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**NOTICE OF PROPOSED RULEMAKING**  
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 410  
OREGON HEALTH AUTHORITY  
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

**FILED**  
11/08/2018 4:43 PM  
ARCHIVES DIVISION  
SECRETARY OF STATE

FILING CAPTION: General Program Requirements for the Behavior Rehabilitation Services Program

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 12/19/2018 5:00 PM

*The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.*

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Filed By:  
Sandy Cafourek  
Rules Coordinator

HEARING(S)

*Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.*

DATE: 12/18/2018

TIME: 10:30 AM - 11:30 AM

OFFICER: Sandy Cafourek

ADDRESS: Human Services Building

500 Summer St. NE, Room 137A

Salem, OR 97301

SPECIAL INSTRUCTIONS:

Send Written Public Comments to  
HSD.rules@dhsosha.state.or.us by  
December 19, 2019, at 5 p.m.

NEED FOR THE RULE(S):

These administrative rules need to be amended for the Behavior Rehabilitation Services (BRS) program. These rules describe the general program requirements for the BRS program, prior authorization process, services and placement related activities, BRS contractor and BRS provider requirements, reimbursement rates, and compliance and oversight activities.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

BRS Administrative rules 410-170-000 through 410-170-0120 in effect on October 1, 2018 (<https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=87>); BRS Rate Table in effect on October 1, 2018 (<https://www.oregon.gov/oha/HSD/OHP/Tools/BRS%20Rate%20Table%20-%20July%201,%202017.pdf>); Agreements in effect on October 1, 2018 with BRS Contractors and Providers (Oregon Health Authority (OHA)/Health Systems Division; Department of Human Services (DHS)/Child Welfare; Oregon Youth Authority (OYA)); Email summary of discussion with provider about fiscal impact of rule changes (DHS; OHA); Meeting minutes from Rules Advisory Committee meeting held 6/28/2018 (OHA, Health Systems Division); Title XIX State Plan,

Transmittal #'s 04-09 and 98-04 (<http://www.oregon.gov/oha/healthplan/Pages/reports.aspx>); BRS program and rate review documents, 2014-2015 (<https://www.oregon.gov/oha/HSD/OHP/Pages/BRS-Review.aspx>).

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#### FISCAL AND ECONOMIC IMPACT:

See section (1) Cost Compliance below.

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#### COST OF COMPLIANCE:

*(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).*

(1) State Agencies: Full BRS rates will now be paid by state agencies to providers on days when their resident clients are on transitional visits. The number of transitional visits that will occur is unknown, so it is not possible to estimate the exact negative fiscal impact, although it is expected to be low; OYA will now be funding the state share for Medicaid-funded Services for two new BRS programs, Enhanced Structure Independent Living Program and Intensive Behavioral Support—a modest amount. The OYA will also be paying a modest amount for the Placement related costs for each program.

Units of Local Government: Training materials will need to be revised and new training delivered to be compliant with new rules (esp. on child abuse reporting, documentation, and gender-responsive, culturally appropriate, trauma informed, and developmentally appropriate service delivery). This will require county staff time and costs to purchase or develop the new training, which could incur a negative fiscal impact (although BRS rates are constructed to take training into account); More flexible staffing ratio requirements (new rules require average and minimum awake and asleep ratios, rather than specific ratios for school days vs non-school days and during specific hours) could allow modest savings on staffing costs. When clients are on transitional visits, as allowed by new rules, sending providers will receive BRS payments, and they may need slightly fewer staff onsite, so there will be a small positive fiscal impact.

Public Providers: Training materials will need to be revised and new training delivered to be compliant with new rules (esp. on child abuse reporting, documentation, and gender-responsive, culturally appropriate, trauma informed, and developmentally appropriate service delivery). This will require staff time and costs to purchase or develop the new training, which could incur a negative fiscal impact (although BRS rates are constructed to take training into account); More flexible staffing ratio requirements (new rules require average and minimum awake and asleep ratios, rather than specific ratios for school days vs non-school days and during specific hours) could allow modest savings on staffing costs; When clients are on transitional visits, as allowed by new rules, sending providers will receive BRS payments, and they may need slightly fewer staff onsite, so there will be a small positive fiscal impact.

Public Taxpayers: Two new OYA BRS programs, Enhanced Structure Independent Living Program and Intensive Behavioral Support, will now have services billed to Medicaid, which will increase federal payments for the Oregon BRS program by a modest amount. (2) (a) There are an estimated fifteen small businesses subject to these rules. These include BRS facilities and BRS foster care providers. (b) More specific requirements for documentation will require training. (c) • Training materials will need to be revised and new training delivered to be compliant with new rules (esp. on child abuse reporting, documentation, and gender-responsive, culturally appropriate, trauma informed, and developmentally appropriate service delivery). This will require staff time and costs to purchase or develop the new

training, which could incur a negative fiscal impact (although BRS rates are constructed to take training into account).

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DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Several representatives from small businesses participated in the Administrative Rule Advisory Committee (RAC) meeting. In addition to participating in the RAC meeting, they were given the opportunity to fill out and return a fiscal impact questionnaire.

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WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

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RULES PROPOSED:

410-170-0000, 410-170-0010, 410-170-0020, 410-170-0030, 410-170-0040, 410-170-0050, 410-170-0060, 410-170-0070, 410-170-0080, 410-170-0090, 410-170-0100, 410-170-0110, 410-170-0120

AMEND: 410-170-0000

RULE SUMMARY: These administrative rules need to be amended for the Behavior Rehabilitation Services (BRS) program. These rules describe the general program requirements for the BRS program, prior authorization process, services and placement related activities, BRS contractor and BRS provider requirements, reimbursement rates, and compliance and oversight activities.

CHANGES TO RULE:

410-170-0000

~~Effective Date and Administration of the BRS~~Behavior Rehabilitation Services (BRS) Program ¶

~~(1) OAR 410-170-0000 through 410-170-0120 are effective on January 1, 2014.¶~~

~~(2) All BRS contractor's and~~All BRS contractors shall and shall ensure that their BRS provider's programs must meet the requirements in~~comply with~~the BRS program general rules (in OAR 410-170-0000 through 410-170-0120). Additional agency-specific BRS program rules for the Department of Human Services are contained in: ¶

(a) BRS contractors shall and shall ensure that their BRS providers also comply with OAR 413-090-0055-0000 through 413-0905-0090, and for the Oregon Youth Authority are contained in~~80 to provide services or placement related activities to BRS clients who receive prior authorization from the Department of Human Services: ¶~~

(b) BRS contractors shall and shall ensure that their BRS providers also comply with OAR 416-335-0000 through 416-335-0100.¶

~~(3) All references to federal and state laws and~~070 to provide services or placement regulations referenced in these rules are those in place on November 13, 2013, and the agency-specific BRS program rules that are effective on January 1, 2014.¶

~~(4) Delegation of~~ed activities to BRS clients who receive prior authorization from the Oregon Youth Authority:. ¶

(2) The Oregon Health Authority may delegate authority to another agency or a unit of government to carry out some of its obligations under these rules.

Statutory/Other Authority: ~~ORS 183.355, 413.042, 414.065~~

Statutes/Other Implemented: ORS 414.065

AMEND: 410-170-0010

RULE SUMMARY: These administrative rules need to be amended for the Behavior Rehabilitation Services (BRS) program. These rules describe the general program requirements for the BRS program, prior authorization process, services and placement related activities, BRS contractor and BRS provider requirements, reimbursement rates, and compliance and oversight activities.

CHANGES TO RULE:

410-170-0010

Purpose ¶

The purpose of the Behavior Rehabilitation Services (BRS) Program is to remediate the BRS client's debilitating psychosocial, emotional, and behavioral disorders by providing such services as behavioral intervention, counseling, and skills-training. Services are delivered in a way that integrates a gender-responsive, culturally-sensitive, trauma-informed, and age-appropriate or developmentally-appropriate approach. These rules describe the general program requirements for the BRS program, prior authorization process, services and placement related activities, BRS contractor and BRS provider requirements, reimbursement rates, and compliance and oversight activities.

Statutory/Other Authority: ORS 413.042, 414.065

Statutes/Other Implemented: ORS 414.065

AMEND: 410-170-0020

RULE SUMMARY: These administrative rules need to be amended for the Behavior Rehabilitation Services (BRS) program. These rules describe the general program requirements for the BRS program, prior authorization process, services and placement related activities, BRS contractor and BRS provider requirements, reimbursement rates, and compliance and oversight activities.

CHANGES TO RULE:

410-170-0020

Definitions ¶

The following definitions apply to terms used in OAR 410-170-0000 through 410-170-0120. ¶

(1) Agency "Aftercare and Transition Plan - Stabilization (ATP-S)" means the aftercare and transition plan developed in a short-term stabilization program. ¶

(2) "Age-Appropriate or Developmentally-Appropriate Activities" means activities or items that are generally accepted as suitable for children of the same chronological age or level of maturity or that are determined to be developmentally appropriate for a child, based on the development of cognitive, emotional, physical, and behavioral and social capacities that are typical for an age or age group. In the case of a specific child, age-appropriate or developmentally appropriate activities means activities or items that are suitable for the child based on the developmental stages attained by the child with respect to the cognitive, emotional, physical, behavioral and social capacities of the child. ¶

(3) "Agency" means the state agency that has a contract with the BRS contractor to provide services and placement related activities to the BRS client; and provides prior authorization for the BRS client to receive services and placement related activities pursuant to the BRS program general rules and, as applicable, agency-specific BRS program rules. The agency ~~will be~~ is one of the following state agencies: ~~¶~~ The Department of Human Services (Department), the Oregon Health Authority (Authority), or the Oregon Youth Authority (OYA). ¶

(24) "Approved ~~provid~~ Proctor Foster ~~p~~ Parent" means an individual who a BRS contractor, a BRS provider, or OYA has approved to provide services or placement related activities to the BRS client in the home of that individual. Approved ~~provid~~ ~~ctor~~ foster parents who provide services are considered direct care staff; and ~~must~~ shall meet those qualifications in OAR 410-170-0030(4). An OYA approved proctor foster parent is certified by OYA and a child-caring agency in accordance with the applicable provisions in OAR 416-530-0000 through 416-530-0200 and 416-550-0000 through 416-550-0080 and is employed by or has a contract or agreement with the child-caring agency to provide some services and placement-related activities to the BRS client in the proctor foster parent's home. ¶

(5) "Assessment and Evaluation Report - Stabilization (AER-S)" means the assessment and evaluation report developed in a short-term stabilization program. ¶

(36) "Behavior Rehabilitation Services (BRS) ~~p~~ Program" means a program that provides services and placement related activities to the BRS client to address their debilitating psychosocial, emotional, and behavioral disorders in a community placement utilizing either a residential care model or ~~therapeutic foster~~ ~~a~~ ~~proctor~~ care model. ¶

(47) "Billable ~~e~~ Care ~~d~~ Day" means each calendar day the BRS client is in the direct care of the BRS provider at 11:59 p.m. or meets the requirements in OAR 410-170-0110. ¶

(58) "BRS ~~e~~ Client" means the person who has prior authorization from an agency to receive services or placement related activities through the BRS program ~~in accordance with the BRS program general rules, and as applicable agency-specific BRS program rules.~~ ¶

(69) "BRS ~~e~~ Contractor" means the entity contracted with an agency to be responsible for providing services and placement related activities to the BRS client. The BRS contractor may also be the BRS provider if it provides direct services and placement related activities to the BRS client. ¶

(710) "BRS ~~p~~ Provider" means a facility, institution, corporate entity, or other organization that provides direct services and placement related activities to the BRS client. ¶

(811) "BRS ~~t~~ Type of ~~e~~ Care" means the type of program model, services, placement related activities, and staffing

requirements and qualifications ~~which~~ that are necessary to meet the medical and other needs of the BRS client. ¶

~~(912)~~ "Caseworker" means the individual who coordinates the services and placement related activities for the BRS client with the BRS contractor and BRS provider. ¶

~~(103)~~ "Child or eChildren" means a person or persons under 218 years of age. ¶

~~(144)~~ "Child-Caring Agency" means a child-caring agency in ORS 418.205. ¶

~~(15)~~ "Children's hHealth iInsurance pProgram (CHIP)" means the federal and state funded portion of the Oregon Health Plan (OHP) established by Title XXI of the Social Security Act and administered by the Authority. ¶

~~(12-6)~~ "Contract Administrator" means the employee or other individual designated in writing by the agency, by name or position description, to conduct the contract administration of a contract or class of contracts. ¶

~~(17)~~ "Critical Event" means a significant event including incidents described in OAR 413-215-0091(11)(c) occurring in the operation of the BRS contractor's or BRS provider's program that is considered likely to cause complaints, generate concerns, or come to the attention of the media, law enforcement agencies, first responders, Child Protective Services, or other regulatory agency. ¶

~~(18)~~ "Culture" means the sum of attitudes, customs, values, and beliefs that distinguishes one group of people from another. ¶

~~(19)~~ "Culturally-Sensitive Approach" means to enhance practices with culturally appropriate strategies through the knowledge and interpersonal skills that allow the provider to understand, appreciate, engage, and work with individuals from their culture's perspective. ¶

~~(20)~~ "Designated LPHA" means a licensed practitioner of the healing arts, who has a contract with, is approved by, or is employed by the agency to make a determination on the medical appropriateness of the BRS program for the BRS client. ¶

~~(13) DHS or 21)~~ "Department of Human Services (Department)" means the ~~Department of Human Services, Child Welfare.~~ ¶

~~(14)~~ agency established in ORS Chapter 409, including such divisions, programs, and offices as may be established therein. For purposes of these rules, it refers to the Child Welfare Programs within the Department. ¶

~~(22)~~ "Direct eCare sStaff" means an individual who is employed by or who has a contract or an agreement with the BRS provider; and is responsible for assisting social service staff in providing individual and group counseling, skills-training and therapeutic interventions, and monitoring and managing the BRS client's behavior to provide a safe, structured living environment that is conducive to treatment. ¶

~~(15) Initial-service p23)~~ "Gender-Responsive Approach" means integrating those things that intentionally allow gender identity and development to affect and guide services and service delivery in order to create an environment (physical, social, emotional) that is responsive to the issues and needs of the BRS client being served. ¶

~~(24)~~ "Home Visit" means planned in-person contact between the BRS client and the BRS client's immediate family, extended family, prior foster family, or other natural support persons. ¶

~~(25)~~ "Initial Service Plan (ISP)" means the initial written individualized services plan; developed by the BRS contractor or BRS provider; identifying the services that must be provided to the BRS client during the first 45 days in its BRS program or until the master service plan is written. ~~Additional requirements are described in OAR 410-170-0070.~~ ¶

~~(126)~~ "Licensed pPractitioner of the hHealing aArts (LPHA)" means a physician or other practitioner licensed in the State of Oregon who is authorized within the scope of ~~his or her~~ the LPHA's practice, as defined under state law, to diagnose and treat individuals with physical or mental disabilities; or psychosocial, emotional, and behavioral disorders. ¶

~~(127)~~ "Master sService pPlan (MSP)" means the written individualized services plan; developed by the BRS contractor or BRS provider; identifying the services that must be provided to the BRS client in its BRS program. ~~Additional requirements are described in OAR 410-170-0070.~~ ¶

~~(28)~~ "Master Service Plan - Stabilization (MSP-S)" means the master service plan developed in a short-term stabilization program. ¶

~~(29)~~ "Master Service Plan - Transition (MSP-T)" means the master service plan developed in an independent living

program.¶

~~(1830)~~ "Medicaid" means the federal and state funded portion of the medical assistance programs established by Title XIX of the Social Security Act, as amended, and administered in Oregon by the Authority.¶

~~(19)~~ OHA or Authority means the ~~31)~~ "Oregon Health Authority. The (Authority-i)" means the agency established in ORS Chapter 413 that administers the funds for Titles XIX and XXI of the Social Security Act. It is the single state agency for the administration of the medical assistance program under ORS chapter 414. ~~For purposes of these rules, the agencies under the authority of the Authority are the Public Health Division, the Addictions and Mental Health Division.¶~~

~~(32)~~ "Oregon Youth Authority (OYA)" means the state department charged with the management and administration of youth correction facilities, state parole and probation services, and ~~othe~~ Division of Medical Assistance functions related to ~~stanete~~ Pprograms.¶

~~(20)~~ OYA means the Oregon Youth Authority for youth offenders.¶

~~(2133)~~ "Physical Restraint" as defined in OAR 413-215-0076 means the act of restricting the BRS client's voluntary movement as an emergency measure to manage and protect the BRS client or others from injury when no alternate actions are sufficient to manage the BRS-client's behavior. Physical restraint does not include temporarily holding a BRS-client to assist him or her or assure his or her safety, such as preventing a child from running onto a busy street.¶

~~(2234)~~ "Placement-Related Activities" means the BRS contractor's or BRS-provider's activities related to the operation of the program and the care of the BRS client as set forth in the BRS program general rules, applicable agency-specific BRS program rules, the contract or agreement with the agency or the BRS-contractor, and applicable federal and state licensing and regulatory requirements. Placement-related activities may include but are not limited to providing the BRS-client with: food, clothing, shelter, daily supervision; access to educational, cultural, and recreational activities; and case management. Room and board is not funded by Medicaid or CHIP.¶

~~(235)~~ "Private child-caring agency is defined by the definitions in ORS 418.205, and means a "child-caring agency" that is not owned, operated, or administered by any governmental agency or unit.¶

~~(a)~~ A child-caring agency means an agency or organization providing:¶

~~(A)~~ Day treatment for disturbed children;¶

~~(B)~~ Adoption placement services;¶

~~(C)~~ Residential care, including but not limited to foster care or residential treatment for children;¶

~~(D)~~ Outdoor youth programs (defined at OAR 413-215-0911); or¶

~~(E)~~ Other similar services for children;¶

~~(b)~~ A child-caring agency does not include residential facilities or foster care homes certified or licensed by the Department under ORS 443.400 to 443.455, 443.830 and 443.835 for children receiving developmental disability services.¶

~~(24)~~ Proctor parent means an approved provider parent who is certified by OYA and a private child-caring agency in accordance with the applicable provisions in OAR 416-530-0000 through 416-530-0200 and 416-550-0000 through 416-550-0080, and who is employed by or who has a contract or agreement with the private child-caring agency to provide some services and placement related activities to the BRS client in the individual's home.¶

~~(25)~~ octor Care Model" means services and placement-related activities provided to the BRS client who resides in the home of an approved proctor foster parent. ¶

~~(36)~~ "Program Coordinator or Program Director" means an individual employed by or contracted with the BRS provider; and is responsible for supervising staff, providing overall direction to the BRS provider, planning and coordinating program activities and delivery of services and placement-related activities, and ensuring the safety and protection of the BRS client and the BRS provider's staff.¶

~~(2637)~~ "Public Child-Caring Agency" means, for purposes of this rule, an agency program or institution operated by a governmental agency or unit other than DHS, OYA, or OHA, which the Department, OYA, or the Authority that provides care to the BRS client in a residential community setting.¶

~~(2738)~~ "Residential Care Model" means that services and placement-related activities are provided to the BRS client in a residential community setting and not in the home of an approved proctor foster parent.¶

(2839) "Respite eCare" means a formally planned arrangement to relieve an approved provider foster parent's responsibilities by an individual temporarily assuming responsibility for the care and supervision of the BRS client in the home of the respite provider or approved provider foster parent. Respite care ~~must be less than 14~~ shall be 14 or fewer consecutive days. ¶

(2940) "Seclusion" means the involuntary confinement of a BRS client to an area or room from which the BRS client is physically prevented from leaving. ¶

(3041) "Services" means the treatment provided to the BRS client in a BRS provider's program, including but not limited to treatment planning, milieu therapy, individual and group counseling, skills-training, and parent training. ¶

(3142) "Social sService sStaff" means an individual employed by or contracted with the BRS provider, and is responsible for case management and the development of the ~~ISP or MSP~~ service plans for the BRS client; individual, group, and family counseling; individual and group skills-training; assisting the direct care staff in providing appropriate treatment to the BRS client; coordinating services with other agencies; and documenting the BRS client's treatment progress. ¶

~~(32) Therapeutic foster care model means services~~ (43) "Total Daily Rate" means the total amount of the service payment and placement-related activities ~~are provided to the BRS client who resides in the home of an approved provider parent.~~ ¶

~~(33) Total daily rate means the total amount of the service payment and placement related activities payment for a billable care day~~ payment for a billable care day. ¶

(44) "Transition Facilitator" means a social service staff employed by or contracted with the BRS provider and responsible for overseeing and monitoring the BRS client in the BRS contractor's independent living program, either operated by itself or by its BRS provider, which includes but is not limited to assisting with developing the BRS client's service plans and identifying support resources. ¶

(45) "Transitional Visit" means an overnight visit by the BRS client to another paid placement for the purpose of facilitating the BRS client's transition during the last 90 days of placement. ¶

(46) "Trauma-Informed Approach" means an approach that recognizes and responds to the impact of traumatic stress on BRS clients and any other significant persons involved with the BRS client. ¶

(34) Young adult means a person aged 18 through 20 years.

Statutory/Other Authority: ORS 413.042, 414.065

Statutes/Other Implemented: ORS 414.065



AMEND: 410-170-0030

RULE SUMMARY: These administrative rules need to be amended for the Behavior Rehabilitation Services (BRS) program. These rules describe the general program requirements for the BRS program, prior authorization process, services and placement related activities, BRS contractor and BRS provider requirements, reimbursement rates, and compliance and oversight activities.

CHANGES TO RULE:

410-170-0030

BRS Contractor and BRS Provider Requirements ¶

~~(1) Conditions of BRS contractor and BRS provider participation.~~ The BRS contractor ~~must~~shall ensure that itself and its BRS providers meet the following minimum requirements: ¶

(a) Have the necessary current and valid licenses, approvals, or certifications required by federal or state law or regulations for the entity and its staff to operate a BRS program; ¶

(b) Have a license to operate a ~~private~~ child-caring agency or be approved by the ~~Department of Human Services' Office of Licensing and Regulatory Oversight~~Children's Care Licensing Program to operate a public child-caring agency; ¶

(c) Comply with all ~~federal and state laws and regulations required to be a licensed or an approved foster care agency under OAR 413-215-0301 to 413-215-0396 or residential care agency under OAR 413-215-0501 to 413-215-0586 and, if the BRS client is a per~~the provider enrollment requirements in OAR 410-120-1260; ¶

~~(d) Comply with all applicable federal and state laws and regulations~~ age 18 or older, comply with the licensing or approval requirement~~nd follow the state regulations governing child-caring agencies that would apply if~~to the BRS client was a child; ¶

~~(d) Comply with the provider enrollment requirements in OAR 410-120-1260~~type of BRS program being operated; ¶

(e) Comply with the requirements in OAR 410-120-1380(1)(c)(J) for excluding individuals and entities from being subcontractors if they are found on the listed exclusion list(s); and ¶

(f) Have a contract or agreement with an agency, or, as applicable, a BRS contractor, to provide services and placement-related activities to the BRS client. ¶

~~(2) Compliance with Federal and State Law.~~ The BRS contractor ~~must, and must~~shall and shall ensure its BRS providers, comply with all applicable federal and state laws and regulations pertaining to the provision of Medicaid services under the Medicaid Act, Title XIX, 42 USC 1396 et seq. and the BRS program, including but not limited to all applicable provisions in OAR 410-120-0000 through 410-120-1980. ¶

(3) Confidentiality of BRS client information: ¶

~~(a) Confidentiality Generally:~~BRS contractors shall and shall ensure that their BRS providers comply with the requirements for financial, clinical, and other records in OAR 410-120-1360, confidentiality requirements in OAR 410-120-1380, and all other applicable federal and state laws, rules, and regulations related to confidentiality and documentation requirements; ¶

~~(b) The BRS contractor must~~shall not, and shall ensure its BRS providers do not, use or disclose any information concerning a BRS client for any purpose not directly connected with the administration of the BRS contractor's or BRS provider's program or as otherwise permitted by law, except with the written consent of the agency, or if the agency is not the BRS client's guardian, on the written consent of the person or persons authorized by law to consent to such use or disclosure.; ¶

~~(c) The BRS contractor must, and must require its employees and BRS providers to, comply with all appropriate federal and state laws, rules and regulations regarding the confidentiality of records related to the BRS client;~~ ¶

~~(b) HIPAA Compliance and Medical Privacy.~~ The BRS contractor ~~must,~~shall and ensure its BRS providers, comply with all applicable confidentiality requirements in the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law 104-191, August 21, 1996) and its implementing regulations in 45 CFR 160 and 164 et. seq., and all applicable confidentiality requirements in state statutes and administrative rules, including but not

limited to ORS 179.505 and OAR chapter 410, division 120; ¶

~~(ed) Maintenance of Written Records:~~ The BRS contractor ~~must, shall~~ and ensure its BRS providers, ~~secure~~ appropriately ~~secure~~ all records and files related to BRS clients to prevent access by unauthorized persons or entities; ¶

~~(de) Disclosure to the agency, Authority, or other governmental oversight or licensing entities:~~ ¶

(A) The BRS contractor ~~must, shall~~ and ensure its BRS providers, ~~promptly~~ provide access promptly to any information or written documentation in its possession related to the BRS client or its BRS program upon the request of the agency for any reason; and ¶

(B) The BRS contractor ~~must, shall~~ and ensure its BRS providers, ~~promptly~~ provide access promptly to any information or written documentation in its possession related to the BRS client or its BRS program that is necessary for ~~the purpose of~~ evaluating, overseeing, or auditing the BRS contractor's program upon the request of the Authority or other governmental oversight or licensing entities. ¶

(4) ~~Staff Qualifications.~~ The BRS contractor ~~must, shall~~ ensure that its BRS program, either operated by itself or by its BRS provider, has a program coordinator, social service staff, and direct care staff who meet and maintain the following minimum qualifications: ¶

(a) No less than 50% percent of the direct care staff for a BRS provider ~~must, shall~~ have a ~~B~~ bachelor's degree from an accredited college or university. A combination of formal education and experience with children ~~or young adults~~ may be substituted for a ~~B~~ bachelor's degree. Direct care staff ~~must, shall~~ be under the direction of a qualified social service staff member or a program coordinator; ¶

(b) The program coordinator or program director shall have a bachelor's degree from an accredited college or university, preferably with major study in psychology, sociology, social work, social sciences, or a closely allied field. The program coordinator or program director shall also have two years of experience in the supervision and management of a residential facility or a program using a proctor care model for the care and treatment of children; ¶

(c) Social service staff shall have a master's degree from an accredited college or university with major study in social work or a closely allied field and one year of experience in the care and treatment of children; or have a bachelor's degree with major study in social work, psychology, sociology or a closely allied field, and two years of experience in the care and rehabilitation of children; ¶

~~(d) Direct care staff, social service staff, and the program coordinator; who directly work with BRS clients, must:~~ shall: ¶

(A) Receive a minimum of 28 hours of initial training prior to or within 30 days of employment or certification on the following 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 restraint policies, and suicide prevention. Any direct care staff, social service staff, or program coordinator who has not yet completed this initial training prior to employment or certification, ~~must, shall~~ be supervised by a ~~person~~ individual who has completed this training when having direct contact with BRS clients; and ¶

(B) Receive a minimum of 16 hours of training annually on ~~the following topics:~~ skills-training that supports evidence-based or promising practices; and other subjects relevant to the responsibilities of providing services and placement related activities to the BRS client; and ¶

(C) Have and maintain cardiopulmonary resuscitation (CPR) and first aid certification; ¶

~~(c) The program coordinator or program director must have a Bachelor's degree from an accredited college or university, preferably with major study in psychology, sociology, social work, social sciences, or a closely allied field, and two years of experience in the supervision and management of a residential facility for the care and treatment of children or young adults;~~ ¶

~~(d) Social service staff must have a Master's degree from an accredited college or university with major study in social work or a closely allied field and one year of experience in the care and treatment of children or young adults; or have a Bachelor's degree with major study in social work, psychology, sociology or a closely allied field and two years of experience in the care and rehabilitation of children or young adults.~~ ¶

(5) Fitness Determination: ¶

(a) The BRS contractor and BRS provider ~~must~~shall ensure that its employees, volunteers, contractors, vendors, approved ~~provider~~proctor foster parents, or other persons providing services or placement-related activities to BRS clients; comply with all applicable criminal record and child abuse background checks and any fitness determination process required by federal or state law or regulation; ¶

(b) The BRS contractor and the BRS provider ~~must~~shall ensure that its employees, volunteers, contractors, vendors, approved ~~provider~~proctor foster parents, or other persons providing services or placement-related activities to BRS clients; who have not yet successfully completed the requirements in section (5)(a) of this rule; are supervised by a person who has successfully met these requirements when having direct contact with BRS clients; ¶

(c) Except in cases where more stringent legal requirements apply, the BRS contractor and BRS provider ~~must~~shall ensure that its employees, volunteers, contractors, vendors, approved ~~provider~~proctor foster parents, or other persons providing services or placement-related activities to BRS clients; report to it any arrests or court convictions, any known allegation of child abuse or neglect, and any other circumstance that ~~could~~reasonably affects a fitness determination within one business day. The BRS contractor and BRS provider ~~must~~shall report this information to the agency on the same day it receives the information. ¶

(6) Mandatory Reporting: ¶

(a) The BRS contractor ~~and~~shall and ensure its BRS provider ~~must~~s comply with the child abuse reporting laws in ORS 419B.0405 through 419B.050;15 and the abuse reporting requirements for a child in care as described in ORS 418.257 through 418.258; ¶

(b) The BRS contractor ~~and~~shall and ensure its BRS provider ~~must~~s require ~~any~~its staff member, ~~including employees, volunteers, subcontractors, approved provider parents, or other persons providing services or placement related activities to BRS clients, to immediately make a report or cause a report to be made~~to immediately report any abuse, as defined in ORS 419B.005(1), to the Department (whether or not they also report it to law enforcement under ORS 419B.015-anytime(1)(a)) when the staff member has reasonable cause to believe that any child with whom the staff member ~~have~~comes into contact has suffered abuse, ~~as defined by 419B.005(1), or that any person with whom the staff member comes in contact has abused a child or that a person with whom they come into contact has abused a child~~; ¶

(c) The BRS contractor shall and ensure its BRS providers require its staff members to immediately report suspected abuse, as defined in ORS 418.257 through 418.258, of a BRS client or a child in care to the Department; ¶

(ed) The BRS contractor and BRS provider ~~must~~train their staff regarding child abuse reporting requirements; ¶

~~(d) The BRS contractor must ensure that it~~shall and ensure its BRS providers provide its staff members with an annual training and written materials on its staff members' child abuse reporting obligations under sections (6)(b) and (6)(c) of this rule and information about the child abuse reporting hotline. Annual training and written materials are not needed if the BRS contractor or BRS provider does not have any employees, staff, or volunteers; ¶

(e) For purposes of section (6) of this rule, staff members include the BRS contractor's or BRS provider ~~complies with the requirem's employees, volunteers, subcontractors, approved proctor foster parents, of this section~~r other individuals providing services or placement-related activities to BRS clients. ¶

(7) Communication: ¶

(a) The BRS contractor ~~must~~shall ensure that its BRS program, either operated by itself or by its BRS provider, maintains a system for immediate and on-going communication among~~s~~t program staff regarding the whereabouts, status, and condition of the BRS clients in its program; ¶

(b) The BRS contractor ~~must~~shall ensure and require its provider to ensure that direct care staff and social service staff have access to a BRS client's information to the extent it is relevant to providing the BRS client with services and placement related activities; ¶

(c) The BRS contractor ~~must~~shall provide; or ensure that its BRS provider provides; immediate verbal notification to the caseworker and the agency (if an additional contact person is designated) when there is a communication

outage at the program; and ~~must~~shall provide an alternative means by which the program may be contacted; if possible. ¶

(8) Staffing Requirements: ¶

~~(a) Supervision of BRS clients:~~ The BRS contractor ~~must~~shall ensure that its BRS program, either operated by itself or by its BRS provider, meets and maintains appropriate staffing levels to ensure supervision of the BRS clients in its program ~~at all times~~ (24 hours a day, ~~7~~seven days a week), including taking steps to ensure that a BRS client is supervised while temporarily outside of the program. The BRS provider ~~must~~stay not leave a BRS client unsupervised, except in cases where there is a service plan for the BRS client to be out of the BRS provider's direct supervision; ¶

~~(b) Therapeutic Foster Care Model:~~ ¶

~~(A) The Authority's or the Department's BRS contractors. The BRS contractor must~~BRS contractor shall ensure that its BRS program, either operated by itself or by its BRS provider, meets and maintains the following ~~adult~~ approved proctor foster parent to child ratios in its ~~therapeutic~~approved proctor foster parent homes: ¶

~~(i) Shelter Evaluation and Assessment and Independent Living Services Program:~~ ¶

~~(I) A maximum of 3~~three BRS clients of any age shall be placed in the home of an ~~approved~~proctor foster parent; ¶

~~(II) A maximum of 5~~five children (including both BRS clients of any age and non-BRS clients) ~~and young adults (BRS clients only under the age of 18)~~ shall live in an ~~approved~~proctor foster parent home with two parents; ¶

~~(III) A maximum of 4~~four children (including both BRS clients of any age and non-BRS clients) ~~and young adults (BRS clients only under the age of 18)~~ shall live in an ~~approved~~proctor foster parent home with one parent; and ¶

~~(IV) No more than two children (including both BRS clients and non-BRS clients) under the age of three shall live in an approved~~proctor foster parent home; ¶

~~(ii) Intensive Community Care, Therapeutic Foster Care, and Enhanced Therapeutic Foster Care~~Proctor Care, Proctor Enhanced Services, and Assessment and Evaluation: ¶

~~(I) A maximum of 2~~two BRS clients shall be placed in the home of an ~~approved~~proctor foster parent; ¶

~~(II) A maximum of 5~~five children (including both BRS clients of any age and non-BRS clients) ~~and young adults (BRS clients only under the age of 18)~~ shall live in an ~~approved~~proctor foster parent home with two parents; ¶

~~(III) A maximum of 4~~four children (including both BRS clients of any age and non-BRS clients) ~~and young adults (BRS clients only under the age of 18)~~ shall live in an ~~approved~~proctor foster parent home with one parent; and ¶

~~(IV) No more than two children (including both BRS clients and non-BRS clients) under the age of three shall live in an approved~~proctor foster parent home; ¶

~~(iii) Notwithstanding section (8)(b)(A)(i) and (ii) of this rule~~(V) If the contractor provides proctor enhanced services subject to OAR 410-170-0090(3), the BRS contractor or BRS ~~shall~~provider may exceed these limits on the supervision by professionally trained staff while any BRS client is in the facility. ¶

~~(iii) Notwithstanding section (8)(b)(A)(i) and (ii) of this rule, a maximum number of children and young adults who shall live of five BRS clients may be placed in a~~ the ~~home when the~~of an approved proctor foster parent who is providing respite care; ¶

~~(B) An OYA's BRS contractors. The BRS contractor must~~shall ensure that its BRS program, either operated by itself or by its BRS provider, meets and maintains the ~~adult to child or young adult~~approved proctor foster parent to child ratios described in OYA-specific BRS program rules for ~~therapeutic~~OYA approved proctor foster parent homes; ¶

~~(c) For the residential care model:~~ T, the BRS contractor ~~must~~shall ensure that its BRS program, either operated by itself or by its BRS provider, meets and maintains the following direct care staff to BRS client ratios for the BRS type of care it provides in its residential care BRS program: ¶

~~(A) Shelter Assessment and Evaluation, Intensive Community Care, and Independent Living Service: During scheduled school days, weekends and non-scheduled school days, the program must~~and Independent Living Program Staffing Ratio: ¶

(i) Minimum Daily:

(i) Have 1 direct care staff member for every 7 BRS clients onsite between 7 a.m. and 3 p.m.;

(ii) Have 1 direct care staff member for every 4.7 BRS clients onsite between 3 p.m. and 11 p.m.; and

(iii) Have 1 direct care staff member for every 9.3 BRS clients onsite between 11 p.m. and 7 a.m.; Awake (16 hours): 1 staff: 7 youth;

(II) Asleep (8 hours): 1 staff: 10 youth.

(ii) Weekly Average:

(I) Awake (16 hours): 1 staff: 5.5 youth;

(II) Asleep (8 hours): 1 staff: 10 youth.

(B) Community Step-Down, Enhanced Structure Independent Living Program, and BRS Assessment and Evaluation, Basic Residential, and Rehabilitation Services;

(i) During scheduled school days, the program must:

(I) Have 1 direct care staff member for every 7 BRS clients onsite between 7 a.m. and 3 p.m.;

(II) Have 1 direct care staff member for every 4.7 BRS clients onsite between 3 p.m. and 11 p.m.;

(III) Have 1 direct care staff member for every 9.3 BRS clients onsite between 11 p.m. and 7 a.m.; and

(ii) During weekends and non-scheduled school days, the program must Staffing Ratio:

(i) Minimum Daily:

(I) Awake (16 hours): 1 staff: 6 youth;

(II) Asleep (8 hours): 1 staff: 10 youth.

(ii) Weekly Average:

(I) Have 1 direct care staff member for every 4.7 BRS clients onsite between 7 a.m. and 3 p.m.;

(II) Have 1 direct care staff member for every 4.7 BRS clients onsite between 3 p.m. and 11 p.m.;

(III) Have 1 direct care staff member for every 9.3 BRS clients onsite between 11 p.m. and 7 a.m.; Awake (16 hours): 1 staff: 4.7 youth;

(II) Asleep (8 hours): 1 staff: 10 youth.

(C) Intensive Rehabilitation Residential Services, BRS Intensive Residential, BRS Enhanced, and Short-Term Stabilization Program;

(i) During scheduled school days, the program must Staffing Ratio:

(i) Minimum Daily:

(I) Have 1 direct care staff member for every 7 BRS clients onsite between 7 a.m. and 3 p.m.;

(II) Have 1 direct care staff member for every 2.8 BRS clients onsite between 3 p.m. and 11 p.m.;

(III) Have 1 direct care staff member for every 9.3 BRS clients onsite between 11 p.m. and 7 a.m.; and

(ii) During weekends and non-scheduled school days, the program must Awake (16 hours): 1 staff: 5 youth;

(II) Asleep (8 hours): 1 staff: 10 youth.

(ii) Weekly Average:

(I) Awake (16 hours): 1 staff: 3.7 youth;

(II) Asleep (8 hours): 1 staff: 9 youth.

(D) Intensive Behavioral Support Program Staffing Ratio:

(i) Minimum Daily:

(I) Have 1 direct care staff member for every 4.7 BRS clients onsite between 7 a.m. and 3 p.m.;

(II) Have 1 direct care staff member for every 2.8 BRS clients onsite between 3 p.m. and 11 p.m.;

(III) Have 1 direct care staff member for every 9.3 BRS clients onsite between 11 p.m. and 7 a.m.; Awake (16 hours): 1 staff: 3.5 youth;

(II) Asleep (8 hours): 1 staff: 4.5 youth.

(ii) Weekly Average:

(I) Awake (16 hours): 1 staff: 2.8 youth;

(II) Asleep (8 hours): 1 staff: 4.5 youth.

(d) For purposes of calculating the number of direct care staff under section (8)(c) of this rule only, a social service staff member or program coordinator may be included if that staff member is specifically scheduled to and

actually provides direct supervision to BRS clients onsite during the relevant time period; ¶

(e) Under section (8)(c) of this rule only, in the event that no BRS clients are onsite at the program due to home visits, transitional visits, or other planned absences, the BRS contractor and BRS provider mustshall ensure that its program has the resources and procedures in place to serve the BRS client who may need to return to the program prior to the scheduled return date; ¶

(f) In the event a BRS client is temporarily admitted to a hospital (other than to a psychiatric hospital) but is still enrolled in the BRS provider's program, the BRS contractor and BRS provider mustshall ensure that its program works with the caseworker, and the family when appropriate, to develop a plan approved by the agency for supervision during the BRS client's hospitalization; ¶

(g) The BRS contractor may, or allow its BRS provider to, request prior written agency approval for its BRS program to deviate from the ratios described in section (8)(b) ~~and (c)~~ of this rule or agency-specific BRS program rules. If the agency grants a waiver, this shall ~~only apply~~ only to BRS program ratio requirements specified in these rules and agency-specific BRS program rules. The BRS contractor and BRS provider mustshall comply with any ratio requirements applicable under federal or state licensing requirements or approvals; ¶

(9) ~~Physical Facility~~. The BRS contractor mustshall ensure that its BRS program, either operated by itself or by its BRS provider, does the following: ¶

(a) Provides an environment suitable for the treatment of a BRS client, which that meets all applicable safety, health, and general environment standards required for a residential community setting; if services are provided to the ~~BRS client~~ in a residential care model, or in the home of an approved ~~provider~~ foster parent certified by the BRS provider; if services are provided to the ~~BRS client~~ in a ~~therapeutic foster~~ proctor care model; ¶

(b) Provides separate bedrooms for children persons under 18 and persons 18 years or older, except in cases where the child shares a bedroom with a ~~young adult~~ person over 18 years old who is the child's parent and caregiver or where there is written approval from the ~~Department of Human Services' Office of Licensing and Regulatory Oversight Coordinator and the agency;~~ agency, and, if the BRS provider is a child-caring agency, the Children's Care Licensing Program; ¶

(c) Provides separate bedrooms for BRS clients who have inappropriate sexual behaviors identified in their service plan and BRS clients who do not have those behaviors identified in their service plan, unless there is written approval from the agency; ¶

(d) Provides that BRS clients; who have inappropriate sexual behaviors identified in their service plan; occupy a bedroom either individually or in a group of three or more BRS clients who have inappropriate sexual behaviors identified in their service plan, unless there is written approval from the agency; ¶

(e) Provides separate bedrooms for BRS clients and other members of the household, unless there is written approval from the agency; ¶

(f) Provides separate bedrooms or dormitories for females and males. An exception to this requirement may be requested to the agency contract administrator and Children's Care Licensing Program for BRS clients who identify outside of these gender binary categories, or for cases where the child shares a bedroom with a person of the opposite sex who is the child's parent and caregiver; ¶

(g) Provides physical separation of BRS clients served in its BRS program from ~~person~~ individuals housed in a detention facility or youth correction facility; ¶

(h) Provides that at least one door in each bedroom is unlocked at all times; ¶

(i) Provides that at least one door in each dormitory is unlocked at all times, unless the BRS contractor or BRS provider receives prior written agency approval to lock all dormitory doors for eight hours at night; and; ¶

(j) Provides a means of egress for BRS clients to leave the ~~facility~~ residence. ¶

(10) BRS providers and BRS contractors are not required to comply with section (9)(b) and (c) of this rule if they provide services or placement related activities in a dormitory setting. ¶

(11) BRS Program Policies and Procedures: ¶

(a) The BRS contractor mustshall ensure that its BRS program, either operated by itself or by its BRS provider, has the following written policies and procedures, which that have been reviewed and approved by the agency: ¶

(A) Admission criteria and standards to accept a BRS client into its program; ¶

- (B) Staff training policies and procedures, including child abuse reporting expectations under ORS 419B.005, 419B.010, and 419B.015; ¶
- (C) Policies and procedures related to reviewing referrals to its program and notification of admission decisions; ¶
- (D) A behavior management system policy designed to consistently encourage appropriate behaviors by the BRS client in a non-punitive manner; ¶
- (E) A behavioral rehabilitation program model that uses evidence-based or promising practices whenever possible and the curriculum, policies, and procedures ~~which~~that implement that model; ¶
- (F) Policies regarding the BRS client's and family's rights, including but not limited to the search and seizure of the BRS client's person, property, and mail; visitation and communication; and discharges initiated by the BRS client; ¶
- (G) A grievance policy describing the process through which the BRS client, and, if applicable, the BRS client's parent, guardian, or legal custodian may present grievances to the BRS provider about its operation and a process to resolve issues; ¶
- (H) A suicide prevention policy and procedure that describes how the BRS provider ~~must~~shall respond in the event a BRS client exhibits self-injurious, self-harm, or suicidal behavior. This policy ~~must~~shall describe warning signs of suicide; emergency protocol, and contacts; training requirements for staff, including suicide prevention training and suicide risk assessment tool training; procedures for determining implementation of additional supervision precautions and for determining removal of additional supervision precautions; suicide risk assessment procedures on the day of intake; documentation requirements for suicide ideation, self-harm, and special observation precautions to ensure immediate communication to all staff; a process for tracking suicide behavioral patterns; and a "post-intervention" plan with identified resources; ¶
- (I) A seclusion and physical restraint policy that describes when such interventions may be used in compliance with applicable federal and state laws and regulations, including but not limited to requirements for licensed or approved ~~public or private~~ child-caring agencies and agency-specific BRS program rules. Physical restraint or seclusion shall ~~only~~only be used only as a last resort, and ~~shall~~may not be used for discipline, punishment, convenience of personnel, or as a substitute for activities, treatment, or training. The policy ~~must~~shall describe how staff are trained and monitored and who may perform such interventions; ¶
- (J) A medication management policy ~~which~~that complies with applicable licensing requirements and agency-specific BRS program rules. At minimum, the policy ~~must~~shall describe: ¶
- (i) How and where medications are stored and dispensed; and ¶
- (ii) How the BRS provider ~~must~~shall notify the caseworker if the BRS client refuses prescribed medications for more than ~~7~~seven days or refuses a medication that ~~has been~~is identified by any LPHA as requiring an immediate report for health care reasons; ¶
- (K) A quality improvement policy and procedures that monitor the operation of the BRS program to ensure compliance with all applicable laws and regulations, including but not limited to tracking service hours, monitoring the timeliness of reporting requirements, and monitoring the quality of service delivery; ¶
- (b) The BRS contractor ~~must~~shall ensure that its BRS program, either operated by itself or by its BRS provider, reviews and updates its policies and procedures as listed in section ~~(118)~~(118)(a) of this rule biannually; and has any updated policies and procedures reviewed and approved by the agency; ¶
- (c) Additional policies may be required by the agency; ¶
- (d) The BRS contractor ~~must~~shall ensure that its BRS program, either operated by itself or by its BRS provider, complies with; and maintains documentation of its compliance; with all policies and procedures described in section ~~(118)~~(118)(a) of this rule; and with any modifications to their policies and procedures that are required by the agency. ¶
- (12) Documentation Requirements: ¶
- (a) The BRS contractor and BRS provider ~~must~~shall: ¶
- (A) Comply with all documentation requirements in OAR 410-120-1360, BRS program general rules, and agency-specific BRS program rules; ¶
- (B) Use forms reviewed and approved by the agency to document the following if required: ~~the ISP, All service plans and updates;~~ the assessment and evaluation report, the MSP, the MSP 90 day updates; the daily and weekly

log for service hours; and the invoice form; ¶

(C) Maintain current documentation of its staff's compliance with applicable training, qualifications, and licensing requirements, which ~~must~~shall be readily available for on-site review by the caseworker, agency, and other appropriate licensing or oversight entity; ¶

(D) Create, maintain, and update an individualized case file for each BRS client either in hard copy or electronically, including but not limited to signed consent for the BRS client to participate in the BRS program; documentation regarding home or other family visits and transitional visits; documentation of recreational, social, and cultural activities; documentation of legal custody or voluntary placement status; service documentation (service plans, weekly service type description and hour records, and discrete service notes), which must; face sheet with frequently referenced information; medical insurance information; education and vocation activities; school enrollment, attendance, progress, and discipline information; referral information; and any restriction or special permission for participation in activities, which shall be readily available for on-site review by the BRS provider's direct care staff and social service staff, the caseworker, the agency, and the appropriate licensing or oversight entity; ¶

(E) Ensure that all documentation about the BRS client is written in terms that are easily understood by all persons involved in service planning and delivery, including but not limited to the service plans, progress notes and reports, assessments, and incident reports; and ¶

(F) Ensure that all documentation (paper or electronic) identifies any corrections made, including the original information, what was corrected or changed, the date of the correction, and who made the correction. White out, eraser tape, electronic deletions, or other means of eradicating information to make corrections on documentation may not be used; ¶

~~(b) Incident Reports: The BRS contractor must~~shall ensure that its BRS program, either operated by itself or by its BRS provider, creates and maintains a record of all incidents ~~and crisis interventions on a form approved by the agency, including but not limited to use of seclusion and physical restraint, a risk to the status or custody of the BRS client, or other incidents likely to cause complaints, generate safety, programmatic or other serious concerns, or come to the attention of the media or law enforcement, including but not limited to incidents described in OAR 413-215-0091(11)(c) and any use of seclusion or physical restraint on a form approved by the agency;~~ ¶

(A) Incident reports ~~must~~shall contain the following information: ¶

(i) Name of the BRS client; ¶

(ii) The date, location, and type of incident ~~or crisis intervention;~~ ¶

(iii) The duration of any seclusions or physical restraints employed in the context of the incident; ¶

(iv) Name of staff involved in the incident ~~or crisis intervention~~, including the names of any witnesses; ¶

(v) Description of the incident ~~or crisis intervention~~, including precipitating factors, preventative efforts employed, and description of circumstances during the incident; ¶

(vi) Physical injuries to the BRS client or others resulting from the incident ~~or crisis intervention~~, including information regarding any follow-up medical care or treatment; ¶

(vii) Documentation showing that any necessary reports were made to the appropriate agency, any other entity required by law to be notified, and, as applicable, the BRS client's parent, guardian, or legal custodian; ¶

(viii) Documentation indicating the date that a copy of the incident report was sent to the caseworker; ¶

(ix) Actions or interventions taken by program staff; ¶

(x) Any follow-up recommendations for the BRS client or staff; ¶

(xi) Any follow-up or investigation conducted by the BRS contractor or BRS provider's supervisory staff and administrative personnel, ~~DHS, OHA~~the Department, the Authority, OYA or other entities; and ¶

(xii) The BRS contractors or BRS provider's review of the incident ~~or crisis intervention.~~ ¶

(B) The BRS contractor ~~must~~shall ensure that its BRS program, either operated by itself or by its BRS provider, provides immediate verbal or electronic notification to the caseworker, the agency's ~~designated contact~~contract administrator, and, as applicable, the appropriate licensing entity of the following types of ~~incidents~~critical events: ~~i~~ incidents posing a risk to the status or custody of the BRS client, and any other incidents that are of a nature serious enough to raise safety, programmatic, or other serious concerns. ~~Verbal~~Immediate notification ~~must~~shall



be followed up by the submission of a written incident report to the individuals or entities described in this section within ~~4~~one business day. Compliance with this notification requirement does not satisfy child abuse reporting requirements under ORS 419B.005 to 419B.045;¶

(C) The BRS contractor must ensure that its BRS program, either operated by itself or by its BRS provider, provides a written incident report within 5 business days to the caseworker regarding any use of seclusion or physical restraint on a BRS client;¶

(D) At the end of each month, the BRS contractor must ensure that its BRS program, either operated by itself or by its BRS provider, sends copies of all incident reports for that month, not previously submitted under section (12)(b)(B) of this rule, to the designated agency contact;¶

(c) The BRS contractor and BRS provider must promptly provide documentation to the agency upon request or by the deadline specified in a written request, whichever is sooner. The BRS contractor's or BRS provider's failure to provide the agency with the requested documentation by the agency's deadline may result in the agency pursuing any one or a combination of the sanctions or remedies against the BRS contractor described in OAR 410-170-0120 or agency-specific BRS rules.¶

(13) Overnight Absences: The BRS contractor must ensure that its program, either operated by itself or by its BRS provider, receives prior written approval from the caseworker whenever the BRS client will be sleeping outside of its program for any reason (such as home visits, camping trips, court appearances, hospital admissions, or detention) excluding cases of emergency;¶

(a) Initial approval shall be completed at intake and will include information from the caseworker documenting any special instructions such as:¶

(A) Conditions under which an overnight absence from the program would be approved;¶

(B) Home visit resources that are acceptable;¶

(C) Any required notifications to the community: victim, court, special interest group, or law enforcement;¶

(D) Approved and non-approved contacts during absences, as applicable; and¶

(E) Approved and non-approved activities, as applicable;¶

(b) After initial approval by the caseworker, the BRS contractor must ensure that its BRS program, either operated by itself or by its BRS provider, notifies the caseworker of each upcoming overnight visit at least 2 business days prior to the visit, and provides the following information:¶

(A) Dates of visit;¶

(B) Type of visit or activity;¶

(C) Location of visit or activity; and¶

(D) Explanation of how any special conditions or requirements will be addressed;¶

(c) The BRS contractor and BRS provider shall not permit the BRS client to leave the state or country without prior written approval by the agency.¶

(14) Publicly Operated Community Residences. The BRS contractor must ensure that its BRS program, either operated by itself or by its BRS provider, that provides services and placement related activities in a publicly-operated community residence does not serve more than 16 residents, unless it receives prior written approval from the Authority with a determination that it is not an institution for mental diseases (see definitions in 42 CFR 435.1010).¶

(15) The BRS contractor's Supervision of the BRS Provider:¶

(a) The BRS contractor is responsible for monitoring and ensuring that its BRS providers comply with all applicable laws and regulations related to the BRS program. The Authority and agency may pursue any sanctions, remedies, or recovery of an overpayment as described in OAR 410-170-0120 or agency-specific BRS rules against the BRS contractor for failing to monitor and ensure its BRS providers are in compliance with all applicable laws and regulations related to the BRS program;¶

(b) The BRS contractor is solely responsible for any and all obligations owed to its BRS provider under its subcontract or agreement;¶

(16) The BRS Contractor's Supervision of the Approved Provider Parent:¶

(a) The BRS contractor must, or must ensure that its BRS provider, monitors and ensures that its approved

provider parents comply with all applicable laws and regulations related to the BRS program. The Authority and agency may pursue any sanctions, remedies, or recovery of an overpayment described in OAR 410-170-0120 or agency-specific BRS rules against the BRS contractor for failing to monitor and ensure its approved provider parents are in compliance with all applicable laws and regulations related to the BRS program;¶

(b) The BRS contractor must, or ensure that its BRS provider:¶

(A) Recruits, trains, reimburses, and supports the approved provider parent in providing services or placement related activities to the BRS client;¶

(B) Visits the approved provider parent's home a minimum of one time each month for the purposes of supervision, monitoring, training and support;¶

(C) Provides at minimum the following support services to the approved provider parent:¶

(i) Twenty-four hour back-up services: The BRS contractor must, or ensure that its BRS provider, have staff available to provide the approved provider parent with back-up services at all times (24 hours per day, 7 days a week), which includes on-call services, consultation, and direct crisis counseling. Approved provider parents must be given the contact details (names and phone numbers) of the program staff that are available to provide these back-up services;¶

(ii) Forty-eight hours of respite care: The BRS contractor must provide, or ensure that its BRS provider provides, the approved provider parent with the opportunity to receive 48 hours per month of time away from approved provider parent responsibilities. Daytime supervision and night-time monitoring equivalent to that provided by the approved provider parent must be arranged and provided to the BRS client during that time;¶

(c) The BRS contractor, or as applicable the BRS provider, is solely responsible for any and all obligations owed to the approved provider parent under its subcontract or agreement.¶

(17) Conflict of Interest: The BRS contractor must, or ensure that its BRS provider, notifies the agency in writing when a current employee or newly hired employee is also an employee of the agency. The BRS contractor must, or ensure that its BRS provider, submits the notification to the contract administrator and the agency's contracts unit and shall include the name of the employee and their job description. The agency must 15 and ORS 418.257 and 418.258; ¶

(C) At the end of each month, the BRS contractor shall ensure that its BRS program, either operated by itself or by its BRS provider, sends copies of all incident reports for that month, not previously submitted under section (19)(b)(B) of this rule, to the BRS client's caseworker and contract administrator. ¶

(c) The BRS contractor and BRS provider shall provide prompt documentation to the agency upon request or by the deadline specified in a written request, whichever is sooner. The BRS contractor's or BRS provider's failure to provide the agency with the requested documentation by the agency's deadline may result in the agency pursuing any one or a combination of the sanctions or remedies against the BRS contractor described in OAR 410-170-0120 or agency-specific BRS rules. ¶

(13) The BRS contractor shall ensure that its program, either operated by itself or by its BRS provider, provides prior notification to the caseworker whenever the BRS client is sleeping outside of its program for any reason, excluding cases of emergency: ¶

(a) Initial approval shall be completed at intake and shall include information from the caseworker documenting any special instructions such as: ¶

(A) Conditions under which an overnight absence from the program would be approved; ¶

(B) Home visit resources that are acceptable; ¶

(C) Any required notifications to the community: Victim, court, special interest group, or law enforcement; ¶

(D) Approved and non-approved contacts during absences, as applicable; and ¶

(E) Approved and non-approved activities, as applicable. ¶

(b) After initial approval by the caseworker, the BRS contractor shall ensure that its BRS program, either operated by itself or by its BRS provider, notifies the caseworker of each upcoming overnight visit at least two business days prior to the visit and provides the following information: ¶

(A) Dates of visit; ¶

(B) Type of visit or activity; ¶

(C) Location of visit or activity; and ¶

(D) Explanation of how any special conditions or requirements are addressed. ¶

(c) The BRS contractor and BRS provider may not permit the BRS client to leave the state or country without prior written approval by the agency. ¶

(14) BRS contractors shall ensure that their BRS providers are not institutions for mental diseases, as defined in 42 CFR 435.1010, unless they are providing inpatient psychiatric services to BRS clients in compliance with the requirements in 42 CFR 441.151 and 42 CFR 440.160.¶

(15) The BRS contractor's supervision of the BRS provider: ¶

(a) The BRS contractor is responsible for monitoring and ensuring that its BRS providers comply with all applicable laws and regulations related to the BRS program. The Authority may pursue any sanctions, remedies, or recoveries as described in OAR 410-170-0120, OAR 410-120-1397, or OAR 410-120-1400 against the BRS contractor for failing to monitor and ensure its BRS providers comply with all applicable laws and regulations related to the BRS program; ¶

(b) The BRS contractor is solely responsible for all obligations owed to its BRS provider under its subcontract or agreement. ¶

(16) The BRS contractor's supervision of the approved proctor foster parent: ¶

(a) The BRS contractor shall ensure that its BRS provider monitors and ensures that its approved proctor foster parents comply with all applicable laws and regulations related to the BRS program. The Authority may pursue any sanctions, remedies, or recoveries described in OAR 410-170-0120, OAR 410-120-1397, or OAR 410-120-1400 against the BRS contractor for failing to monitor and ensure its approved proctor foster parents are in compliance with all applicable laws and regulations related to the BRS program; ¶

(b) The BRS contractor shall ensure that its BRS provider: ¶

(A) Recruits, trains, reimburses, and supports the approved proctor foster parent in providing services or placement-related activities to the BRS client; ¶

(B) Visits the approved proctor foster parent's home a minimum of one time each month for the purposes of support that includes but is not limited to monitoring, training, and supervision;¶

(C) Provides at minimum the following support services to the approved proctor foster parent: ¶

(i) The BRS contractor shall ensure that its BRS provider have staff available to provide the approved proctor foster parent with back-up services 24 hours per day, seven days a week, which includes on-call services, consultation, and direct crisis counseling. Approved proctor foster parents shall receive the contact details (names and phone numbers) of the program staff that are available to provide these back-up services; ¶

(ii) The BRS contractor shall provide, or ensure that its BRS provider provides, the approved proctor foster parent with the opportunity to receive 48 hours per month of time away from approved proctor foster parent responsibilities. Daytime supervision and night-time monitoring equivalent to that provided by the approved proctor foster parent shall be arranged and provided to the BRS client during that time. ¶

(c) The BRS contractor or, as applicable, the BRS provider is solely responsible for all obligations owed to the approved proctor foster parent under its subcontract or agreement. ¶

(17) The BRS contractor shall ensure that its BRS provider notifies the agency in writing when a current employee or newly hired employee is also an employee of the agency. The BRS contractor shall ensure that its BRS provider submits the notification to the contract administrator and the agency's contracts unit and shall include the name of the employee and their job description. The agency shall review the employment situation for any actual or potential conflicts of interest as identified under ORS chapter 244.

Statutory/Other Authority: ORS 413.042, 414.065

Statutes/Other Implemented: ORS 414.065

AMEND: 410-170-0040

RULE SUMMARY: These administrative rules need to be amended for the Behavior Rehabilitation Services (BRS) program. These rules describe the general program requirements for the BRS program, prior authorization process, services and placement related activities, BRS contractor and BRS provider requirements, reimbursement rates, and compliance and oversight activities.

CHANGES TO RULE:

410-170-0040

Prior Authorization for the BRS Program; Appeal Rights ¶¶

(1) The BRS program requires prior authorization from the agency in accordance with the Authority's rules, the general BRS program rules, and applicable agency-specific BRS program rules. A referral by an LPHA or agency to the Authority for prior authorization of the BRS program is not a prior authorization. ¶¶

(2) Prior Authorization Criteria for the BRS program: ¶¶

(a) The Authority shall provide prior authorization for the BRS program to a ~~person~~ individual who: ¶¶

(A) Is enrolled in the Oregon Health Plan (OHP), is eligible for Oregon's Medicaid or CHIP program, and is eligible for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services, according to the procedures established by the Authority; ¶¶

(B) Has a determination by a designated LPHA that the BRS program is medically appropriate to meet ~~his or her~~ the individual's medical needs; ¶¶

(C) Is not receiving residential mental health or residential developmental disability services from another governmental unit or entity; ¶¶

(D) Is a child ~~or young adult~~; and ¶¶

(E) Does not have a current prior authorization for the BRS program for the requested time period from OYA or the Department; ¶¶

(b) OYA or the Department may provide prior authorization for the BRS program for a ~~person~~ individual that meets the requirements in its agency-specific BRS program rules. ¶¶

(3) ~~In order to~~ ¶¶ To meet the requirement in section (2)(a)(B) of this rule, the designated LPHA ~~must~~ shall determine that the BRS program is medically appropriate because the ~~person~~ individual: ¶¶

(a) Has a primary mental, emotional, or behavioral disorder; or developmental disability that prevents the ~~person~~ individual from functioning at a developmentally appropriate level in the ~~person~~ individual's home, school, or community; ¶¶

(b) Demonstrates severe emotional, social, and behavioral problems, including but not limited to: ~~d~~ Drug and alcohol abuse; anti-social behaviors requiring close supervision, intervention, and structure; sexual behavioral problems; or behavioral disturbances; ¶¶

(c) Requires out-of-home behavioral rehabilitation treatment ~~in order to~~ restore or develop the ~~person~~ individual's appropriate functioning at a developmentally appropriate level in the ~~person~~ individual's home, school, or community; ¶¶

(d) Is able to benefit from the BRS program at a developmentally-appropriate level; ¶¶

(e) Does not have active suicidal, homicidal, or serious aggressive behaviors; and ¶¶

(f) Does not have active psychosis or psychiatric instability. ¶¶

(4) The Authority may also request that the designated LPHA determine the BRS type of care that is medically appropriate for the ~~person~~ individual. The designated LPHA ~~must~~ shall make that determination based on the following factors, including but not limited to the: ¶¶

(a) Severity of the ~~person~~ individual's psychosocial, emotional, and behavior disorders; ¶¶

(b) Intensity and type of services that would be appropriate to treat the ~~person~~ individual; ¶¶

(c) Type of setting or treatment model that would be most beneficial to the ~~person~~ individual; ¶¶

(d) Least restrictive and intensive setting based on the ~~person~~ individual's treatment history, degree of impairment, current symptoms, and the extent of family and other supports; and ¶¶

(e) Behavior management needs of the ~~person~~ individual. ¶

(5) The agency is not required to provide prior authorization or to make payment for services or placement related activities under the following circumstances: ¶

(a) The ~~person~~ individual was not eligible for the BRS program at the time services or placement related activities were provided; ¶

(b) The documentation is not adequate to determine the type, medical appropriateness, or frequency and duration of services; ¶

(c) The services or placement-related activities billed or provided are not consistent with the information submitted when the prior authorization was requested; ¶

(d) The services or placement-related activities billed are not consistent with those provided; ¶

(e) The services or placement-related activities were not provided within the timeframe specified on the notice of prior authorization; ¶

(f) The BRS program is not covered under the ~~person~~ individual's medical assistance package; ¶

(g) The services or placement related activities were not authorized or provided in compliance with the BRS program general rules, agency-specific BRS program rules, or applicable ~~DMAP~~ Oregon Health Authority General Rules (OAR 410-120-0000 to 410-120-1920); ¶

(h) The ~~person~~ individual does not meet the prior authorization requirements as stated above; ¶

(i) The BRS contractor or BRS provider was not eligible to receive reimbursement through the BRS program at the time the services or placement-related activities were provided; or ¶

(j) The ~~person~~ individual's needs ~~could have~~ better met through another system of care; the individual is eligible for services under that system of care; the individual ~~has been~~ is given notice of that eligibility; and the services necessary to support a successful transition to the alternate system of care ~~have been~~ are provided. ¶

(6) Retroactive ~~E~~ eligibility and ~~A~~ authorization: ¶

(a) In those instances when the BRS client is made retroactively eligible for the BRS program, the agency may grant prior authorization if: ¶

(A) The BRS contractor or BRS provider received preliminary approval from the agency prior to admitting the BRS client into its program while the prior authorization process was pending; and ¶

(B) The BRS client met all prior authorization criteria and eligibility requirements on the date that the services and placement related activities were provided; and ¶

(C) The BRS provider delivered the services and placement related activities in accordance with all applicable BRS program general rules and agency-specific BRS program rules; and ¶

(D) Prior authorization was retroactively approved by the agency within 5 ~~five~~ business days from the date that the BRS client was admitted into the BRS provider's program; ¶

(b) Prior authorization after 5 ~~five~~ business days from the date the BRS client was admitted into the BRS contractor's or BRS provider's program requires documentation that prior authorization ~~could not have been~~ is obtained within those 5 ~~five~~ business days. ¶

(7) Prior authorization is valid for the time-period specified on the agency's prior authorization notice, but is not to exceed 12 months from the date on the notice, unless the BRS client is no longer eligible for a medical assistance program that covers the BRS program, in which case the authorization shall terminate on the date coverage ends. ¶

(8) The BRS contractor is responsible for ensuring that there is a prior authorization from the agency for the BRS client in advance of providing the services or placement-related activities for the applicable time period unless section (6) of this rule applies. ¶

(9) If a ~~person~~ individual is denied prior authorization for the BRS program under section (2)(a) of this rule, OAR 413-0905-0075 ~~40~~ (1)(a); or OAR 416-335-0040(1)(a), the ~~person~~ individual is entitled to notice and contested hearing rights under OAR 410-120-1860 and 410-120-1865. The contested case hearing shall be held by the Authority.

Statutory/Other Authority: ORS 413.042, 414.065

Statutes/Other Implemented: ORS 414.065



RULE SUMMARY: These administrative rules need to be amended for the Behavior Rehabilitation Services (BRS) program. These rules describe the general program requirements for the BRS program, prior authorization process, services and placement related activities, BRS contractor and BRS provider requirements, reimbursement rates, and compliance and oversight activities.

CHANGES TO RULE:

410-170-0050  
Program Referrals and Admission to BRS Provider  
&para;  
(1) After the BRS client ~~has~~ receive ~~d~~ prior authorization for the BRS program, the agency shall refer the BRS client for admission to one or more BRS contractors or BRS providers that provide the appropriate BRS type of care.  
(2) The agency shall provide the BRS contractor ~~,~~ or ~~,~~ as applicable ~~,~~ the BRS provider ~~,~~ with the following documents in the BRS client's referral packet:  
(a) Information identifying the ~~person~~ individual or entity with legal authority over the BRS client, which may be the BRS client's parent, guardian, or legal custodian;  
(b) Any prior evaluations, assessments, or other documents that provide background information about the BRS client or that support the need for the BRS client's current level of services;  
and  
(c) The caseworker's case plan describing necessary services or similar planning form for the BRS client.  
(3) The BRS contractor ~~,~~ or ~~,~~ as applicable ~~,~~ the BRS provider ~~,~~ must ~~,~~ shall make admission decisions for the BRS client based on its agency-approved written admission criteria ~~,~~ unless provided with written authorization from the agency to accept a BRS client who does not meet its admission criteria.  
(4) The BRS contractor ~~,~~ or ~~,~~ as applicable ~~,~~ the BRS provider ~~,~~ shall ~~,~~ may not deny an eligible BRS client admission to its program if a vacancy exists within the program at the time of referral and the BRS client meets its agency-approved admission criteria, unless it receives written approval from the referring agency.  
(5) The BRS contractor ~~must~~ ~~may~~ not ~~,~~ and ~~,~~ shall ensure its BRS providers do not ~~,~~ deny an eligible BRS client admission to its program for any of the following reasons:  
(a) The presence or absence of family members to support the placement;  
(b) The race, religion, sexual orientation, color, or national origin of the BRS client involved;  
(c) The BRS client's place of residence; or  
(d) The absence of an identified after-care resource.  
(6) The BRS contractor ~~must, or must~~ shall or shall ensure its BRS provider ~~,~~ notifies the caseworker of its admission decision within ~~5~~ five business days of receiving the BRS client's referral packet ~~,~~ unless an earlier timeframe is required in agency-specific BRS rules. If the BRS provider denies admission to the BRS client, then it ~~must~~ shall provide the caseworker with a written explanation.  
(7) The BRS contractor ~~must, or must~~ shall or shall ensure its BRS provider ~~,~~ maintains documentation (either electronically or in hard copy) of all its admission decisions for BRS clients referred by an agency or BRS contractor, which includes the following:  
(a) The name of the BRS client referred;  
(b) The





AMEND: 410-170-0060

RULE SUMMARY: These administrative rules need to be amended for the Behavior Rehabilitation Services (BRS) program. These rules describe the general program requirements for the BRS program, prior authorization process, services and placement related activities, BRS contractor and BRS provider requirements, reimbursement rates, and compliance and oversight activities.

CHANGES TO RULE:

410-170-0060

Discharge from the BRS Contractor or BRS Provider ¶

(1) ~~Discharge initiated by the BRS client:¶~~

~~(a) The BRS client's participation in the BRS program is voluntary. The BRS contractor must, or ensure its BRS provider, develops and follows a process that allows the BRS client to provide no more than 3 business days advance notice of his or her decision to leave. Planned discharge initiated by the BRS contractor's or BRS provider's program. If the BRS client wants to be discharged from the program, the BRS client is only required to provide the BRS contractor or BRS provider with 3 business days advance notice, or the agency:¶~~

~~(b) If the BRS client wants to be discharged from the program, the BRS client must give the BRS contractor or BRS provider notice that complies with the policy described above. After receiving that notice, the BRS contractor or BRS provider must provide immediate verbal notification within 1 business day to the caseworker and the agency's designated contact and, if applicable, the BRS client's parent, guardian or legal custodian to allow for alternate placement arrangements. The BRS contractor or BRS provider must provide written notification to the caseworker and the agency's designated contact within 1 business day of its verbal notification.¶~~

~~(2) Planned discharge initiated by the BRS contractor, BRS provider, or the agency:¶~~

~~(a) Initiated by the BRS contractor or BRS provider:¶~~

~~(A) The BRS contractor or BRS provider must initiated by the BRS contractor or BRS provider: ¶~~

~~(A) The BRS contractor shall and shall require that its BRS providers notify the caseworker in writing as soon as reasonably practicable regarding its intent to initiate the planned discharge of the BRS client from its program;¶~~

~~(B) Following notification, the BRS contractor or BRS provider and caseworker shall meet to discuss the case. If a discharge date can be agreed upon, the BRS client shall be discharged on that date. If they cannot agree, the caseworker shall remove the BRS client from the program within 30 days from the original written notice to the caseworker, resulting in the BRS client's planned discharge;\_¶~~

~~(b) Initiated by the agency:¶~~

~~(A) The BRS client's caseworker ~~must~~ shall notify the BRS contractor or BRS provider in writing as soon as reasonably practicable regarding the agency's intent to initiate the planned discharge of the BRS client from its program;\_¶~~

~~(B) Following notification, the caseworker and the BRS contractor or BRS provider must meet to discuss the case. If a discharge date can be agreed upon, the BRS client must be discharged on that date. If they cannot agree, the caseworker may remove the BRS client from the program resulting in the BRS client's planned discharge.\_¶~~

~~(3) Emergency Discharge:¶~~

~~(a) Initiated by the BRS contractor or BRS provider:¶~~

~~(A) The BRS contractor or BRS provider may request the immediate discharge of a BRS client from its program if, after contact with the agency staff, there is ~~mutual~~ agreement that the BRS client is a clear and immediate danger to self or others. In such situations, the caseworker must consider the notification a priority and respond to the BRS contractor or BRS provider as soon as practicable but no later than one business day;\_¶~~

~~(B) The BRS contractor ~~or BRS provider and caseworker must~~ shall and shall ensure its BRS providers discuss the BRS client's continuation in, temporary removal from, or discharge from the program;\_¶~~

~~(b) Initiated by the agency: The agency may immediately remove the BRS client from the BRS contractor's or BRS provider's program for any reason, resulting in the BRS client's emergency discharge;\_¶~~

~~(c) Initiated by the parent or guardian: A parent or guardian with appropriate legal authority, as determined by the~~

agency, may immediately remove the BRS client from the BRS contractor's or BRS provider's program, resulting in the BRS client's emergency discharge.¶

(43) Discharge from a particular initiated by the BRS client: ¶

(a) The BRS client may initiate discharge from the BRS provider by submitting a written request to the BRS contractor, BRS provider, or caseworker: ¶

(A) If the request is submitted to the program, the BRS contractor shall or shall ensure its BRS provider submits immediate verbal or written notification to the caseworker and the agency's designated contact and, if applicable, the BRS client's parent, guardian, or legal custodian to allow for alternate placement arrangements:¶

(B) The caseworker or the agency's designated contact shall make alternative placement arrangements within five business days from receiving the request from the BRS client or the notice from the BRS contractor or provider, whichever is earlier.¶

(b) Section (3)(a) of this rule does not apply to clients less than 18 years old in a BRS placement that:¶

(A) Does not meet the definition of a "public institution" in 42 CFR 435.1010; or¶

(B) Meets the definitions of a "publicly operated community residence" or a "child care institution" in 42 CFR 435.1010.¶

(c) Notwithstanding (3)(a) of this rule, the child's legal guardian may commit a child to a BRS placement without the child's consent or over the child's objection (i.e., override the child's decision to leave the BRS program) if the following conditions are met:¶

(A) The child is under the age of 18 and is not legally emancipated or married;¶

(B) The guardian has legal authority to make medical decisions for the child; and¶

(C) The child's placement is not the result of a court determination of delinquency.¶

(4) Discharge from a program does not impact a BRS client's prior authorization for the BRS program generally. A BRS client may be referred to another BRS contractor or BRS provider or request re-referral to the same program, as long as if the prior authorization remains valid and the BRS client remains eligible for the BRS program.¶

(5) Temporary Removal: The agency may temporarily remove the BRS client for any reason without resulting in a discharge from the BRS contractor's or BRS provider's program.¶

(6) Storage of the BRS client's personal property: ¶

(a) The BRS contractor ~~or shall and ensure its~~ BRS provider ~~musts~~ store property belonging to the BRS client in its program for up to 30 days in a secure location following discharge; when the BRS client exits the program without ~~his or her~~ the client's property; ¶

(b) The BRS contractor ~~or shall and ensure its~~ BRS provider ~~musts~~ contact the BRS client's caseworker as soon as possible to make arrangements for the property to be retrieved. ~~If the property has not been retrieved by the 15th day following discharge, the BRS contractor or BRS provider must contact the caseworker once more in order to remind them of the need to retrieve the property by the 30th day.~~

Statutory/Other Authority: ORS 413.042, 414.065

Statutes/Other Implemented: ORS 414.065

AMEND: 410-170-0070

RULE SUMMARY: These administrative rules need to be amended for the Behavior Rehabilitation Services (BRS) program. These rules describe the general program requirements for the BRS program, prior authorization process, services and placement related activities, BRS contractor and BRS provider requirements, reimbursement rates, and compliance and oversight activities.

CHANGES TO RULE:

410-170-0070

BRS Service Planning ¶¶

(1) Initial Service Plan (ISP):¶¶

(a) The BRS contractor or BRS provider must:¶¶

(A) Ensure that a social service staff member completes a written ISP within two business days of the BRS client's admission to its program;¶¶

(B) Provide an opportunity for the following individuals to participate in developing the BRS client's ISP, including but not limited to: the BRS client, the BRS client's family, social service staff, the BRS client's caseworker and any other significant persons involved with the BRS client;¶¶

(C) Obtain and maintain the signatures of all participants or documentation that the individuals listed in section (1)(a)(B) of this rule were provided with the opportunity to participate in developing the ISP;¶¶

(D) Obtain written approval of the ISP prior to its implementation from the caseworker and, as applicable and appropriate, the BRS client and the BRS client's parent, guardian or legal custodian; and¶¶

(E) Provide the services identified in the ISP during the first 45 days in the BRS provider's program or until the MSP is written;¶¶

(b) The BRS contractor or BRS provider must ensure that the ISP is individualized, developmentally appropriate, and based on a thorough assessment of the BRS client's referral information, and include at minimum the following:¶¶

(A) A plan to address specific behaviors identified in the referral information including the intervention to be used;¶¶

(B) A plan for any overnight home visits;¶¶

(C) The anticipated discharge date;¶¶

(D) The anticipated type of placement at discharge;¶¶

(E) A plan to address any needs identified in the referral information;¶¶

(F) Existing orders for medication and any prescribed treatments for medical conditions, mental health conditions, or substance abuse;¶¶

(G) Any type of behavior management system that will be used as an intervention; and¶¶

(H) Specific behavior management needs.¶¶

(2) Assessment and Evaluation Report (AER):¶¶

(a) The BRS contractor or BRS provider must:¶¶

(A) Ensure that a social service staff member conducts a comprehensive assessment of the BRS client and completes a written AER; and¶¶

(B) Submit the written AER to the caseworker within 30 days of the BRS client's admission to its program;¶¶

(b) The BRS contractor or BRS provider must ensure that the AER includes information about the BRS client with regard to the following domains:¶¶

(A) Legal custody and basis for custody;¶¶

(B) Medical information including prescribed medications and dosages;¶¶

(C) Family information including specific cultural factors;¶¶

(D) Mental health information;¶¶

(E) Alcohol and drug use both current and historical;¶¶

(F) Educational needs;¶¶

- (G) Vocational needs;¶¶
- (H) Social living skills; and¶¶
- (I) Placement plans including home visits, anticipated discharge date, and placement resources;¶¶
- (c) The BRS contractor or BRS provider must ensure that the AER describes the following:¶¶
  - (A) Identified problems, reason for referral or placement, and pertinent historical information;¶¶
  - (B) The BRS client's behaviors, response to current services, and strengths and assets;¶¶
  - (C) Significant incidents or interventions or both;¶¶
  - (D) The behavior management level needed for the BRS client, specifically any behavior management needs greater than usual for its program;¶¶
  - (E) Identification of any service goals; and¶¶
  - (F) Identified needs by assessment and history.¶¶
- (d) Abbreviated AERs:¶¶
  - (A) Upon the request of the caseworker, the BRS contractor or BRS provider must submit an abbreviated AER regarding the BRS client's current status by the deadline stated in the written request;¶¶
  - (B) If a BRS client is transferred to the current BRS program from another BRS program and the BRS client's most recent AER is less than 90 days old, the current BRS contractor or BRS provider may submit an abbreviated AER to the caseworker within 30 days of the BRS client's transfer to its program;¶¶
  - (C) The BRS contractor or BRS provider must ensure an abbreviated AER includes at minimum the information in section (2)(b)(A) of this rule and any other specific information requested by the caseworker. If the information is available, the BRS contractor or BRS provider must also include the information in section (2)(b)(B) through (D) of this rule;¶¶
- (3) Master Service Plan (MSP):¶¶
  - (a) The BRS contractor or BRS provider must:¶¶
    - (A) Ensure that a social service staff member completes a written individualized MSP within 45 days of the BRS client's admission to its program;¶¶
    - (B) Provide the opportunity for the individuals listed in section (1)(a)(B) of this rule to participate in developing the BRS client's MSP;¶¶
    - (C) Obtain and maintain the signatures of all participants or documentation that the individuals listed in section (1)(a)(B) of this rule were provided with the opportunity to participate in developing the MSP;¶¶
    - (D) Obtain written approval of the MSP prior to its implementation from the caseworker and, as applicable and appropriate, the BRS client and the BRS client's parent, guardian or legal custodian; and¶¶
    - (E) Provide the services identified in the MSP;¶¶
  - (b) The BRS contractor or BRS provider must ensure that the MSP includes goals that are measurable and attainable within a specified time frame, and address at minimum the following domains where need is indicated by the BRS client's assessment and history:¶¶
    - (A) Legal custody and basis for custody;¶¶
    - (B) Medical information including medications and dosages;¶¶
    - (C) Family information including specific cultural factors;¶¶
    - (D) Mental health information;¶¶
    - (E) Alcohol and drug use both current and historical;¶¶
    - (F) Educational needs;¶¶
    - (G) Vocational needs;¶¶
    - (H) Social living skills;¶¶
    - (I) Placement plans including home visits, anticipated discharge date, and placement resources;¶¶
    - (J) Other needs identified in the BRS client's AER that do not fall in one of the other identified domains above; and¶¶
    - (K) Completion criteria individualized for each BRS client. Completion is defined by progress in acquiring pro-social behaviors, attitudes, and beliefs while in the program, and not engaging in behavior that seriously jeopardizes the safety of staff and other program participants;¶¶

- (c) The BRS contractor or BRS provider must ensure that the MSP is individualized and developmentally appropriate, and includes:¶¶
  - (A) Specifically stated and prioritized service goals for the BRS client that include the caseworker's recommendations and goals that the BRS client wants to achieve;¶¶
  - (B) Specific interventions and services its program shall provide to address each goal, including the use of a behavior management system as an intervention and any behavior management needs that are greater than usual for the program;¶¶
  - (C) Staff responsible for providing the identified services;¶¶
  - (D) Specifically stated behavioral criteria for evaluating the achievement of goals;¶¶
  - (E) A timeframe for the completion of goals;¶¶
  - (F) The method used to monitor the BRS client's progress towards completing goals and the person responsible for monitoring progress; and¶¶
  - (G) Aftercare and transition goals and planning;¶¶
- (d) The BRS contractor or BRS provider must identify in the MSP those needs identified in a BRS client's AER that will be addressed by an outside provider and identify that provider. The BRS contractor or BRS provider must also facilitate the BRS client's access to other providers whenever needs identified in the AER cannot be met within the scope of the services offered by its program;¶¶
- (e) The BRS contractor or BRS provider must also describe in the MSP any plan for the BRS client to participate in overnight home visits, including but not limited to documenting when the home visits are to occur, identifying the frequency of the visits (up to a maximum of 8 days per month), and describing how the visits relate to the BRS client's goals identified in the MSP. The BRS contractor or BRS provider must make every attempt to schedule home visits so that they do not conflict with services. Any deviation from the approved home visit plan requires prior written approval from the agency.¶¶
- (4) Master Service Plan 90 Day Updates:¶¶
  - (a) The BRS contractor or BRS provider must:¶¶
    - (A) Ensure that a social service staff member reviews and updates in writing the BRS client's MSP no later than 90 days from the date the MSP was first finalized or the last time it was updated, and every 90 days thereafter. Social service staff must review the MSP, and update it in writing if necessary, earlier whenever additional information becomes available that suggests that other services should be provided;¶¶
    - (B) Provide the opportunity for the individuals listed in section (1)(a)(B) of this rule to participate in developing the BRS client's MSP updates;¶¶
    - (C) Obtain and maintain the signatures of all participants or documentation that the individuals listed in section (1)(a)(B) of this rule were provided with the opportunity to participate in developing the MSP updates;¶¶
    - (D) Obtain written approval of an updated MSP prior to its implementation from the caseworker and, as applicable and appropriate, the BRS client and the BRS client's parent, guardian or legal custodian; and¶¶
    - (E) Provide the services identified in the most recent MSP update;¶¶
  - (b) The BRS contractor or BRS provider must ensure that the written update to the MSP is individualized and developmentally appropriate, and includes at minimum the following:¶¶
    - (A) The BRS client's progress towards achieving service goals;¶¶
    - (B) The BRS client's performance on the behavior management system;¶¶
    - (C) The BRS client's performance on any individualized plans developed to address specific behaviors;¶¶
    - (D) Any modifications to services based on the BRS client's new behaviors or identified needs;¶¶
    - (E) Any changes regarding recommendations, the discharge date, or aftercare and transition plans; and¶¶
    - (F) A summary of incidents involving the BRS client that have occurred since the last time the MSP was updated.¶¶
- (5) Aftercare and Transition Plan (ATP):¶¶
  - (a) The BRS contractor or BRS provider must:¶¶
    - (A) Ensure that a social service staff member develops and completes a written ATP at least 30 days prior to or as close as possible to the BRS client's planned discharge;¶¶
    - (B) Provide the opportunity for the individuals listed in section (1)(a)(B) of this rule and members of the service

planning team to participate in developing the BRS client's written ATP;¶

(C) Obtain and maintain the signatures of all participants or documentation that the individuals listed in section (1)(a)(B) of this rule and members of the service planning team were provided with the opportunity to participate in developing the written ATP;¶

(D) Provide a copy of the written ATP to the individuals described in section (1)(a)(B) of this rule and members of the service planning team; and¶

(E) Obtain written approval of the written ATP from the caseworker and, as applicable and appropriate, the BRS client and the BRS client's parent, guardian or legal custodian;¶

(b) The BRS contractor or BRS provider must ensure that the written ATP describe how the BRS client will successfully transition from its program to the community, specifically addressing the period of 90 days after discharge from its program. The BRS contractor or BRS provider must ensure that the written ATP includes, at minimum, the following:¶

(A) Identification of the BRS client's individual needs and unmet goals;¶

(B) Identification of the aftercare services and supports outside of its program that will be available for the 90-day time period;¶

(C) Identification of the person or entity responsible for providing the aftercare services; and¶

(D) Schedule for regular telephone contact by BRS provider staff with the BRS client and, as applicable, the BRS client's family, caseworker or other identified significant persons;¶

(c) The BRS contractor or BRS provider shall not be required to provide an initial and final written ATP under the following circumstances:¶

(A) The agency, legal guardian, or custodian removes the BRS client from the program with little or no advance notice and in a manner not in accordance with the existing ATP;¶

(B) The BRS client is discharged from the program on an emergency basis due to the BRS client's behavior, runaway status without a plan to return to the program, or transfer to another program or higher level of care; or¶

(C) The BRS client initiates an immediate voluntary discharge from the program.¶

(6) Discharge Summary: The BRS contractor or BRS provider must ensure that a social service staff member completes and provides a written discharge summary to the caseworker within 15 days following the BRS client's planned or actual discharge from its program. The discharge summary must include the BRS client's progress towards service goals.¶

(7) Aftercare Summary: The BRS contractor or BRS provider must ensure that a social service staff member completes and provides a written aftercare summary to the caseworker within 120 days following the BRS client's discharge from its program. An aftercare summary is not required if the BRS provider was not required to complete an ATP. The aftercare summary must summarize the BRS client's status and progress on the ATP for the 90 days following the BRS client's discharge from the BRS provider, including but not limited to the BRS client's adjustment to the community and any further recommendations.¶

(8) Notwithstanding sections (5) through (7) of this rule, the BRS contractor or BRS provider is not required to complete an ATP, discharge summary and aftercare summary for the BRS clients receiving services and placement related activities in the following BRS types of care:¶

(a) Shelter, Assessment and Evaluation;¶

(b) Intensive Community Care; and¶

(c) Independent Living Service.¶

(9) Independent Living Program: A BRS contractor or BRS provider that provides services and placement related activities in an Independent Living Program:¶

(a) Is not required to complete an ISP, AER, ATP, and aftercare summary for the BRS clients in its program, notwithstanding sections (1), (2) and (5) through (7) of this rule; and¶

(b) Must complete an MSP, the MSP updates and a discharge summary for the BRS clients in its program consistent with the requirements in sections (3) and (4) of this rule, and the additional requirements for a master service plan – transition and the master service plan – transition updates as described in OAR 416-335-0060.¶

(10) Short-Term Stabilization Program: A BRS contractor or BRS provider that provides services and placement

related activities in a Short-Term Stabilization Program:¶¶

(a) Is not required to complete an ISP and aftercare summary for the BRS clients in its program, notwithstanding sections (1) and (7) of this rule;¶¶

(b) Must complete an AER for the BRS clients in its program consistent with the requirements in section (2) of this rule, except in cases where the BRS client is not expected to remain in its program for more than 30 days;¶¶

(c) Must complete an ATP for the BRS clients in its program consistent with the requirements in section (5) of this rule except for those in section (5)(b)(D), and must complete the additional requirements for an aftercare and transition plan—stabilization in OAR 416-335-0070 for BRS clients who are being discharged home or into a non-BRS foster care placement; and¶¶

(d) Must complete a MSP and the MSP updates for the BRS clients in its program consistent with the requirements in sections (3) and (4) of this rule, and the additional requirements for a master service plan—stabilization and the master service plan—stabilization updates as described in OAR 416-335-0070.¶¶

(11) Documentation: The BRS contractor or BRS provider must ¶¶

(a) A BRS contractor that provides services and placement-related activities in a Shelter, Community Step-down, Independent Living program, Enhanced Structure Independent Living program, Proctor Care, Proctor Enhanced Services, Assessment and Evaluation, Basic Residential, Basic Rehabilitation, Intensive Residential, Intensive Rehabilitation, or Intensive Behavioral Support program shall and shall require that its BRS providers:¶¶

(A) Ensure that a social service staff member completes a written ISP within two business days of the BRS client's admission to its program; ¶¶

(B) Provide an opportunity for the following individuals to participate in developing the BRS client's ISP, including but not limited to the client, the client's family, social service staff, the client's caseworker, and any other significant individuals involved with the client; ¶¶

(C) Obtain and maintain documentation that the individuals listed in section (1)(a)(B) of this rule were provided with the opportunity to participate in developing the ISP; ¶¶

(D) Obtain written approval of the ISP prior to its implementation from the caseworker and, as applicable and appropriate, the BRS client and the BRS client's parent, guardian, or legal custodian; and ¶¶

(E) Provide the services identified in the ISP during the first 45 days in the BRS provider's program or until the MSP is written. ¶¶

(b) The BRS contractor shall and shall require that its BRS provider ensure that the ISP is individualized, developmentally appropriate, based on a thorough assessment of the BRS client's referral information, and include at minimum the following: ¶¶

(A) A plan to address specific behaviors and needs identified in the referral information including the intervention to be used; ¶¶

(B) A plan for any overnight home visits and transitional visits; ¶¶

(C) The anticipated discharge date; ¶¶

(D) The anticipated type of placement at discharge; ¶¶

(E) Existing orders for medication and any prescribed treatments for medical conditions, mental health conditions, or substance abuse; ¶¶

(F) Any type of behavior management system that is used as an intervention; and ¶¶

(G) A plan for behavior management needs if needs are greater than usual for the program. ¶¶

(2) Assessment and Evaluation Report (AER): ¶¶

(a) A BRS contractor that provides services and placement-related activities in a Shelter, Community Step-Down, Proctor Care, Proctor Enhanced Services, Assessment and Evaluation, Basic Residential, Basic Rehabilitation, Intensive Residential, Intensive Rehabilitation, Short-term Stabilization, or Intensive Behavioral Support program shall and shall require that its BRS providers:¶¶

(A) Ensure that a social service staff member conducts a comprehensive assessment of the BRS client and completes a written AER; and ¶¶

(B) Submit the written AER to the caseworker within 45 days of the BRS client's admission to its program. ¶¶

(b) The BRS contractor or BRS provider must ensure that the AER includes information about the BRS client

regarding the following domains: ¶

(A) Legal custody and basis for custody: ¶

(B) Medical information including prescribed medications and dosages: ¶

(C) Family information including specific cultural factors: ¶

(D) Mental health information: ¶

(E) Alcohol and drug use both current and historical: ¶

(F) Educational needs: ¶

(G) Vocational needs: ¶

(H) Social living skills; and ¶

(I) Placement plans including home visits, transitional visits, anticipated discharge date, and placement resources.

¶

(c) The BRS contractor shall and shall require that its BRS provider ensure that the AER describes the following: ¶

(A) Identified problems, reason for referral or placement, and pertinent historical information: ¶

(B) The BRS client's behaviors, response to current services, and strengths and assets: ¶

(C) Significant incidents or interventions or both: ¶

(D) A plan for behavior management needs if needs are greater than usual for the program: ¶

(E) Identification of any service goals; and ¶

(F) Identified needs by assessment and history. ¶

(d) Abbreviated AERs: ¶

(A) If a BRS client is transferred to the current BRS program from another BRS program and the client's most recent AER is less than 90 days old, the current BRS contractor or BRS provider may submit an abbreviated AER to the caseworker within 30 days of the client's transfer to its program instead of the AER required in section (2) of this rule: ¶

(B) The BRS contractor shall and shall require that its BRS provider ensure that an abbreviated AER includes at minimum the information in section (2)(b)(A) of this rule and any other specific information requested by the caseworker. If the information is available, the contractor or provider must also include the information in section (2)(b)(B) through (D) of this rule. ¶

(3) Master Service Plan (MSP): ¶

(a) A BRS contractor that provides services and placement-related activities in a Shelter, Community Step Down, Proctor Care, Proctor Enhanced Services, Assessment and Evaluation, Basic Residential, Rehabilitation, Intensive Residential, Intensive Rehabilitation, or Intensive Behavioral Support program shall and shall require that its BRS provider: ¶

(A) Ensure that a social service staff member completes a written individualized MSP within 45 days of the BRS client's admission to its program: ¶

(B) Provide the opportunity for the individuals listed in section (1)(a)(B) of this rule to participate in developing the BRS client's MSP; ¶

(C) Obtain and maintain documentation that the individuals listed in section (1)(a)(B) of this rule were provided with the opportunity to participate in developing the MSP; ¶

(D) Obtain written approval of the MSP prior to its implementation from the caseworker and, as applicable and appropriate, the BRS client and the BRS client's parent, guardian, or legal custodian; and ¶

(E) Provide the services identified in the MSP. ¶

(b) The BRS contractor shall and shall require that its BRS provider ensure that the MSP includes goals that are measurable and attainable within a specified time frame and address at minimum the following domains where need is indicated by the BRS client's assessment and history: ¶

(A) Legal custody and basis for custody: ¶

(B) Medical information including medications and dosages: ¶

(C) Family information including specific cultural factors: ¶

(D) Mental health information: ¶

(E) Alcohol and drug use both current and historical: ¶



(F) Educational needs; ¶

(G) Vocational needs; ¶

(H) Social living skills; ¶

(I) Placement plans including home visits, transitional visits, anticipated discharge date, and placement resources; ¶

(J) Other needs identified in the BRS client's AER that do not fall in one of the other identified domains above; and ¶

(K) Completion criteria individualized for each BRS client. Completion is defined by progress in acquiring pro-social behaviors, attitudes, and beliefs while in the program, and not engaging in behavior that seriously jeopardizes the safety of staff and other program participants. ¶

(c) The BRS contractor or BRS provider must ensure that the MSP is individualized and developmentally appropriate and includes: ¶

(A) Specifically stated and prioritized service goals for the BRS client that include the caseworker's recommendations and goals that the BRS client wants to achieve; ¶

(B) Specific interventions and services its program shall provide to address each goal, including the use of a behavior management system as an intervention and a plan for behavior management needs if needs are greater than usual for the program; ¶

(C) Staff responsible for providing the identified services; ¶

(D) Specifically stated behavioral criteria for evaluating the achievement of goals; ¶

(E) A timeframe for the completion of goals; ¶

(F) The method used to monitor the BRS client's progress towards completing goals; and (G) Aftercare and transition goals and planning. ¶

(d) The BRS contractor shall and shall require that its BRS provider clearly list in the MSP those needs identified in a BRS client's AER that are to be addressed by an outside provider and then identify the outside provider that will be responsible for addressing those needs. The BRS contractor shall also, and shall require that its BRS provider facilitate the BRS client's access to other providers whenever needs identified in the AER cannot be met within the scope of the services offered by its program; ¶

(e) The BRS contractor shall and shall require that its BRS provider also describe in the MSP any plan for the BRS client to participate in overnight home visits or transitional visits, including but not limited to documenting when the home visits or transitional visits are to occur, identifying the frequency of the visits (up to a maximum of eight days per month for a combination of home visits and transitional visits), and describing how the visits relate to the BRS client's goals identified in the MSP. The BRS contractor shall and shall require that its BRS provider make every attempt to schedule home visits and transitional visits so that they do not conflict with services. Any deviation from the approved home visit and transitional visit plan requires prior written approval from the agency. ¶

¶

(4) Master Service Plan 90 Day Updates: ¶

(a) A BRS contractor that provides services and placement-related activities in a Shelter, Community Step Down, Proctor Care, Proctor Enhanced Services, Assessment and Evaluation, Basic Residential, Rehabilitation, Intensive Residential, Intensive Rehabilitation, or Intensive Behavioral Support program shall and shall require that its BRS provider: ¶

(A) Ensure that a social service staff member reviews and updates in writing the BRS client's MSP no later than 90 days from the date the MSP was first finalized or the last time it was updated and every 90 days thereafter. Social service staff must review the MSP and update it in writing if necessary, earlier whenever additional information becomes available that suggests that other services should be provided; ¶

(B) Provide the opportunity for the individuals listed in section (1)(a)(B) of this rule to participate in developing the BRS client's MSP updates; ¶

(C) Obtain and maintain documentation that the individuals listed in section (1)(a)(B) of this rule were provided with the opportunity to participate in developing the MSP updates; ¶

(D) Obtain written approval of an updated MSP prior to its implementation from the caseworker and, as applicable

and appropriate, the BRS client and the BRS client's parent, guardian, or legal custodian; and ¶

(E) Provide the services identified in the most recent MSP update. ¶

(b) The BRS contractor shall and shall require that its BRS provider ensure that the written update to the MSP is individualized and developmentally appropriate and includes at minimum the following: ¶

(A) The BRS client's progress towards achieving service goals; ¶

(B) The BRS client's performance on the behavior management system; ¶

(C) The BRS client's performance on any individualized plans developed to address specific behaviors; ¶

(D) Any modifications to services based on the BRS client's new behaviors or identified needs; ¶

(E) Any changes regarding recommendations, the discharge date, or aftercare and transition plans; and ¶

(F) A summary of incidents involving the BRS client that have occurred since the last time the MSP was updated. ¶

(5) Aftercare and Transition Plan (ATP): ¶

(a) A BRS contractor that provides services and placement-related activities in Community Step Down, Proctor Care, Proctor Enhanced Services, Basic Residential, Rehabilitation, Intensive Residential, Intensive Rehabilitation, or Intensive Behavioral Support shall and shall require that its BRS provider: ¶

(A) Ensure that a social service staff member develops and completes a written ATP at least 30 days prior to, or when there is insufficient notice, as close as possible to 30 days prior to the BRS client's planned discharge; ¶

(B) Provide the opportunity for the individuals listed in section (1)(a)(B) of this rule and members of the service planning team to participate in developing the BRS client's written ATP; ¶

(C) Obtain and maintain documentation that the individuals listed in section (1)(a)(B) of this rule and members of the service planning team were provided with the opportunity to participate in developing the written ATP; ¶

(D) Provide a copy of the written ATP to the individuals described in section (1)(a)(B) of this rule and members of the service planning team; and ¶

(E) Obtain written approval of the written ATP from the caseworker and, as applicable and appropriate, the BRS client and the BRS client's parent, guardian, or legal custodian. ¶

(b) The BRS contractor shall and shall require that its provider ensure that the written ATP describes how the BRS client will successfully transition from its program to the community, specifically addressing the period of 90 days after discharge from its program. The BRS contractor or BRS provider must ensure that the written ATP includes, at minimum, the following: ¶

(A) Identification of the BRS client's individual needs and unmet goals; ¶

(B) Identification of the aftercare services and supports outside of its program that will be available for the 90-day time-period; ¶

(C) Identification of the individual or entity responsible for providing the aftercare services; and ¶

(D) Schedule for regular telephone contact by BRS provider staff with the BRS client and, as applicable, the client's family, caseworker, or other identified significant individuals. ¶

(c) The BRS contractor or BRS provider shall not be required to provide an initial and final written ATP under the following circumstances: ¶

(A) The agency, legal guardian, or custodian removes the BRS client from the program with little or no notice and in a manner not in accordance with the existing ATP; ¶

(B) The BRS client is discharged from the program on an emergency basis due to the BRS client's behavior, runaway status without a plan to return to the program, or transfer to another program or higher level of care; or ¶

(C) The BRS client initiates an immediate voluntary discharge from the program. ¶

(6) For a discharge summary, a BRS contractor that provides services and placement-related activities in a Shelter, Community Step-down, Independent Living program, Enhanced Structure Independent Living program, Proctor Care, Proctor Enhanced Services, Assessment and Evaluation, Basic Residential, Rehabilitation Services, Intensive Residential, Intensive Rehabilitation, or Intensive Behavioral Support program shall and shall require that its provider ensure that a social service staff member completes and provides a written discharge summary to the caseworker within 15 days following the BRS client's planned or actual discharge from its program. The discharge summary must include the BRS client's progress towards service goals. ¶

(7) Aftercare Summary:¶¶

(a) A BRS contractor that provides services and placement-related activities in a Community Step-down, Proctor Care, Proctor Enhanced Services, Basic Residential, Rehabilitation Services, Intensive Residential, Intensive Rehabilitation, and Intensive Behavioral Support program shall and shall require that its provider:¶¶

(A) Ensure that a social service staff member completes and provides a written aftercare summary to the caseworker within 120 days following the BRS client's discharge from its program; ¶¶

(B) Summarize the BRS client's status and progress on the ATP for the 90 days following the client's discharge from the BRS provider, including but not limited to the client's adjustment to the community and any further recommendations;¶¶

(b) An aftercare summary is not required if the BRS provider was not required to complete an ATP under circumstances listed in section (5)(c)(A)(B)(C) of this rule.¶¶

(8) Master Service Plan - Transition (MSP-T):¶¶

(a) A BRS contractor that provides services and placement-related activities in an Independent living program or Enhanced Structure Independent Living program shall and shall require that its provider: ¶¶

(A) Ensure that the transition facilitator completes with the BRS client a standardized assessment of independent living skills prior to the development of the MSP-T;¶¶

(B) Ensure that a transition facilitator in collaboration with the BRS client completes a written MSP-T within 30 days of the BRS client's admission to the program;¶¶

(C) Provide the services identified in the MSP-T;¶¶

(D) Provide the opportunity for the individuals listed in section (1)(a)(B) of this rule to participate in developing the BRS client's MSP-T;¶¶

(E) Ensure the MSP-T is individualized and developmentally appropriate and includes:¶¶

(i) Specifically stated and prioritized service goals for the BRS client that include the caseworker's recommendations and goals that the BRS client wants to achieve; ¶¶

(ii) Specific interventions and services the program shall provide to address each goal, including the use of a behavior management system as an intervention and a plan for behavior management needs if needs are greater than usual for the program; ¶¶

(iii) Staff responsible for providing the identified services; ¶¶

(iv) Specifically stated behavioral criteria for evaluating the achievement of goals; ¶¶

(v) A timeframe for the completion of goals; ¶¶

(vi) The method used to monitor the BRS client's progress towards completing goals.¶¶

(b) The BRS contractor shall or shall require that its BRS provider obtain and maintain documentation that the individuals listed in section (1)(a)(B) of this rule were provided with the opportunity to participate in developing the MSP-T; ¶¶

(c) The BRS contractor shall or shall require that its BRS provider obtain and maintain written approval of the MSP-T prior to its implementation from the caseworker and, as applicable and appropriate, the BRS client and the client's parent, guardian, or legal custodian; ¶¶

(d) The BRS contractor shall or shall require that its BRS provider ensure that the MSP-T includes goals that are measurable and attainable within a specified time frame and address at minimum the following domains where need is indicated by an assessment of the BRS client's referral information and history: ¶¶

(A) Legal custody and basis for custody;¶¶

(B) Medical information including medications and dosages;¶¶

(C) Family information including specific cultural factors;¶¶

(D) Mental health information; ¶¶

(E) Alcohol and drug use including relapse prevention;¶¶

(F) Educational needs;¶¶

(G) Vocational needs;¶¶

(H) Placement plans including home visits, transitional visits, anticipated discharge date, and placement resources;¶¶

- (I) Social living skills needs, including barriers to building healthy social support, recreation, and community connection or membership (including planning for supportive relationships):¶
- (J) Independent living skills needs, which may include barriers regarding the use of technology, finances, and consumer awareness, transportation planning and responsibility, and free-time supervision and structure.¶
- (9) Master Service Plan - Transition 30-day Updates:¶
  - (a) The BRS contractor of an Independent Living or Enhanced Structure Independent Living program shall and shall require that its BRS provider:¶
    - (A) Ensure that the transition facilitator in collaboration with the BRS client reviews and updates in writing the BRS client's MSP-T no later than 30 days from the date the MSP-T was first finalized or the last time it was updated and every 30 days thereafter:¶
    - (B) Provide an opportunity for the individuals listed in section (1)(a)(B) of this rule to participate in developing the BRS client's MSP-T update:¶
    - (C) Obtain and maintain documentation that the individuals listed in section (1)(a)(B) of this rule were provided with the opportunity to participate in developing the MSP-T updates: ¶
    - (D) Obtain written approval of an MSP-T update prior to its implementation from the caseworker and, as applicable and appropriate, the BRS client and the BRS client's parent, guardian, or legal custodian; and ¶
    - (E) Provide the services identified in the most recent MSP-T update. ¶
  - (b) The BRS contractor or BRS provider must ensure that the written MSP-T update is individualized and developmentally appropriate and includes at minimum the following: ¶
    - (A) The BRS client's progress towards achieving service goals; ¶
    - (B) The BRS client's performance on the behavior management system; ¶
    - (C) The BRS client's performance on any individualized plans developed to address specific behaviors; ¶
    - (D) Any modifications to services based on the BRS client's new behaviors or identified needs; ¶
    - (E) Any changes regarding recommendations, the discharge date, or aftercare and transition plans; and ¶
    - (F) A summary of incidents involving the BRS client that have occurred since the last MSP-T update. ¶
- (10) For an Initial Service Plan - Stabilization (ISP-S), a BRS contractor that provides services and placement-related activities in a Short-term Stabilization program shall or shall require that its BRS provider: ¶
  - (a) Ensure that a social service staff completes a written ISP-S within two business days of the BRS client's admission to the program:¶
  - (b) Provide an opportunity for the individuals listed in section (1)(a)(B) of this rule to participate in developing the BRS client's ISP-S:¶
  - (c) Obtain and maintain documentation that the individuals listed in section (1)(a)(B) of this rule were provided with the opportunity to participate in developing the ISP-S: ¶
  - (d) Obtain written approval of the ISP-S prior to its implementation from the caseworker and, as applicable and appropriate, the BRS client and the BRS client's parent, guardian, or legal custodian; ¶
  - (e) Provide the services identified in the ISP-S during the BRS client's first 30 days in the program.¶
  - (f) Ensure that the ISP-S is individualized, developmentally appropriate, and based on a thorough assessment of the BRS client's referral information, and includes at minimum the following:¶
    - (A) A plan to address specific behaviors and needs identified in the referral information including the intervention to be used:¶
    - (B) A plan for any overnight home visits and transitional visits:¶
    - (C) The anticipated discharge date:¶
    - (D) The anticipated type of placement at discharge:¶
    - (E) Existing orders for medication and any prescribed treatments for medical conditions, mental health conditions, or substance abuse:¶
    - (F) Any type of behavior management system used as an intervention; ¶
    - (G) A plan for behavior management needs if needs are greater than usual for the program:¶
    - (H) Objectives for placement as described by the caseworker; and¶
  - (I) Goals that are measurable and attainable within the first 30 days of the BRS client's placement in the BRS

program.¶

(11) Assessment and Evaluation Report - Stabilization (AER-S):¶

(a) A BRS contractor that provides services and placement-related activities in a short-term stabilization program shall and shall require that its BRS provider ensure a social service staff member conducts an assessment of each BRS client who is expected to remain in the program for more than 30 days:¶

(b) After conducting the assessment, the staff member shall submit a written AER-S to the BRS client's caseworker within 30 days from the date the client was admitted into the program. The written AER-S shall include the following information about the BRS client:¶

(A) A summary of the client's problems and needs, the reason for referral or placement, and any pertinent historical information:¶

(B) Identified reasons for behavioral instability:¶

(C) Summary of BRS client's readiness for return to previous placement or recommended placement:¶

(D) The BRS client's behaviors, response to current services, and strengths and assets:¶

(E) Assessment of BRS client's characteristics that may require service delivery modifications to ensure successful participation in BRS services:¶

(F) Significant incidents or interventions or both:¶

(G) A plan for behavior management needs if needs are greater than usual for the program, if applicable.¶

(c) The BRS program is not required to conduct an assessment or submit a written AER-S, as described in section (11)(b) of this rule, when the BRS client is expected to remain in the program for 30 days or less.¶

(12) Master Service Plan - Stabilization (MSP-S):¶

(a) The BRS contractor of a short-term stabilization program shall and shall require that its BRS provider:¶

(A) Ensure that a social service staff completes a written MSP-S within 30 days of the BRS client's admission to the program:¶

(B) Provide an opportunity for the individuals listed in section (1)(a)(B) of this rule to participate in developing the BRS client's MSP-S:¶

(C) Obtain and maintain documentation that the individuals listed in section (1)(a)(B) of this rule were provided with the opportunity to participate in developing the MSP-S:¶

(D) Obtain written approval of the MSP-S prior to its implementation from the caseworker and, as applicable and appropriate, the BRS client and the BRS client's parent, guardian, or legal custodian:¶

(E) Ensure that the MSP-S is individualized and based on the BRS client's needs identified in the AER-S:¶

(F) Provide the services identified in the current MSP-S.¶

(b) The BRS contractor of a short-term stabilization program shall and shall require that its BRS provider ensure that the MSP-S describes the following:¶

(A) Specifically stated and prioritized service goals for the BRS client based on the AER-S that include the caseworker's recommendations and goals that the BRS client wants to achieve:¶

(B) Medical information including medications and dosages.¶

(c) The BRS contractor of a short-term stabilization program shall and shall require that its BRS provider ensure that the MSP-S is individualized and developmentally appropriate and includes:¶

(A) Specific interventions and services its program shall provide to address each goal, including the use of a behavior management system as an intervention and a plan for behavior management needs if needs are greater than usual for the program:¶

(B) Staff responsible for providing the identified services:¶

(C) Specifically stated behavioral criteria for evaluating the achievement of goals:¶

(D) A timeframe for the completion of goals:¶

(E) The method used to monitor the BRS client's progress towards completing goals:¶

(F) Aftercare and transition goals and planning, including anticipated discharge date and placement resource:¶

(G) Completion criteria individualized for each BRS client. Completion is defined by progress in acquiring pro-social behaviors, attitudes, and beliefs while in the program and not engaging in behavior that seriously jeopardizes the safety of staff and other program participants.¶

(d) For the Assessment and Evaluation Report, the BRS contractor of a short-term stabilization program shall and shall require its BRS provider to identify in the MSP-S those needs identified in a BRS client's AER-S that will be addressed by an outside provider and identify that provider. The BRS contractor shall and shall require that its BRS provider facilitate the BRS client's access to other providers whenever needs identified in the AER-S cannot be met within the scope of the services offered by its program;¶

(e) The BRS contractor of a Short-term Stabilization program shall and shall require that its BRS provider describe in the MSP-S any plan for the BRS client to participate in overnight home visits and transitional visits, including but not limited to documenting when the home visits and transitional visits are to occur, identifying the frequency of the visits (up to a maximum of eight days per month), and describing how the visits relate to the BRS client's goals identified in the MSP-S. The BRS contractor shall and shall require that its BRS provider make every attempt to schedule home and transitional visits so that they do not conflict with services. Any deviation from the approved home visit and transitional visit plan requires prior written approval from the BRS client's caseworker.¶

(13) Master Service Plan - Stabilization Updates (MSP-S):¶

(a) The BRS contractor of a Short-term Stabilization program shall and shall require that its BRS provider:¶

(A) Ensure that a social service staff member reviews and updates in writing the BRS client's MSP-S no later than 30 days from the date the MSP-S was first finalized or the last time it was updated and every 30 days thereafter. Social service staff must review the MSP-S and update it in writing earlier, if necessary, whenever additional information becomes available that suggests that other services should be provided;¶

(B) Provide the opportunity for the individuals listed in section (1)(a)(B) of this rule to participate in developing the BRS client's MSP-S updates;¶

(C) Obtain and maintain documentation that the individuals listed in section (1)(a)(B) of this rule were provided with the opportunity to participate in developing the MSP updates;¶

(D) Obtain written approval of an updated MSP-S prior to its implementation from the caseworker and, as applicable and appropriate, the BRS client and the BRS client's parent, guardian, or legal custodian; and¶

(E) Provide the services identified in the most recent MSP-S update.¶

(b) The BRS contractor of a Short-term Stabilization program shall and shall require that its BRS provider ensure that the written update to the MSP-S is individualized and developmentally appropriate and includes at minimum the following:¶

(A) The BRS client's progress towards achieving service goals;¶

(B) The BRS client's performance on the behavior management system;¶

(C) Any modifications to services based on the BRS client's new behaviors or identified needs;¶

(D) Any changes regarding recommendations, the discharge date, or aftercare and transition plans; and¶

(E) A summary of incidents involving the BRS client that have occurred since the last time the MSP-S was updated.¶

(14) Aftercare and Transition Plan - Stabilization (ATP-S):¶

(a) The BRS contractor of a Short-term Stabilization program shall and shall require that its BRS provider:¶

(A) Ensure that a social service staff member develops and completes a written ATP-S at least 30 days prior to or as close as possible to the BRS client's planned discharge;¶

(B) Provide the opportunity for the individuals listed in section (1)(a)(B) of this rule and members of the service planning team to participate in developing the BRS client's written ATP-S;¶

(C) Obtain and maintain documentation that the individuals listed in section (1)(a)(B) of this rule and members of the service planning team were provided with the opportunity to participate in developing the written ATP-S;¶

(D) Provide a copy of the written ATP-S to the individuals described in section (1)(a)(B) of this rule and members of the service planning team; and¶

(E) Obtain written approval of the written ATP-S from the caseworker and, as applicable and appropriate, the BRS client and the client's parent, guardian, or legal custodian.¶

(b) The BRS contractor of a short-term stabilization program shall and shall require that its BRS provider ensure that the written ATP-S describes how the BRS client is successfully transitioning from its program to the community, specifically addressing the period of 90 days after discharge from its program. The BRS contractor

shall and shall require that its BRS provider ensure that the written ATP-S includes, at minimum, the following:¶¶

(A) Identification of the BRS client's individual needs and unmet goals:¶¶

(B) Identification of the aftercare services and supports outside of its program that are available for the 90-day time-period:¶¶

(C) Identification of the individual or entity responsible for providing the aftercare services.¶¶

(c) The BRS contractor of a short-term stabilization program shall and shall require that its BRS provider complete an ATP-S for BRS clients who are being discharged home or into a non-BRS foster care placement:¶¶

(d) The BRS contractor or BRS provider of a short-term stabilization program shall not be required to provide a written ATP-S under the following circumstances:¶¶

(A) The agency, legal guardian, or custodian removes the BRS client from the program with little or no notice and in a manner not in accordance with the current service plan:¶¶

(B) The BRS client is discharged from the program on an emergency basis due to the BRS client's behavior, runaway status without a plan to return to the program, or transfer to another program or higher level of care; or¶¶

(C) The BRS client initiates an immediate voluntary discharge from the program.¶¶

(15) The BRS contractor shall and shall require that its BRS provider ensure that all BRS service plans described in this rule are developed and maintained in the BRS client's case file in accordance with the timeframes and criteria in this rule, unless otherwise exempted.

Statutory/Other Authority: ORS 413.042, 414.065

Statutes/Other Implemented: ORS 414.065

RULE SUMMARY: These administrative rules need to be amended for the Behavior Rehabilitation Services (BRS) program. These rules describe the general program requirements for the BRS program, prior authorization process, services and placement related activities, BRS contractor and BRS provider requirements, reimbursement rates, and compliance and oversight activities.

CHANGES TO RULE:

410-170-0080

Services ¶

(1) ~~The BRS contractor shall and shall require that its BRS provider must provide services to the BRS client in accordance with the BRS client's ISP or MSP.~~ ¶

~~(2) All services must be service plan.~~ ¶

~~(2) BRS contractor staff shall and shall require that its BRS provider staff structured and directly supervised by the BRS contractor or BRS provider's staff, all services.~~ ¶

~~(3) Types of Services:~~ ¶

~~(a) Milieu Therapy:~~ ¶

~~(A) The BRS contractor shall and shall require that its BRS provider provide the BRS client structured activities and planned interventions designed to normalize psycho-social development, promote safety, stabilize environment, and assist in responding in developmentally appropriate ways;~~ ¶

~~(B) The program's staff shall monitor the BRS client in these activities, which include developmental, recreational, academic, rehabilitative, or other productive work;~~ ¶

~~(3C) Types of Services: Milieu therapy occurs in concert with one of the other types of services. Because milieu therapy must occur in concert with another BRS service, the BRS contractor may not and shall ensure that its provider does not count milieu therapy in the number of hours of BRS services provided to the BRS client per week.~~ ¶

~~(ab) For crisis counseling: T, the BRS contractor shall or shall require that its BRS provider provides the BRS client with counseling on a 24-hour basis in order to stabilize the BRS client's behavior until the problem can be resolved or assessed and treated by a qualified mental health professional or licensed medical practitioner;~~ ¶

~~(bc) For individual and group counseling: T, the BRS contractor shall or shall require that its BRS provider provides face-to-face individual or group counseling sessions to the BRS client which that are designed to remediate the problem behaviors identified in the BRS client's ISP or MSP;~~ ¶

~~(c) Milieu therapy: The BRS contractor or BRS provider provides the BRS client with structured activities and planned interventions designed to normalize psycho-social development, promote safety, stabilize environment, and assist in responding in developmentally appropriate ways. The program's staff must monitor the BRS client in these activities, which include developmental, recreational, academic, rehabilitative, or other productive work. Milieu therapy occurs in concert service plan;~~ ¶

~~(d) For parent training, the BRS contractor shall or shall require that with one of the other types of services;~~ ¶

~~(d) Parent training: Direct care staff or social service staffs BRS provider provide planned activities or interventions (face-to-face or by telephone) to the BRS client's family or identified aftercare resource family. Parent training is designed to assist the family in identifying the specific needs of the BRS client, to support the BRS client's efforts to change, and to improve and strengthen parenting knowledge or skills indicated in the ISP or MSP service plan as being necessary for the BRS client to return home or to another community living resource;~~ ¶

~~(e) For skills-training: T, the BRS contractor shall or shall require that its BRS provider provides the BRS client with planned, curriculum-based individual or group sessions using evidence-based or evidence-informed approaches or models designed to improve specific areas of functioning in the BRS client's daily living as identified in the ISP or MSP service plan. Skills-training may be designed to develop appropriate social and emotional behaviors, improve peer and family relationships, improve self-care, encourage conflict resolution, reduce aggression, improve anger control, and reduce or eliminate impulse and conduct disorders;~~ ¶



- (4) The BRS contractor ~~or shall or shall require its BRS provider must to:~~ ¶
- (a) Provide a combination of services necessary to comply with the BRS client's ~~ISP or MSP~~ service plan and the requirements in OAR 410-170-0090 for the appropriate BRS type of care; ¶
  - (b) Create and maintain written documentation describing the services provided to each BRS client ~~which that~~ includes at a minimum the following information: ¶
    - (A) Name of the BRS client; ¶
    - (B) Date of service; ¶
    - (C) Name and position of the staff member providing the service to the BRS client; ¶
    - (D) Length of time staff spent providing the service to the BRS client; ¶
    - (E) Description of the service provided; and ¶
    - (F) Description of the BRS client's participation in the service; ¶
  - (c) Create and maintain a written weekly record in each BRS client's case file with the total number of service hours provided each day to the ~~BRS~~ client and a breakdown of the number of hours spent providing each ~~particular~~ type of service described in section (3) of this rule; and ¶
  - (d) Ensure that ~~that~~ social service staff review the documentation described in this section each week for quality, content, and appropriateness with the BRS client's ~~ISP or MSP~~ service plan.

Statutory/Other Authority: ORS 413.042, 414.065

Statutes/Other Implemented: ORS 414.065

AMEND: 410-170-0090

RULE SUMMARY: These administrative rules need to be amended for the Behavior Rehabilitation Services (BRS) program. These rules describe the general program requirements for the BRS program, prior authorization process, services and placement related activities, BRS contractor and BRS provider requirements, reimbursement rates, and compliance and oversight activities.

CHANGES TO RULE:

410-170-0090

BRS Types of Care ¶

The BRS types of care are as follows: ¶

~~(1) Shelter Assessment and Evaluation, Intensive Community Care, Independent Living Service, Community Step-Down, and Independent Living Program: ¶~~

~~(a) The BRS contractor or BRS provider may use either a residential care model or therapeutic foster care model for these BRS types of care; ¶~~

~~(b) The BRS client is placed in these BRS types of care to identify deficiencies and develop necessary skills; ¶~~

~~(c) The BRS contractor or BRS provider providing one of these BRS types of care must~~ contractor providing one of these BRS types of care shall and shall require that its BRS provider ensure that a minimum of six hours of services are available per week to each BRS client as follows; ¶

~~(A) One hour of individual counseling or individual skills-training provided by social service staff; and ¶~~

~~(B) Five hours of any combination of individual or group counseling, crisis counseling, skills-training, or parent training. ¶~~

~~(2c) Therapeutic Foster Care, BRS Proctor and Multidim~~ BRS client is placed in a shelter type of care as a short-term interventional Treatment Foster Care: to develop necessary skills; ¶

~~(ad) The BRS contractor or BRS provider must use a therapeutic foster care model for these BRS types of care~~ client is placed in a community step-down type of care when the BRS client requires only six BRS hours of service but the same level of BRS structure and support; ¶

~~(be) The BRS client placed in these BRS an independent living program types of care requires a structured, behavior management, and support services to develop the skills necessary to be successful in a less restrictive environment; supervised setting prior to transitioning to a supported community placement or living independently. ¶~~

~~(2) Enhanced Structure Independent Living Program: ¶~~

~~(a) This BRS type of care follows a residential care model; ¶~~

~~(eb) The BRS contractor or BRS provider providing one of these~~ this BRS types of care must shall and shall require that its BRS provider ensure that a minimum of 1-1six hours of services are available per week to each BRS client as follows: ¶

~~(A) TwoOne hours of individual counseling or individual skills-training, one of which is provided by social service staff; and ¶~~

~~(B) NinFive hours of any combination of individual or group counseling, crisis counseling, skills-training, or parent training. ¶~~

~~(3) BRS Proctor Day Treatment: ¶~~

~~(a) The BRS contractor or BRS provider must use a therapeutic foster care model for this BRS type of care and provide skills-training in a day treatment setting; ¶~~

~~(b) The BRS client placed in this BRS type of care requires enhanced structure during the day time hours. This level of care provides the structure of day treatment for necessary skill development and a less restrictive home setting with an approved provider~~ (c) The BRS client placed in an enhanced structure independent living program type of care requires a structured, supervised setting with increased staff supervision and support prior to transitioning to a supported community placement or living independently. ¶

~~(3) Proctor Care, Proctor Enhanced Services, Assessment and Evaluation Proctor: ¶~~

~~(a) These BRS types of care follow a proctor parent model;~~

~~(b) The BRS contractor or BRS provider providing this providing one of these BRS types of care must shall and shall require that its BRS provider ensure that a minimum of eleven 11 hours of services are available per week to each BRS client as follows:~~

~~(A) Two hours of either individual counseling or individual skills-training, one of which is provided by social service staff; and~~

~~(B) Nine hours of any combination of individual or group counseling, crisis counseling, skills-training, or parent training;~~

~~(4c) BRS Basic Residential, BRS Rehabilitation Services:~~

~~(a) The BRS contractor or BRS provider must use a residential care model for these BRS types of care. The BRS contractor or BRS provider must provide 24 hour supervision of the BRS client by ensuring that at least one direct care staff is on duty, behavior management, and support services to develop the skills necessary to be successful in a less restrictive home setting with and a wake whenever a BRS client is approved proctor foster parent present in its program;~~

~~(b) The BRS client placed in these BRS proctor enhanced services types of care requires the enhanced structure, behavior management, and support services of a residential care model for necessary skill development;~~

~~(c) The BRS contractor or BRS provider providing these BRS types of care must ensure that a minimum of eleven hours of services are available per week to each during the day time hours. This level of care provides the structure of day treatment for necessary skill development with a less restrictive home setting with an approved proctor foster parent;~~

~~(e) The BRS client is as follows:~~

~~(A) Two hours of either individual counseling or individual skills-training, one of which is provided by social service staff; and~~

~~(B) Nine hours of any combination of individual or group counseling, crisis counseling, skills-training, or parent training;~~

~~(5) Intensive Rehabilitation Services, BRS Residential, BRS Enhanced placed in assessment and evaluation proctor type of care to identify deficiencies and develop necessary skills.~~

~~(4) Basic Residential, Rehabilitation Services, Intensive Residential, Intensive Rehabilitation Services, Assessment and Evaluation Residential, Short-Term Stabilization-Program:~~

~~(a) The BRS contractor or BRS provider must use a residential care model for these BRS types of care. The BRS contractor or:~~

~~(a) These types of care follow a residential care model. The BRS contractor shall and shall require that its BRS provider must provide 24-hour supervision of the BRS client by ensuring that at least one direct care staff is on duty and awake whenever a BRS client is present in its program;~~

~~(b) The BRS client placed on contractor providing these BRS types of care requires more intensive structure, behavior management and support services than a BRS client in the BRS types of care described in section (4) of this rule;~~

~~(c) The BRS contractor or BRS provider providing one of these BRS types of care must shall and shall require that its BRS provider ensure that a minimum of 11 hours of services are available per week to each BRS client as follows:~~

~~(A) Two hours of either individual counseling or individual skills-training, one of which is provided by social service staff; and~~

~~(B) Nine hours of any combination of individual or group counseling, crisis counseling, skills-training, or parent training.~~

~~(6c) Enhanced Therapeutic Foster Care: The BRS client placed in basic residential BRS types of care requires the structure, behavior management, and support services of a residential care model for necessary skill development;~~

~~(ad) The BRS contractor or BRS provider must use a therapeutic foster care model for this BRS type of care client placed in rehabilitation services types of care requires the structure, behavior management, and support services of a residential care model for necessary skill development;~~

(e) The BRS client is placed in assessment and evaluation residential BRS type of care to identify deficiencies and develop necessary skills;¶

(bf) The BRS client placed in this BRS type of care can be maintained in a home of an approved provider parent with intensive residential BRS type of care requires more intensive structure, behavior management, and support services than a BRS client in the basic residential or rehabilitation BRS types of care;¶

(g) The BRS client placed in intensive rehabilitation services BRS types of care requires more intensive structure, behavior management, and enhanced supports. The BRS client placed in this support services than a BRS client in the basic residential or rehabilitation BRS types of care has difficulty in a group setting and requires a placement utilizing a therapeutic foster;¶

(h) The BRS client placed in short-term stabilization BRS type of care requires short-term intervention to provide behavioral stabilization.¶

(5) Intensive Behavioral Support:¶

(a) This type of care follows a residential care model;¶¶

(e). The BRS contractor or BRS provider providing this BRS type of care must shall and shall require that its BRS provider provide 24-hour supervision of the BRS client by ensuring that at least one direct care staff is on duty and awake whenever a BRS client is present in its program;¶

(b) The BRS contractor providing this level of care shall or shall require that its BRS provider ensure that a minimum of 131 hours of services are available per week to each BRS client as follows:¶

(A) Two three hours of either individual counseling or individual skills-training, one two hours of which is are provided by social service staff; and ¶

(B) Eleven eight hours of any combination of individual or group counseling, crisis counseling, skills-training, or parent training.¶

(c) BRS clients placed in the intensive behavioral support type of care have difficulty re-regulating their emotions due to the presence of complex developmental trauma or other mental health concerns. They require skill training and intensive behavioral support.

Statutory/Other Authority: ORS 413.042, 414.065

Statutes/Other Implemented: ORS 414.065

AMEND: 410-170-0100

RULE SUMMARY: These administrative rules need to be amended for the Behavior Rehabilitation Services (BRS) program. These rules describe the general program requirements for the BRS program, prior authorization process, services and placement related activities, BRS contractor and BRS provider requirements, reimbursement rates, and compliance and oversight activities.

CHANGES TO RULE:

410-170-0100

Placement Related Activities for the Authority's BRS Contractors and BRS Providers ¶

(1) In cases where the Authority is the agency, the BRS contractor ~~or shall and require that its~~ BRS provider ~~must~~ provide the following placement-related activities; and all facilities, personnel, materials, equipment, supplies and services, and transportation necessary to provide those activities including but not limited to: ¶

(a) ~~¶ For transportation: ¶, the BRS contractor or shall or shall require that its~~ BRS provider ~~is~~ be responsible for the transportation of the BRS client to: attend school, to the extent not provided by the school district; to medical, dental, and therapeutic appointments; to the extent not provided through the Oregon Health Plan; to recreational and community activities; to places of employment; and to shopping for incidental items; ¶

(b) ~~¶ For educational and vocational activities: ¶, the BRS contractor or shall or shall require that its~~ BRS provider ~~must~~ have a system in place to meet the educational and vocational needs of the BRS client in its program either on-site or at an off-site location or a combination of the two; ¶

(c) Recreational, social, and cultural activities: ¶

(A) The BRS contractor ~~or shall or shall require that its~~ BRS provider ~~shall~~ provide recreation time for the BRS client ~~on a daily basis, daily~~ and offer activities that are varied in type to allow BRS clients to obtain new experiences. The BRS contractor ~~or shall or require that its~~ BRS provider ~~shall~~ document recreation as having been provided; by recording the type of activity the BRS client participated in; and the date it occurred; ¶

(B) The BRS contractor ~~or shall or require that its~~ BRS provider ~~shall~~ provide each BRS client ~~2 to 3~~ at least one opportunities per week to participate in recreational activities in the community, unless the BRS client is clearly unable to participate in offsite activities due to safety issues. If a BRS client is restricted from participation in community recreation, the BRS contractor ~~or shall or require that its~~ BRS provider ~~shall~~ document the reason in the BRS client's case file, and the reason must be reviewed regularly to ensure that the BRS client is not unnecessarily restricted from offsite activities. The BRS contractor ~~or shall or shall require that its~~ BRS provider ~~shall~~ offer any BRS client who is restricted from community activities alternative opportunities for recreation on-site; ¶

(C) The BRS contractor ~~or shall or shall require that its~~ BRS provider ~~shall~~ provide access to or make available social and cultural activities for the BRS clients as part of the therapeutic milieu of the program. These activities are to promote the BRS client's normal development and help broaden the BRS client's understanding and appreciation of the community, arts, environment, and other cultural groups; ¶

(D) The BRS contractor ~~or may not and shall ensure that its~~ BRS provider ~~may~~ does not permit BRS clients to participate in recreational activities that present a higher level of risk to BRS clients without pre-approval by the caseworker. This applies to activities that require a moderate to high level of technical expertise to perform safely, present environmental hazards, or where special certification or training is recommended or required such as: whitewater rafting, rock climbing, ropes courses, activities on or in any body of water where a certified lifeguard is not present and on duty, ~~camping, backpacking,~~ mountain climbing, ~~and~~ using motorized yard equipment, ~~and~~ horseback riding; ¶

~~(d) Academic Assistance: The BRS contractor or, ¶~~

~~(d) The BRS contractor shall or shall require that its~~ BRS provider ~~shall~~ provide adequate opportunities for the BRS clients to complete homework assignments with assistance from staff if needed. ¶

(2) ~~Non-BRS-Related Medical Care~~ The BRS contractor shall or shall require that its BRS provider facilitate the BRS client's access to other providers whenever identified needs are not met within the scope of services offered by

the program. If health care services are needed but the program is unable to access the needed services for the BRS client, the BRS contractor shall or shall require that its BRS provider immediately notify the caseworker about this in writing and document its unsuccessful efforts to access healthcare for the BRS client in the BRS client's case file.¶

(a) If there is no record that the BRS client ~~has~~ received a physical examination within the six months immediately prior to the BRS client's placement with its program, the BRS contractor ~~or shall or shall require that its~~ BRS provider ~~shall~~ ensure or make every effort to ensure that the BRS client receives a general medical check,up consistent with the OHP or health insurance allowances, within 30 days of placement. The BRS contractor ~~or shall~~ or require that its BRS provider ~~shall~~ keep documentation of this procedure in the BRS client's file and send a copy to the BRS client's caseworker;¶

(b) The BRS contractor ~~or shall or shall require that its~~ BRS provider ~~shall~~ ensure that services are provided for each BRS client's mental health, physical health; (including alcohol and drug treatment services), dental, and vision needs ~~are arranged for~~. This does not include paying the cost of services or medications ~~which that~~ are covered by the ~~Oregon Health Plan (OHP)HP~~ or by the BRS client's third party private insurance coverage. For services or medications not covered by OHP or third party private insurance, the BRS contractor ~~or shall or shall ensure that~~ its BRS provider ~~must~~ notify and work with the caseworker to resolve payment issues;¶

(c) The BRS contractor ~~or shall or shall require that its~~ BRS provider ~~shall~~ administer and monitor medications consistent with all applicable licensing rules and the program's own medication management policy;¶

~~(d) The BRS contractor or BRS provider shall facilitate the BRS client's access to other providers whenever identified needs cannot be met within the scope of services offered by the program. If health care services are needed but the program is unable to access the needed services for the BRS client, the BRS contractor or BRS provider shall immediately notify the caseworker about this in writing and document its unsuccessful efforts to access healthcare for the BRS client in the BRS client's case file.~~¶

(3) The Authority's BRS contractor, if not also the BRS provider, is responsible for ensuring its BRS provider provides the placement related activities to the BRS client as described in this rule.

Statutory/Other Authority: ORS 413.042, 414.065

Statutes/Other Implemented: ORS 414.065

AMEND: 410-170-0110

RULE SUMMARY: These administrative rules need to be amended for the Behavior Rehabilitation Services (BRS) program. These rules describe the general program requirements for the BRS program, prior authorization process, services and placement related activities, BRS contractor and BRS provider requirements, reimbursement rates, and compliance and oversight activities.

CHANGES TO RULE:

410-170-0110

#### Billing and Payment for Services and Placement Related Activities ¶

(1) The BRS contractor is compensated for a billable care day (service and placement-related activities rates) on a fee-for-service basis, except as otherwise provided for in these rules. The Authority does not make payments for any calendar day that does not meet the definition of a billable care day under this rule. ¶

(2) Billable care day rates are provided in the "BRS Rates Table," dated ~~July~~ January 1, 2017, which is adopted as Exhibit 1 and incorporated by reference into this rule. The BRS Rates Table is available at <http://www.oregon.gov/oha/HSD/OHP/Pages/Policy-BRS.aspx>. A printed copy may be obtained from the agency. ¶

¶

(3) Billable Care Day: ¶

(a) For purposes of computing a billable care day, the BRS client must be in the direct care of the BRS provider at 11:59 p.m. of that day or be on an authorized home or transitional visit in accordance with section (4) of this rule; ¶

¶

(b) A billable care day does not include any day where the BRS client is on runaway status, in detention, an inpatient in a hospital, or has not yet entered or ~~has been~~ is discharged from the BRS contractor's or BRS provider's program. ¶

(4) Home and Transitional Visits: ¶

(a) The BRS contractor shall ~~only~~ only include only a maximum of eight calendar days of ~~home~~ a combination of home and transitional visits in a month, as billable care days; ¶

(b) In order to qualify as an authorized home or transitional visit day, the BRS contractor must: ¶

(A) Ensure that the home or transitional visit is tied to the BRS client's ~~ISP or MSP~~ service plan; ¶

(B) Work with the BRS client and the BRS client's family or ~~substitute family~~ aftercare resource on goals for the home or transitional visit and receive regular reports from the family or aftercare resource on the BRS client's progress while on the ~~home~~ visit; ¶

(C) Have staff available to answer calls from the BRS client and BRS client's family or ~~substitute family~~ aftercare resource and to provide services to the BRS client during the time planned for the home or transitional visit if the need arises; ¶

(D) Document communications with the BRS client's family or ~~substitute family~~ aftercare resource; and ¶

(E) Document the BRS client's progress on goals set for the home or transitional visits. ¶

(5) Invoice form: ¶

(a) The BRS contractor ~~must~~ shall submit a monthly billing form to the agency in a format acceptable to the agency on or after the first day of the month following the month in which it provided services and placement-related activities to the BRS client. The billing form must specify the number of billable care days provided to each BRS client in that month; ¶

(b) The BRS contractor ~~must~~ shall provide, upon request, in a format that meets the agency's approval, written documentation of each BRS client's location for each day claimed as a billable care day; ¶

(c) The BRS contractor ~~may only~~ shall submit only claims for a billable care days consistent with the agency's prior authorization. ¶

(6) Payment for a Billable Care Day: ¶

(a) The agency shall pay the service and placement related activities rates to the BRS contractor for each billable care day in accordance with the BRS Rates Table described in section (2) of this rule; ¶

(b) Notwithstanding section (6)(a) of this rule, the Authority shall pay only ~~pay~~ the service rate for each billable care day to a public child-caring agency, who by rule or contract provides the local match share for Medicaid claims under OAR 410-120-0035 and 42 CFR 433 Subpart B. The Authority may not pay the placement related activities rate for each billable care day to these types of public child-caring agencies.¶

(c) To the extent the payment for services is funded by Medicaid and CHIP funds, ~~it~~¶

(A) The BRS contractor and the BRS provider are subject to Medicaid billing and payment requirements in these rules and the Authority's general rules (OAR 410-120-0000 to 410-120-1980);¶

(B) Payment using Medicaid and CHIP funds may be made only to the originating BRS provider and not to the aftercare resource.¶

(7) Third Party Resources:¶

(a) The Authority's BRS contractors must make reasonable efforts to obtain payment first from other resources consistent with OAR 410-120-1280~~(16)~~;¶

(b) The Department's and OYA's BRS contractors are not required to review or pursue third party resources. The Department and OYA must make reasonable efforts to obtain payment first from other resources consistent with OAR 410-120-1280~~(16)~~ for Medicaid-eligible BRS clients.¶

(8) Public child-caring agencies who are responsible by rule or contract for the local match share portion of eligible Medicaid claims must comply with OAR 410-120-0035 and 42 CFR 433 Subpart B.¶

(9) In cases where the BRS contractor is not also the BRS provider, the BRS contractor is responsible for compensating the BRS provider for billable care days pursuant to the agency-approved subcontract between the BRS contractor and the BRS provider.¶

(10) The Authority may not be financially responsible for the payment of any claim that the Centers for Medicare and Medicaid Services (CMS) disallows under the Medicaid or CHIP program. If the Authority ~~has~~ previously paid the agency or BRS contractor for any claim that CMS disallows, the payment shall be recouped pursuant to OAR 410-120-1397. The Authority shall recoup or recover any other overpayments as described in OAR 410-120-1397 and ~~OAR~~ 943-120-0350 and 943-120-0360.¶

[NOTE: Tables referenced are not included in rule text. Click here for PDF copy of table.]

Statutory/Other Authority: ORS 413.042, 414.065

Statutes/Other Implemented: ORS 414.065

RULE ATTACHMENTS DO NOT SHOW CHANGES. PLEASE CONTACT AGENCY REGARDING CHANGES.



**BRS Rate Table**

<b>BRS Type of Care</b>	<b>Placement Model</b>	<b>Service Rate per Billable Care Day</b>	<b>Placement Related Activities Rate per Billable Care Day</b>	<b>Total Daily Rate per Billable Care Day</b>	<b>Absent Day Rate</b>
<b>Shelter; Community Step-Down; and Independent Living Program</b>	Residential Care Model	\$125.71	\$54.57	\$180.28	\$90.14
	Therapeutic Foster Care Model	\$125.71	\$54.57	\$180.28	\$90.14
<b>Proctor Care; and Assessment and Evaluation Proctor</b>	Therapeutic Foster Care Model	\$118.99	\$63.21	\$182.20	\$91.10
<b>Proctor Enhanced Services</b>	Therapeutic Foster Care Model	\$131.40	\$64.52	\$195.92	\$97.96
<b>Enhanced Structure Independent Living Program</b>	Residential Care Model	\$153.34	\$64.07	\$217.41	\$108.71
<b>Basic Residential; Rehabilitation Services</b>	Residential Care Model	\$153.70	\$63.85	\$217.55	\$108.78
<b>Intensive Rehabilitation Services; Intensive Residential; Assessment and Evaluation Residential; and Short-Term Stabilization Program</b>	Residential Care Model	\$184.08	\$63.92	\$248.00	\$124.00
<b>Intensive Behavioral Support</b>	Residential Care Model	\$265.14	\$86.93	\$352.07	\$176.04

AMEND: 410-170-0120

RULE SUMMARY: These administrative rules need to be amended for the Behavior Rehabilitation Services (BRS) program. These rules describe the general program requirements for the BRS program, prior authorization process, services and placement related activities, BRS contractor and BRS provider requirements, reimbursement rates, and compliance and oversight activities.

CHANGES TO RULE:

410-170-0120

#### Compliance Reviews ~~&and~~ Sanctions ¶

- (1) The BRS contractor ~~must~~shall cooperate, and ensure its BRS providers cooperate, with program compliance reviews or audits conducted by any federal or state or local governmental agency or entity related to the BRS program. ¶
- (2) The Authority or agency, or both, ~~must~~shall conduct compliance reviews periodically, including but not limited to review of documentation and onsite inspections. ¶
- (3) If the ~~agency~~Authority determines that the BRS contractor is not in compliance with its contract to provide BRS services or placement related activities, including but not limited to non-compliance with state or federal law or regulation, then the ~~agency~~Authority may: ¶
  - (a) Provide technical assistance; ¶
  - (b) Require the BRS contractor working with its BRS provider to develop and implement a corrective action plan; ¶
  - (c) Pursue any or all remedies authorized under the contract; ¶
  - (d) Pursue any other remedy authorized by state or federal law; or ¶
  - (e) Pursue any combination of the above. ¶
- (4) If the ~~agency~~Authority determines that the BRS contractor or the BRS provider is not in compliance with state or federal law or regulation then, in addition to pursuing any contract remedy, the ~~agency~~Authority may: ¶
  - (a) Provide technical assistance; ¶
  - (b) Require the BRS contractor working with its BRS provider to develop and implement a corrective action plan; ¶
  - (c) Refer the case to an appropriate licensing or other ~~oversight~~ federal or state or local oversight governmental agency or entity; ¶
  - (d) Pursue any other remedy authorized by state or federal law; or ¶
  - (e) Pursue any combination of the above. ¶
- (5) In addition to the remedies provided in sections (3) and (4) above, if the Authority determines that the BRS contractor or the BRS provider is not in compliance with state or federal law or regulation related to Medicaid services, then the Authority may: ¶
  - (a) Impose sanctions pursuant to OAR 410-120-1400 and 410-120-1460; ¶
  - (b) Recover an overpayment pursuant to OAR 410-120-1397; or ¶
  - (c) Any combination of the above. ¶
  - (6) Overpayment: ¶
    - (a) ~~The Authority Identified:~~ When an overpayment is identified, the Authority ~~must~~shall notify the BRS contractor or BRS provider in writing. The overpayment amount ~~wi~~shall be determined at the Authority's discretion through direct examination of claims, ~~through~~ statistical sampling and extrapolation techniques, or other means. Procedures for recovery of funds are as described in OAR 410-120-1397 or by applicable contract language; ¶
    - (b) ~~BRS contractor or Provider Identified:~~ When a BRS contractor or BRS provider discovers that they requested and may have received reimbursement not in compliance with all applicable rules, they ~~must~~shall contact the Division's Medicaid Policy Unit and Office of Payment Accuracy and Recovery (OPAR) promptly to report the possible inappropriate payment and discuss ~~the manner by which~~how the appropriateness ~~wi~~shall be determined as well as programmatic changes and other notifications to be made. ¶
- (7) The BRS contractor or the BRS provider may appeal an Authority's notice of action for sanctions or

overpayments under the appeal processes specified in the notice and applicable administrative rules for the Authority.

Statutory/Other Authority: ORS 413.042, 414.065

Statutes/Other Implemented: ORS 414.065