

## POLICY AND PROCEDURE

<b>POLICY NAME:</b> Behavioral Health Services	<b>POLICY ID:</b> OR.MM.BH.109
<b>BUSINESS UNIT:</b> Utilization Management	<b>FUNCTIONAL AREA:</b> Population Health and Clinical Operations
<b>EFFECTIVE DATE:</b> 6/10/2016	<b>PRODUCT(S):</b> Medicaid, OHP
<b>REVIEWED/REVISED DATE:</b> 4/26/2016, 6/10/2016, 6/2017, 12/14/2018, 8/14/2019, 10/30/2019, 1/3/2020, 2/17/2020, 4/24/2020, 1/31/2021, 6/8/2021, 3/23/2022, 12/14/2022, 4/18/2023, 1/27/2025	
<b>REGULATOR MOST RECENT APPROVAL DATE(S):</b> 5/18/2023	

### POLICY STATEMENT:

To ensure Trillium Community Health Plan (Trillium) provides access to Behavioral Health covered services designed to empower Members to live, work and thrive in their communities.

### PURPOSE:

Trillium shall administer services, programs, and activities in the most integrated, setting appropriate to the needs of the member consistent with Title II Integration Mandate of the Americans with Disabilities Act and the 1999 Olmstead decision. Behavioral Health Services must be provided to enable members to reintegrate and live successfully in the community and avoid incarceration and unnecessary hospitalization.

### SCOPE:

Trillium Community Health Plan's Behavioral Health Staff. This Policy applies to the Lane/Douglas/Linn counties OHP service area, and to the Multnomah/Washington/Clackamas counties OHP service area.

### DEFINITIONS:

**Adult** -- A person 18 years of age or older, or an emancipated minor. An individual with Medicaid eligibility, who is in need of services specific to children, adolescents, or young adults in transition, must be considered a child until age 21 for the purposes of these rules. Adults who are between the ages of 18 and 21, who are considered children for purposes of these rules, must have all rights afforded to adults as specified in these rules.

**ARQ** – Authorization Required Qualifier

**Assessment** – the process of obtaining sufficient information, through a face-to-face interview to determine a diagnosis and to plan individualized services and supports

**Clinical Criteria**—Written decision rules, medical protocols, or guidelines used as an element in evaluation of medical necessity and appropriateness of requested medical and behavioral health care systems

**Clinical Exception** – When a Trillium Medicaid member has an identified mental health treatment issue that indicated a need to deviate from the standard formulary of approved mental health services and/or indicates the need for an off-panel licensed professional to provide the needed mental health service(s)

**Contingent Prior Authorization** -- A blank ARQ alerting billing system an authorization could be required depends on whether member and category of service are covered by member's benefit plan.

**Diagnostic and Statistical Manual of Mental Disorders (DSM)**-- Standard classification of mental disorders used by mental health professionals in the United States, consisting of three major components: 1) Diagnostic classification; 2) Diagnostic criteria sets; 3) Descriptive text and has the meaning provided for in OAR 309-019-0105.

**Electroconvulsive Therapy (ECT)** -- A procedure in which electric currents are passed through the brain, intentionally triggering a brief seizure.

**Feeding and Eating Disorders** -- Disorders characterized by a persistent disturbance of eating or eating-related behavior that result in the altered consumption or absorption of food that significantly impairs physical health or psychosocial functioning.

**ICD** – the International Classification of Diseases

**Intensive Outpatient Services and Supports and "IOSS"** each has the meaning provided in OAR 309-019-0105.

**Intensive Outpatient (IOP)** – Treatment consisting of at least three (3) days a week, nine (9) or more hours weekly

**Level of Care (LOC)** – the type, frequency, and duration of medically appropriate services provided to a recipient of behavioral health services

**Level of Care Determination** -- The standardized process implemented to establish the type, frequency, and duration of medically appropriate services required to treat a diagnosed behavioral health condition.

**Licensed Behavioral Health Practitioner (LBHP)** -- Physician, Nurse Practitioner or Physician's assistant licensed to practice in the state of Oregon, whose training, experience and competence demonstrate the ability to conduct a mental health assessment and provide medication management.

Licensed Utilization Management (UM) staff – Licensed Behavioral Health UM staff are Behavioral Health Care Coordinators (QMHPs), Doctoral-level clinical psychologists, RN's and psychiatrists.

Licensed Behavioral Health Practitioner (LBHP) – Doctoral-level clinical psychologist or psychiatrist

Measures and Outcome Tracking System (MOTS) – a comprehensive electronic data system used by Oregon's behavioral health service providers to support improved care, controlled costs and shared information

Medically Appropriate -- Health services, items, or medical supplies that are: (a) recommended by a licensed health provider practicing within the scope of their license; (b) safe, effective and appropriate for the patient, based on standards of good health practice and generally recognized by the relevant scientific or professional community based on the best available evidence; (c) not solely for the convenience or preference of member or a provider of the service item or medical supply; and (d) most cost effective of the alternative levels or types of health services, items, or medical supplies that are covered services that can be safely and effectively provided to a member; (e) all covered services must be medically appropriate for the member but not all medically appropriate services are covered services. Health services, items, or medical supplies that are: (a) recommended by a licensed health provider practicing within the scope of their license; (b) safe, effective and appropriate for the patient, based on standards of good health practice and generally recognized by the relevant scientific or professional community based on the best available evidence; (c) not solely for the convenience or preference of member or a provider of the service item or medical supply; and (d) most cost effective of the alternative levels or types of health services, items, or medical supplies that are covered services that can be safely and effectively provided to a member; (e) all covered services must be medically appropriate for the member but not all medically appropriate services are covered services.

Mental Health Assessment -- The process of obtaining sufficient information, through a face-to-face interview to determine a diagnosis and plan individualized services and supports.

Neuropsychological Test -- Evaluations designed to determine the functional consequences of known or suspected brain dysfunction through testing of the neuro cognitive domains responsible for language, perception, memory, learning, problem solving, adaptation, and constructional praxis.

Outpatient Treatment – Treatment consisting of less than nine (9) hours per week

Partial Hospitalization (PHP) -- Treatment consisting of no more than twenty (20) hours per week, four (4) days a week

Pre-service Decision -- Assessing appropriateness of behavioral health services on a case-by-case or aggregate basis after services were provided. Retro authorization and claims payment requests are post service decisions.

Pre-service Review -- Any non-urgent care or service Trillium must approve, in whole or in part, in advance of the member obtaining medical care or services. Pre-authorization and pre-certification are pre-service decisions.

Prior Authorization (PA) -- Prior assessment that proposed services are appropriate for a particular patient and will be covered by Trillium. Payment for services depends on whether member and category of service are covered by member's benefit plan.

Psychological Test -- Tests used to assess a variety of mental abilities and attributes, including Central Nervous System (CNS) Assessments such as neuro-cognitive, mental status, achievement and ability, personality, and neurological functioning.

Qualified Mental Health Professional (QMHP) -- Person demonstrating the ability to conduct an assessment, including identifying precipitating events, gathering histories of mental and physical health, substance use, past mental health services and criminal justice contacts, assessing family, cultural, social and work relationships, and conducting a mental status examination, complete a DSM diagnosis, write and supervise the implementation of a Service Plan and provide individual, family or group therapy within the scope of their training.

(a) QMHPs must meet the following minimum qualifications:

- (A) Bachelor's degree in nursing and licensed by the State or Oregon;
- (B) Bachelor's degree in occupational therapy and licensed by the State of Oregon;
- (C) Graduate degree in psychology;
- (D) Graduate degree in social work;
- (E) Graduate degree in recreational, art, or music therapy; or
- (F) Graduate degree in a behavioral science field.
- (G) A qualified Mental Health Intern, as defined in 309-019-0105

Residential Treatment -- A facility or a discrete part of a facility that provides a 24-hour therapeutically planned and professionally staffed group living and learning environment to live-in residents who require psychiatric care or substance abuse treatment, but do not require acute medical care

Service Plan – A comprehensive plan for services and supports provided to or coordinated for an individual and his or her family, as applicable, that is reflective of the assessment and the intended outcomes of service

Specialized Eating Disorder Provider -- Services provided in a specialized program, unit or facility for intensive outpatient, partial hospitalization, or residential levels of care for members diagnosed with feeding and eating disorders.

Utilization Management (UM) -- Evaluating and determining coverage for and appropriateness of medical care services, as well as providing needed clinical assistance to member, in cooperation with other parties, to ensure appropriate use of resources.

**POLICY:**

Trillium will facilitate the provision of cost-effective, comprehensive, person-centered, individualized, and integrated community-based behavioral health services through;

- oversight,
- care coordination and intensive care coordination services,
- transition planning, and
- management of member's mental health needs to ensure culturally, and linguistically appropriate care is provided in a natural and integrated environment that minimizes the use of institutional care.

Trillium ensures members have timely access to care in accordance with OAR 410-141-3515 and the applicable terms of the CCO contract including without limitation Exh. B Part 4. Trillium ensures scheduling and rescheduling of member appointments are appropriate to the reasons for and urgency of the visit. Members shall be seen, treated, or referred within the following timeframes:

- Urgent behavioral health care for all populations within 24 hours
- Routine behavioral health care for non-priority populations: Assessment within seven days of the request, with a second appointment occurring as clinically appropriate
- Specialty behavioral health care for priority populations in accordance with the timeframes listed below for assessment and entry, terms are defined in OAR 309-019-0105, with access prioritized per OAR 309-019-0135. If a timeframe cannot be met due to lack of capacity, the member must be placed on a waitlist and provided interim services within 72 hours of being put on a waitlist. Interim services must be comparable to the original services requested based on the level of care and may include referrals, methadone maintenance, HIV/AIDS testing, outpatient services for substance use disorder, risk reduction, residential services for substance use disorder, withdrawal management, and assessments or other's Children with serious emotional disturbance as defined in OAR 410-141-3500: Any limits that the Authority may specify in the contract or in sub regulatory guidance services described in OAR 309-019-0135
  - Pregnant women, veterans and their families, women with children, unpaid caregivers, families, and children ages birth through five years, individuals with HIV/AIDS or tuberculosis, individuals at the risk of first episode psychosis and the I/DD population: Immediate assessment and entry. If interim services are necessary due to capacity restrictions, treatment at appropriate level of care must commence within 120 days from placement on a waitlist;
  - IV drug users including heroin: Immediate assessment and entry. Admission for treatment in a residential level of care is required within 14 days of request, or, if interim series are necessary due to capacity restrictions, admission must commence within 120 days from placement on a waitlist;
  - Opioid use disorder: Assessment and entry within 72 hours;
  - Medication assisted treatment: As quickly as possible, not to exceed 72 hours for assessment and entry;
  - Children with serious emotional disturbance as defined in OAR 410-141-3500: Any limits that the Authority may specify in the contract or in sub regulatory guidance.

Trillium ensures members have access to Behavioral Health screenings and referrals for services at multiple health system or health care entry points. Intensity, frequency and blend of services provided are adapted to meet the mental health needs of member, based on standardized assessment tools approved by OHA.

Trillium will provide or facilitate the provision of oversight, care coordination, transition planning, utilization review and management for members receiving Behavioral Health Rehabilitative Services, Personal Care Services and Habilitation Services in licensed and non-licensed home and community-based settings

**PROCEDURE:**

Consistent with OAR 410-141-3835, Members shall not be required to obtain Prior Approval or a Referral from a Primary Care Physician in order to gain access to Behavioral Health assessment and evaluation services, and Members may Refer themselves to Behavioral Health services available from the Provider Network. A member may self-refer to assessment, evaluation, and behavioral health services from the Provider Network. Members may obtain primary care services in a behavioral health setting, and behavioral health services in a primary care setting without authorization.

Members shall have the right to obtain medication-assisted treatment for up to thirty days (30) without first obtaining prior authorization for payment.

### **Prior Authorizations**

Members shall have the right to obtain certain Behavioral Health services from within Trillium's Provider Network, without Prior Authorization as specified in OAR 410-141-3835, except that Trillium shall require Prior Authorization for applied behavior analysis (ABA), electroconvulsive therapy (ECT), neuropsychological evaluations, and transcranial magnetic stimulation (TMS).

Consistent with Section 10 of Enrolled Oregon Senate Bill 1529 (2022), Contractor does not have the right to require Prior Authorization for specialty Behavioral Health services provided in a PCPCH unless permitted by OHA in any applicable OARs that may be adopted in the future.

Trillium will ensure PA determinations follow established policies and in accordance with OHA required timelines consistent with CCO contract, OAR 410-141-3835 and guideline notes, NCQA UM 2,5,6 and OR.MM.121, OR.MM.301 and OR.MM.159.

Trillium ensures Prior Authorizations for behavioral health services comply with Mental Health Parity regulations in 42 CFR Part 438, subpart K and the requirements set forth in Ex. E, Sec. 22 of the CCO 2.0 contract

- Ensure that same utilization or prior authorization standards are applied to behavioral health services as are applied to medical/surgical benefits
- Admission to PRTS in accordance with Certificate of Need process described in OAR 410-172-0690 and conducted through an OHA-approved independent reviewer.

### **Screening Members**

Trillium requires contracted providers to use a comprehensive behavioral health assessment tool in accordance with OAR 309-019-0135 to assist in adapting the intensity and frequency of Behavioral Health Services to the Behavioral Health Needs of the Member. The screening should include but not be limited to;

- Adequacy of supports for the Family in the home (e.g. housing adequacy, nutrition/food, diapers, transportation, safety needs and home visiting)
- Medically appropriate and evidenced based treatment for members who have both mental illness and substance use disorders.
- Assessment of opioid use disorders for populations at high risk for severe health outcomes, including overdose and death, pregnant members, Members discharging from residential, acute care or other institutional settings.

Trillium will ensure that Providers will screen members and provide prevention, early detection, brief intervention and Referral to Behavioral health services in any of the following circumstances:

- At an initial contact or during routine physical exam;
- At initial prenatal exam;
- When the member shows evidence of substance use disorder or abuse;
- When the member over utilizes Covered Services; and
- When a member exhibits a reassessment trigger for Intensive Care Coordination needs.

### **Care Coordination**

Trillium shall provide Care Coordination for Members with Behavioral Health disorders in accordance with OAR 410-141-3860 and 410-141-3870 and the applicable sections in Ex. B, Parts 2 and 4 of the CCO contract.

Trillium shall ensure all Care Coordinators work with Provider team members to coordinate integrated care

Trillium shall ensure coordination and appropriate Referral to to ensure that Member's rights are met and there is post-discharge support

Trillium will prioritize immediate intake and assessment and coordination of care for treatment services for prioritized populations to meet timely access to care standards per OAR 410-141-3870.

- Trillium shall ensure Members receiving prenatal and post-partum care are screened using validated tools for Behavioral Health needs at least once during pregnancy and post-partum, and ensure Medically Appropriate follow-up and Referral as indicated by screening.

### **Emergency Department Utilization**

Trillium Case Management staff will provide oversight in the following key areas:

- Reducing visits to emergency departments
- Reducing repeat visits to emergency departments
- Reducing the length of time members spend in emergency departments.
- Ensuring members are contacted and offered services to prevent utilization of emergency departments.
- Ensuring members with SPMI have appropriate connection to community-based services after leaving an emergency department and will have a follow-up visit from Intensive Care Coordinator or other relevant provider within three (3) days.

Trillium will work with hospitals to obtain data on emergency department utilization for behavioral health reasons and length of time in the emergency department.

Trillium will develop and implement Individualized Management Plans for members that have two (2) or more visits to an emergency department within a six (6)-month period

- Will develop remediation plans with hospitals with significant numbers of emergency department stays longer than 23 hours.
- Trillium will work with Hospitals on strategies to reduce emergency department utilization for members with behavioral health disorders
- Trillium will work collaboratively with OHA and CMHPs to develop and implement plans to better meet the needs of members in less institutional community settings and to emergency departments for behavioral health reasons.

### **Transitions**

Work collaboratively with Providers in the health care continuum to improve Behavioral Health services for all Members, including adult Members with Severe and Persistent Mental Illness.

Ensure that Members who are ready to transition to a community placement are living in the most integrated setting appropriate for the Member.

Ensure that Members transitioning to another health care setting are receiving services consistent with the Member's treatment goals, clinical needs, and informed choice

Trillium will provide Behavioral Health services in an integrated manner. Trillium staff will coordinate with community partners to ensure access to and document all efforts to provide Supported Employment Services for all adult Members eligible for these services, in accordance with OAR 309-019-0275 through 309-019-0295

Provide oversight, Care Coordination, transition planning and management of the Behavioral Health needs of Members to ensure Culturally and Linguistically Appropriate Behavioral Health services are provided in a way that Members are served in the most natural and integrated environment possible and that minimizes the use of institutional care.

Trillium shall permit new members to continue receiving Behavioral Health care services from their existing Primary Care, and Behavioral Health Care Providers regardless of whether such Providers are located within or outside Trillium's Service Area and regardless of whether such Providers are Participating or Non-Participating Providers:

- Ninety (90) days for members who are dually eligible for Medicare and Medicaid
- For other members, the shorter of:
  - Primary Care Providers for up to thirty (30) days; and
  - Behavioral Health Care Providers for up to sixty (60) days.
  - Until the enrollee's new PCP (oral or behavioral health provider, as applicable to medical care or behavioral health care services) reviews the member's treatment plan or the minimum or authorized prescribed course of treatment has been completed

Coordination with member and care team will occur, to ensure member is referred to appropriate providers of services that are in network (should their provider not be).

To obtain ongoing coverage of non-par behavioral health services, prior authorization requests for continuity of care may be submitted to Trillium Community Health Plan by the previous CCO or FFS entity, the Servicing Provider, or the

member or authorized representative in accordance with pertinent Trillium Community Health Plan Utilization Management policies and procedures

Trillium will work collaboratively with Providers in the health care continuum to improve Behavioral Health services for all Members, including adult Members with Severe and Persistent Mental Illness.

Ensure that Members who are ready to transition to a community placement are living in the most integrated setting appropriate for the Member.

Ensure that Members transitioning to another health care setting are receiving services consistent with the Member's treatment goals, clinical needs, and informed choice.

Trillium staff will coordinate with community partners to ensure access to and document all efforts to provide Supported Employment Services for all adult Members eligible for these services, in accordance with OAR 309-019-0275 through 309-019-0295

### **Peer Delivered Services**

Trillium collaborates with community providers across the health care continuum to identify available peer delivered supports and services.

- Trillium informs members of and encourages utilization of peer delivered services, including peer support specialist, peer wellness specialist, family support specialist, youth support specialist, or other peer specialist, in accordance with OAR 309-019-0105.
- Encourages utilization of PDS by providing members with information, which must include a description of PDS and how to access it, a description of the types of PDS providers, an explanation of the role of the PDS provider, and ways that PDS can enhance members' care.
  - How the CCO may use PDS in providing other behavioral health services such as ACT, crisis services, warm handoffs from hospitals, and services at Oregon State Hospital.
- Provide outpatient behavioral health services that include, but are not limited to:
  - Specialty programs which promote resiliency and rehabilitative functioning for individual and family outcomes.
- Assertive Community Treatment (ACT), wraparound, behavioral supports, crisis care, respite care, and intensive outpatient services and support, and IIBHT"
- Outpatient behavioral health services must be provided by CCO, regardless of location, frequency, intensity, or duration of services, and as medically appropriate:
  - Include assessment, evaluation, treatment planning, supports and delivery
  - Be trauma informed
  - Include strategies to address environmental and physical factors, social determinants of health and equality, and neuro-developmental needs that affect behavior

### **Intensive In-Home Behavioral Health Treatment (IIBHT) for members under 20 years of age**

Trillium shall provide access to Intensive In-Home Behavioral Health Treatment (IIBHT) services for all eligible Members age twenty (20) and younger, and their families, in accordance with OARs 309-019- 0167, 410-172-0650, and 410-172-0695. IIBHT services are community-based services that are delivered in the member's home (e.g., biological home, foster home, group home), school, or other community location demined by member. Youth are considered for IIBHT services without regard to race, ethnicity, gender, gender identity, gender presentation, sexual orientation, religion, creed, national origin, age, intellectual and/or developmental disability, IQ score, or physical disability .

If Trillium lacks Provider capacity to provide IIBHT services, Trillium shall immediately notify OHA, via Administrative Notice, and develop and submit within seven (7) Business Days, via Administrative Notice, a plan to increase Provider capacity. within sixty (60) days ("60-Day Plan").

- Lack of capacity is not a basis for putting Members who are eligible for IIBHT to be placed on a waitlist.
- No Member eligible for IIBHT services may be without such services for more than fourteen (14) days
- Trillium shall submit a progress report for its 60-Day Plan to OHA, via Administrative Notice, every thirty (30) days. If Trillium has not, as determined by OHA in its reasonable discretion, made sufficient progress to increase Provider capacity, OHA may, but is not required, to extend the duration of the 60-Day Plan and require Trillium to continue to submit progress reports every thirty (30) days until OHA has determined, in its reasonable discretion, that Trillium is making sustainable progress toward meeting Provider capacity. OHA reserves the right to impose one or more Sanctions as described Ex. B, Pt. 9 if, at the conclusion of the sixty (60) days of the 60-Day Plan, Trillium continues to lack capacity to provide IIBHT services.

Trillium shall maintain sufficient funding and resources to implement the IIBHT program for Members twenty (20) years and younger for any Member meeting entry criteria. Trillium will complete an annual audit to ensure this factor is met. Trillium will notify OHA of any significant findings along with a corrective action plan for resolution.

Trillium shall make information about IIBHT that is culturally and linguistically appropriate easily available and accessible on Trillium's website where other information about Member benefits is provided. At a minimum, the IIBHT information on Trillium's website must provide a brief description of IIBHT, explain how Members can access IIBHT, and provide the contact information for Trillium's Participating Providers for IIBHT.

Using the template provided by OHA, Trillium shall submit the following information to OHA, via Administrative Notice, on a quarterly basis within thirty (30) days after each calendar quarter:

- Number of Trillium's Members referred to IIBHT and the disposition of each referral;
- Number of Trillium's Members referred to PRTS and the disposition of each referral;
- Trillium's efforts to provide culturally and linguistically appropriate information about IIBHT, including how to access IIBHT, to service Providers and other potential sources of IIBHT referrals including but not limited to Community-based organizations, Child Welfare, Office of Developmental Disability Services, school districts, Hospitals, Emergency Departments, IOSS Providers, and Outpatient Providers; and
- Trillium's strategies to build and support its Provider Network's ability to provide the IIBHT level of care, including Trillium's response to Provider requests for support.

*For additional information pertaining to IIBHT, please refer to OR.MM.BH.123.*

### **Medication Assisted Treatment (MAT)**

Trillium shall undertake and document efforts to provide care as soon as possible and consider providing Care Coordination Services as applicable under OAR 410-141-3870. With respect to those requiring MAT, Trillium shall also:

- Assist such Members in navigating the health care system and utilize Community resources such as Hospitals, Peer Support Specialists, and the like, as needed until assessment and induction can occur;
- Ensure Providers provide interim services daily until assessment and induction can occur and barriers to medication are removed. Such daily services may include utilizing the Community resources identified in CCO contract Exhibit B Part 4 or other types of Provider settings.
- Provide such Members with an assessment that includes a full physical as well as a bio-psycho-social spiritual assessment and prescribe and deliver any necessary medication taking into consideration the results of such assessment and also the potential risks and harm to the Member in light of the presentation and circumstances; and provide no less than two (2) follow up appointments to such Members within one week after the assessment and induction

### **Gambling and Addiction Services**

Trillium shall ensure Member access to Outpatient Problem Gambling Treatment Services that are Medically Necessary Covered Services, contingent upon the availability of Providers certified by OHA for such services in Trillium's Service Area. Trillium shall assist its Members in gaining access to problem gambling treatment services not covered by its CCO Contract, including but not limited to residential treatment and Outpatient treatment that does not meet DSM diagnostic criteria for a gambling disorder. Such services are Carve-Out Services and paid by OHA under its direct contracts with Providers. Outpatient problem gambling treatment services include group, individual, and family treatment consistent with the requirements in OAR 309-019-0170.

### **Oregon State Hospital**

Trillium shall be financially responsible for members on the waitlist for Oregon State Hospital. Trillium shall share financial risk for members in OSH beginning in contract year 2024.

For members on the OSH Wait list, Trillium will ensure in accordance with OAR 309-091-0000 through 309-091-0050 State Hospital Admissions and Discharges the following actions:

- Coordinate with applicable Subcontractors as needed regarding discharges for all adult members with SPMI;
- Coordinate care for members during discharge planning for the return to Home CCO or to the Receiving CCO, if member will be discharged into a different Service Area when Member has been deemed ready to transition;
- Arrange for both physical and behavioral health care services and care coordination;
- Provide Case Management Services, Care Coordination and discharge planning for timely follow up to ensure continuity of care;
- Coordinate with OHA regarding members who are presumptively or will be retroactively enrolled in Oregon Health Plan upon discharge;

- Arrange for all services to be provided post discharge in a timely manner, and
- Provide access to Evidenced Based Intensive Services for adult members with SPMI discharged from OSH who refuse ACT services.

Discharges from OSH cannot be to a secure residential treatment facility unless found to be medically appropriate. No member shall be discharged to a SRTF without expressed prior written approval of the Director of OHA or the Director's designee.

Trillium will ensure Members discharged from OSH who are determined not to meet the level of care for ACT will be discharged with services appropriate to meet Member's needs.

The provider shall support the individual's right to select a program by assisting the person-centered service plan coordinator in identifying and documenting program options in the person-centered service plan, including providing information regarding program services and rates. The individual's right to select a service setting may be limited by a court, OHA, CMHP, or Psychiatric Security Review Board (PSRB) order under ORS chapters 161 or 426, or by the informed consent of the individual's legal representative.

### **Justice Systems**

Trillium engages with local law enforcement, jail staff and courts to improve outcomes and mitigate additional health and safety impacts for members who have criminal justice involvement related to their behavioral health conditions. Shared key outcomes through this collaboration include;

- Reductions in member arrests,
- jail admissions,
- length of jail stay,
- recidivism, and
- Improvements to employment and housing stability.

Trillium works closely with providers of physical and behavioral health services in jails within our service area to ensure timely transfer of appropriate clinical information for members and potential members who have been previously incarcerated and have enrolled with, or will be enrolled with CCO, after release from jail. Information shared shall include but is not limited to:

- Behavioral Health diagnosis,
- Level of functional impairment
- Medications, and
- Prior history of services.

### **Oversight**

Trillium will collaborate with the Community Mental Health Plan (CMHP) on the Community Health Improvement Plan for the delivery of the mental health services in accordance with ORS 430.630.

Require behavioral health residential treatment participating providers including those providing sub-acute psychiatric services to:

- Enroll in OHA's centralized behavioral health provider directory,
- Be part of the necessary and ongoing technical assistance provided by OA or designee,
- Enter data required from the directory in a timely and accurate manner in order to provide up-to-date capacity information to users of the directory

OHA acknowledges that TCHP may choose to contract with third parties for the performance of any of TCHP's obligations under the State Contract. However, TCHP remains responsible for adhering to and fully complying with all obligations, duties, and deliverables provided under the State Contract. Oversight is provided to the following programs:

- Measures and Outcome Tracking System
  - In order for the Oregon Health Authority (OHA) to continue its leadership of Oregon's Behavioral Health Care system it is imperative that the state, counties, and providers demonstrate the impact of behavioral health services on those who receive services. Accountability for behavioral health service delivery in Oregon is important to the Legislature, to Substance Abuse and Mental Health Services Administration (SAMHSA) and to other federal funding agencies, as well as counties, providers, behavioral health service recipients and their families, and communities
  - **MOTS Data Integrity Audits:** Trillium performs quarterly audits of MOTS data to ensure facilities are adequately reporting inpatient behavioral health incidents accurately and timely. The following steps are followed in order to conduct the audit:
    1. Data from the MOTS system is requested by Trillium through their request ticket system
    2. A list of Trillium member IDs along with their eligibility spans is sent to the MOTS team as supplemental data for use in their query.



3. The MOTS team send the data securely to designated recipients within Trillium
4. The data is then compared to all available inpatient behavioral health encounters
5. Where there are data omissions or discrepancies, Trillium will reach out to providers to encourage entry of these incidents into MOTS and address any barriers preventing accurate and timely reporting

▪ Analysis and Integration of MOTS data:

- The designated recipients, who receive MOTS quarterly, coordinate with Trilliums' functional areas to distribute the data and upload the data to established data storage locations
  - Analytics associates incorporate MOTS data into analysis and data tools that are centered on improved outcomes for members' behavioral health for functions such as Care Management, Clinical Programs, Health Equity and Community Outreach
- In order to meet requirements for reporting and funding, OHA, Oregon's administrative oversight agency for behavioral health care services, has the right to collect and access client data under the guidelines of HIPAA and 42 CFR

*For additional information pertaining to Oversight, please reference policy OR.SSOR.181.02.*

<b>REFERENCES:</b>	
42 CFR	422.101 (b) (1-5) 422.566 422.568 422.570 422.572
Medicare Managed Care Manual	Chapter 13 (40.1)
CMS	LCDL31990
NCQA	UM 2: Clinical Criteria for UM Decisions UM 5: Timeliness of UM Decisions UM 6: Relevant Information for Behavioral Health Decisions
OAR (Oregon Administrative Rules)	309-039-0560 309-019-0100 to 0135 410-141-3850 410-141-3500 410-172-0600 to 0650
ORS (Oregon Revised Statutes)	109.675 430.630 743B.423 743.807
CCO Contract	Exh M (1), (3), (5), (6), (9), (11), (12), (18)

**ATTACHMENTS:**

**ROLES & RESPONSIBILITIES:**

**REGULATORY REPORTING REQUIREMENTS:**

**REVISION LOG**

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
Annual Review	Removal of ICC references. Updates throughout to 2025 contract.	1/27/2025

## **POLICY AND PROCEDURE APPROVAL**

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.