Will this meet the requirement for documenting home visits, or do we need to write a specific goal to address home visits?

The goals in the service plans should address the behaviors the BRS provider and the BRS client have identified for change. If one or more of the identified goals for behavior rehabilitation has activities that occur during a home visit, this should be identified in the plan. For any home visit, the BRS client's parent and the BRS provider should communicate clearly on any behavior interventions or behavioral skills that should be consistent during the period of the home visit.

When there are specific actions that occur before, during, or after the home visit, e.g., the skill building or parent training that occurs in the preparation for the home visit, or supporting /reinforcing good behaviors after a home visit, these should be documented in the service hours provided during the week.

OAR Reference:

OAR 410-170-0030

OAR 410-170-0080

8. Are QI meetings still a requirement under the new rules? Or is that taken care of by sending in all the IRs to a compliance specialist monthly? I cannot find reference to QIs in the new rules, but just not sure if I'm checking in the right place.

The Administrative rules do not specifically require the BRS provider to have Quality Improvement meetings. Each BRS provider is required to have a quality improvement policy.

BRS providers should implement the policy they have developed and be able to show how those policies have been implemented. Those could be meetings, internal program reviews, or other processes to ensure the BRS provider's program is maintaining quality service delivery.

All BRS programs must have the social service staff review the BRS client service files on a weekly basis for quality, content, and documentation.

BRS providers should also send all the Incident Reports to the responsible OYA Compliance Specialist on a monthly basis.

OAR reference:

OAR 410-170-0030(11)(a)(K) regarding quality improvement

OAR 410-170-0080(4)(d) regarding weekly review of BRS client services OAR 410-170-0030(12)(b) Incident Reports

9. Do BRS providers need to ensure that all of our foster parents and staff get the 28 hours of training in the next 30 days, or do they get grandfathered in if they were already working here or were certified when the new OARS came into effect?

A BRS provider cannot be held to a required number of training hours that were not in effect prior to the effective date of the administrative rules. In conducting a compliance review, the compliance specialist(s) would look to the rules and contracts which were in effect for the period of time under review. However, it is strongly encouraged that staff who do not yet have the new training requirements, use their 16 hour yearly training time to fulfill these new requirements. For example, training in suicide prevention is a new requirement that would be useful to all employees connected with BRS and should be obtained as soon as is practically possible.

That said, the required training hours and training topics are effective January 1, 2014, so for any new social service staff or direct care staff with the BRS provider after that date, the requirements formally apply. If a County BRS contractor wants more information about possible suicide prevention policies or procedures, or training options, please contact AMH or Lea Forsman.

OAR reference:

OAR 410-170-0030(4)(A)

10. **Do all 28 hours of the initial training have to be about the specified topics (BRS services documentation, mandatory reporting of child abuse, program policies and expectations, gender and cultural specific services, behavior and crisis management, medication administration, discipline and restraining policies, and suicide prevention) or can the 28 hours include trainings on other topics as long as those specified topics are also covered?**

The 28 hours of initial training can include additional training topics as long as the specified topics are all covered in the initial training.

OAR reference:

OAR 410-170-0030(4)(b)(A)

11. **In our BRS program, the direct care staff and social service staff do not administer medications, only foster parents do. Does staff who does not actually administer medications need to have medication administration training?**

Yes, the training requirements apply to direct care staff, social service staff, and program coordinators who work directly with the BRS clients. It is always good practice for those who are directing, supervising and monitoring the behavior rehabilitation service plans to understand the medication regimen for the BRS client, particularly since so many of the BRS clients' medications include psychotropic medications which may have other side effects that need oversight (sleepiness, increased weight gain, agitation, or other possible effects). The BRS client's response to medication may have a direct impact on the plan for the specific rehabilitative services to the BRS client.

OAR reference:

OAR 410-170-0030(4)(b)(A)

12. **The OARS state that all direct care staff must have and maintain CPR and First Aid Certification. The review tool that you sent out has on it that this be completed yearly; however, our CPR and First Aid Certifications from the Red Cross are two years each. Are we required to do it yearly even though the certification is for two years?**

This has been corrected in the BRS Review Tool. The requirement is that direct care staff, social service staff and the program coordinator have and maintain valid CPR and First Aid certification.

OAR reference:

OAR 410-170-0030(4)(b)(C)

13. How is a “business day” defined by the BRS contracting agency? For example, it states in the BRS rules (410-170-0070 (1)(A)) that the BRS contractor or provider must ensure that a social service staff member completes a written ISP with 2 business days of the client’s admission to the program. Is a business day the same as a working day of the social service staff member?

Business day should be taken to mean any week day, Monday through Friday that is not a holiday as defined in ORS 187.010 or 187.020. This definition applies regardless of which days the social service staff member is working.

OAR reference:

OAR 410-170-0070(1)(A)
ORS 187.010 or 187.02

14. What diagnosis codes and procedure codes should be used for billing by County BRS contractors?

See the table below. Use the ICD-9 code for services delivered before October 1, 2015, and the ICD-10 code for services delivered on or after October 1, 2015.

	ICD-9 Diagnosis Code	ICD-10 Diagnosis Code	Procedure Code
Shelter Assessment and Evaluation:	V62.9	Z65.9	T2034
Therapeutic Foster Care:	V62.9	Z65.9	T2016
Rehabilitation Services:	V62.9	Z65.9	T2048
Intensive Rehabilitation Services:	V62.9	Z65.9	T2033