



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 • Individualized plan describing the member's condition and services needed • Must include specific and measurable goals that are created in collaboration with the member • Must include expected outcome(s) and expected duration of the services • Must conform to accepted professional practice 	<ul style="list-style-type: none"> • OHP definitions for all OHP services



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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 the individual who provided the service along with signature/initials Must include the type of contact and context of the 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
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	<ul style="list-style-type: none"> Required when applicable 	<ul style="list-style-type: none"> Required when applicable 	<ul style="list-style-type: none"> No specific requirements



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requirements (e.g. ACT, WRAP)	<ul style="list-style-type: none"> Requires crisis response within 1 hour of notification of the crisis for Outpatient programs 	<ul style="list-style-type: none"> Crisis response required but without specificity around timelines 	
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