

AGENDA ITEM COVER SHEET

Morrow County Board of Commissioners

(Page 2 of 2)

1. ISSUES, BACKGROUND, DISCUSSION AND OPTIONS (IF ANY):

On June 16, 2017, the Oregon Health Authority (OHA) sent Morrow County two agreements:

1. Intergovernmental Agreement #153168 Tort Liability Coverage as a Provider for Psychiatric Security Review Board (Agreement)
2. Form Amendment to County Contract with Private Community Provider of PSRB Services (3rd Party Agreement)

Pursuant to ORS 278.315, OHA may provide tort liability coverage through the Oregon Department of Administrative Services to any county or private community care provider that has contracted with OHA to provide supervision, care, treatment, or training of persons under the jurisdiction of the Psychiatric Security Review Board [PSRB].

It appears that this agreement was not reviewed and submitted to the BoC. The OHA sent a follow-up email on November 16, 2017 indicating that they would need to cancel the agreement since it was not signed and submitted. I reached out to the Contract Specialist Regan Dugger with the OHA and he indicated that they can extend the timeline for us to review and sign the IGA.

2. FISCAL IMPACT:

None

3. SUGGESTED ACTION(S)/MOTION(S):

1. Move to approve "INTERGOVERNMENTAL AGREEMENT # 153168 TORT LIABILITY COVERAGE AS A PROVIDER FOR PSYCHIATRIC SECURITY REVIEW BOARD", having Chair Lindsay sign for Board of Commissioners.
2. Move to approve Form Amendment to County Contract with Private Community Provider of PSRB Services (3rd Party Agreement), having Chair Lindsay sign for Board of Commissioners. After signature forward to Community Counseling Solutions for signature and return to the Morrow County.

Attach additional background documentation as needed.

Amendment No. _____ to County Contract No. _____

between Morrow County and _____

This is an amendment to the **Morrow County** Contract No. _____ (Attached hereto as Exhibit 1 and referred to herein as the “Contract”), to provide services for persons under the jurisdiction of the Psychiatric Security Review Board. The Contract is between **Morrow County**, hereinafter referred to as “County” and _____, hereinafter referred to as “Provider.” The purpose of this amendment is to add the State of Oregon, acting by and through its Oregon Health Authority, hereinafter referred to as “OHA,” as a third party to the Contract.

This amendment shall become effective on the date this amendment has been signed by all authorized parties and, as required, approved by the Department of Justice. This amendment shall expire on June 30, 2019, unless the Contract between the Provider and the County is terminated earlier.

1. Statutory Authority.

- a. Pursuant to ORS 278.315, OHA may provide tort liability coverage through the Oregon Department of Administrative Services to any county or private community care provider that has contracted with OHA to provide supervision, care, treatment, or training of persons under the jurisdiction of the Psychiatric Security Review Board, hereinafter referred to as “PSRB.” The coverage provided shall be self-insurance by the State of Oregon to the limits contained in ORS 30.260 to 30.300.
- b. Pursuant to ORS 278.405, the Oregon Department of Administrative Services has the authority to direct and manage all risk management and insurance programs of state government except for employee benefit insurance programs as otherwise provided in ORS Chapter 243.
- c. Pursuant to ORS 278.320, ORS 30.260 to 30.300 does not apply to claims against private community care providers. Private community care providers that are provided tort liability coverage under ORS 278.315 remain liable for any damage in excess of the coverage provided under ORS 278.315.

2. Department Obligation. As third party to the Contract, OHA’s obligations under this Contract shall be limited solely to the provision of tort liability coverage to Provider as specified in Attachment B “Tort Liability Coverage Clause.”

3. County and Provider Obligation; Compliance

- a. Provider shall assist the County in County’s requirement to submit a quarterly report of all PSRB clients that are enrolled in an educational program or that are currently independently employed or currently receiving supported employment services. Provider shall provide services to OHA and County that comply with the service delivery for PSRB clients coded MHS 30 – Monitoring, Security and Supervision Services for Individuals Under the Jurisdiction of the Adult and Juvenile Panels of the Psychiatric Security Review Board (Attachment A), included in the 2017-2019 Financial Assistance Agreement (FAA). Payment for services shall be made through County according to the terms of the Contract between County and Provider or subsequent amendments to the Contract. County is required to monitor and assure that the Provider is in compliance with the service delivery as specified in Exhibit E, “General Terms and Conditions,” Section 6., “Provider Monitoring,” of the 2017-2019 FAA. If County fails to comply and assure service delivery, OHA may unilaterally terminate its involvement and all obligations under County Contract including the tort liability coverage specified in Attachment B of this amendment.

- b. Upon notification by County to OHA that its Provider is deficient in service delivery, OHA may unilaterally terminate its involvement and all obligations under County Contract including the tort liability coverage specified in Attachment B of this amendment.

4. Merger Clause

This amendment, its attachments, and its exhibits constitute the entire Contract amendment between the three parties. There are no understandings, agreements, or representations, oral or written, not specified herein regarding this Contract. No waiver, consent modification, or change of terms of this amendment shall bind either party unless in writing and signed by all signatories to this amendment. Such waiver, consent modification, or change, if made, shall be effective only in the specific instance and for the specific purpose given. There are no understandings, agreements, or representations, oral or written, not specified herein regarding this amendment. Each party, by the signature below of its authorized representative, hereby acknowledges that he or she has read this amendment, understands it, and agrees to be bound by its terms and conditions.

5. Provider Data:

Name of Provider:

Mailing Address: _____

E-mail Address: _____

6. Signatures:

Provider

By:

Authorized Signature

Title

Date

Morrow County

By:

Authorized Signature

Title

Date

State of Oregon acting by and through its Oregon Health Authority

By:

Authorized Signature

Title

Date



Approval of the Independent Contractor's Tort Liability Coverage Clause (Attachment B):

By delegation, via email, from Penny Evans dated April 19, 2017, on file at Department of Human Services', Office of Contracts & Procurement.

Risk Management Division, Oregon Department of Administrative Services

Form Approved as to Legal Sufficiency:

Via e-mail by Steven Marlowe, Senior Assistant Attorney General, Department of Justice, Business Transaction Unit, dated April 07, 2017, on file at Department of Human Services', Office of Contracts & Procurement.

Assistant Attorney General

EXHIBIT 1

**[Insert copy of Contract, including amendments,
between County and Provider]**

ATTACHMENT A

SERVICE DESCRIPTION FOR MHS 30-MONITORING, SECURITY AND SUPERVISION SERVICES FOR INDIVIDUALS UNDER THE JURISDICTION OF THE ADULT AND JUVENILE PANELS OF THE PSYCHIATRIC SECURITY REVIEW BOARD

Service Name: MONITORING, SECURITY, AND SUPERVISION SERVICES FOR INDIVIDUALS UNDER THE JURISDICTION OF THE ADULT AND JUVENILE PANELS OF THE PSYCHIATRIC SECURITY REVIEW BOARD

Service ID Code: MHS 30

1. Service Description

Monitoring, Security, and Supervision Services for Individuals under the Jurisdiction of the Adult and Juvenile Panels of the Psychiatric Security Review Board (PSRB & JPSRB). Services are delivered to Individuals who are placed in their identified service area by order of evaluation or conditional release as designated by OHA.

a. Monitoring Services include:

- (1) Assessment and evaluation for the court, and the PSRB or JPSRB of an Individual for conditional release from the Oregon State Hospital (OSH), a hospital, jail, or facility designated by OHA, or for placement on a waiting list for conditional release from OSH, a hospital, or facility designated by OHA, to determine if the Individual can be treated in the community, including identification of the specific requirements for the community placement of an Individual;
- (2) Supervision and Urinalysis Drug Screen consistent with the requirements of the PSRB or JPSRB conditional release order;
- (3) Coordination with OSH, a hospital, or facility designated by OHA on transition activities related to conditional release of an Individual;
- (4) Staffing provided for Supported Housing and Intensive Case Management for identified programs at approved budgeted rates; and
- (5) Administrative activities related to the monitoring services described above, including but not limited to:
 - (a) Reporting of the Individual's compliance with the conditional release requirements as identified in the order for conditional release through monthly progress notes;
 - (b) Providing interim reports for the purpose of communicating current status of an Individual to the PSRB or JPSRB;
 - (c) Requesting and implementing modifications of conditional release orders;
 - (d) Revocations of conditional release due to violation(s) of conditional release orders and readmission to OSH;
 - (e) Responding to Law Enforcement Data System notifications as a result of contact by the Individual receiving MHS 30 Services with law enforcement agencies; and

- (f) An annual comprehensive review of supervision and treatment services to determine if significant modifications to the conditional release order should be requested of the PSRB or JPSRB.

b. Security and Supervision Services includes:

- (1) Security Services are identified in the PSRB or JPSRB conditional release order which are not medically approved services but are required for purposes of Individuals’ and public safety at a rate based on a determination of risk and care needs, as identified in the Security Services Matrix below:

Security Matrix	Low Risk	Med Risk	High Risk
High Care	Rate 1	Rate 2	Rate 3
Med Care	Rate 2	Rate 3	Rate 4
Low Care	Rate 3	Rate 4	Rate 5

- (2) Supervision includes approved services that are not covered by another resource and will be funded at the current Medicaid Fee Schedule rate as a basis for reimbursement purposes. Disbursement will be made by invoice in accordance with the “Financial Assistance Calculation, Disbursement, and Agreement Settlement Procedures” section below. Approved services may include one or more of the following:

- (a) Additional staffing;
- (b) Transportation;
- (c) Interpreter services;
- (d) Medical services and medications;
- (e) Rental assistance, room and board, and person and incidental funds;
- (f) Payee
- (g) Guardianship initial and ongoing costs;
- (h) Identification of Individuals receiving supported housing and intensive case management services as identified in Monitoring above; and
- (i) Non-Medically approved services including, but not limited to: assessment, evaluation, outpatient treatment, and polygraph.

2. Performance Requirements

- a. Providers of MHS 30 Services funded through this Agreement shall comply with OAR 309-019-0160, as such rule may be revised from time to time.
- b. Providers of MHS 30 Services funded through this Agreement shall maintain a Certificate of Approval in accordance with OAR 309-008-0200 through OAR 309-008-1600, as such rules may be revised from time to time.

3. **Reporting Requirements**

All Individuals receiving MHS 30 Services with funds provided through this Agreement must be enrolled and that individual's record maintained in the Measures and Outcomes Tracking System (MOTS), as specified in OHA's "MOTS Reference Manual," located at: <http://www.oregon.gov/oha/amh/mots/Pages/resource.aspx>, and the "Who Reports in MOTS Policy," as stated below:

Which Behavioral Health Providers are Required to Report in MOTS?

The data collection system for the Health Systems Division (HSD) is the Measures and Outcomes Tracking System or MOTS. In general, behavioral health providers who are either licensed or have a letter of approval from the HSD (or the former Addictions & Mental Health Division [AMH]), and receive public funds to provide treatment services are required to report to MOTS. In addition to the general rule above, there are four basic ways to classify who is required to submit data to MOTS:

- a. Providers with HSD contracts that deliver treatment services (this includes Community Mental Health Programs [CMHP], Local Mental Health Authorities [LMHA] and other types of community behavioral health providers); These programs should all have a license or letter of approval from the HSD or AMH;
- b. Providers that are subcontractors (can be a subcontractor of a CMHP or other entity that holds a contract with HSD or OHA, such as a Mental Health Organization [MHO], or a Coordinated Care Organization [CCO]);
- c. Providers that HSD does not contract with but are required to submit data to MOTS by State/Federal statute or rule; These include DUII providers and methadone maintenance providers; and
- d. Providers that contract with other governmental agencies (e.g., Oregon Youth Authority [OYA] or the Department of Corrections [DOC] to deliver mental health and/or substance abuse services).

Note: Primary care physicians that provide a single service on behalf of the CMHP are not required to report the MOTS status or service level data.

If you have questions, contact MOTS Support at MOTS.Support@state.or.us.

4. **Special Reporting Requirements**

- a. County shall submit a copy of the conditional release plan for all Individuals conditionally released into the community each month no later than 45 calendar days following the month the conditional release occurred.
- b. County shall submit, electronically to amhcontract.administrator@state.or.us, a copy of each Individual's PSRB or JPSRB monthly progress report no later than 45 calendar days following the month the MHS 30 Services were delivered with funds provided under this Agreement.

5. Financial Assistance Calculation, Disbursement, and Agreement Settlement Procedures

OHA provides financial assistance for MHS 30 Services in two different ways, through Part A and Part C awards. The award type is set forth in Exhibit C, “Financial Assistance Award,” in MHS 30 lines in which column “Part ABC” will contain an “A” for Part A or “C” for Part C award.

a. The Part A awards will be calculated, disbursed, and settled as follows:

- (1) Calculation of Financial Assistance: OHA will provide financial assistance for MHS 30 Services identified in a particular line of Exhibit C, “Financial Assistance Award,” containing an “A” in column “Part ABC,” from funds identified in that line in an amount equal to the rate set forth in the special condition identified in that line of the Financial Assistance Award, multiplied by the number of units of MHS 30 Services delivered under that line of the Financial Assistance Award during the period specified in that line. The total OHA financial assistance for all MHS 30 Services delivered under a particular line in the Financial Assistance Award, containing an “A” in column “Part ABC” shall not exceed the total funds awarded for MHS 30 Services as specified in that line in the Financial Assistance Award.
- (2) Disbursement of Financial Assistance: Unless a different disbursement method is specified in that line of Exhibit C, “Financial Assistance Award,” OHA will disburse the Part A awards for MHS 30 Services provided under a particular line of the Financial Assistance Award containing an “A” in column “Part ABC” to County in substantially equal monthly allotments during the period specified in that line of the Financial Assistance Award, subject to the following:
 - (a) OHA may, after 30 days (unless parties agreed otherwise) written notice to County, reduce the monthly allotments based on under-used allotments identified through MOTS and other reporting requirements in accordance with the “Reporting Requirements” and “Special Reporting Requirements” sections above;
 - (b) OHA may, upon written request of County, adjust monthly allotments;
 - (c) Upon amendment to the Financial Assistance Award, OHA shall adjust monthly allotments, as necessary, to reflect changes in the funds awarded for MHS 30 Services provided under that line of the Financial Assistance Award; and
 - (d) OHA is not obligated to provide financial assistance for any MHS 30 Services that are not properly reported in accordance with the “Reporting Requirements” and “Special Reporting Requirements” sections above by the date 60 calendar days after the earlier of expiration or termination of this Agreement, termination of OHA’s obligation to provide financial assistance for MHS 30 Services, or termination of County’s obligation to include the Program Area in which MHS 30 Services fall in its CMHP.

- (3) Agreement Settlement. Agreement Settlement will be used to reconcile any discrepancies that may have occurred during the term of this Agreement between actual OHA disbursements of funds for MHS 30 Services under a particular line of Exhibit C, "Financial Assistance Award," containing an "A" in column "Part ABC" and amounts due for such Services based on the rate set forth in the special condition identified in that line of the Financial Assistance Award. For purposes of this Section, amounts due to County are determined by the actual amount of Services delivered under that line of the Financial Assistance Award during the period specified in that line of the Financial Assistance Award, as properly reported in accordance with the "Reporting Requirements" and "Special Reporting Requirements" sections above.

b. The Part C awards will be disbursed as follows:

- (1) Unless a different disbursement method is specified in that line of Exhibit C, "Financial Assistance Award," OHA will disburse the Part C awards for MHS 30 Services provided under a particular line of the Financial Assistance Award containing a "C" in column "Part ABC" to County per receipt and approval of a written invoice with required attachments, as specified below, in the monthly allotments during the period specified in that line of the Financial Assistance Award. Invoice and required attachments are due no later than 45 calendar days following the end of the subject month.
- (2) OHA will follow the current Medicaid fee schedule in making disbursements. At no time will OHA provide financial assistance above the Medicaid fee schedule for Services.
- (3) For non-Medicaid Services, County shall attach a copy of the bill or receipt for the item or Service to a combined monthly invoice itemized by Individual. Part C awards for PSRB or JPSRB non-medically approved Services are for the time period as shown only and do not carry forward into following biennia funding.

ATTACHMENT B

INDEPENDENT CONTRACTOR'S TORT LIABILITY COVERAGE CLAUSE

Indemnity by State. From funds available in that portion of the Insurance Fund dedicated for state insurance programs, the State of Oregon, acting by and through its Department of Administrative Services (DAS), and subject to ORS 278.120(1), shall defend and indemnify Provider and its employees, but only up to the limits for tort claims against the State of Oregon specified in ORS 30.271 and 30.273 (including the costs of defense), for all damages and costs of claims for torts committed or alleged to have been committed by Provider or its employees in the course of Provider's delivery of professional services under this Agreement. Subject to the monetary limits stated above, Provider and its employees are entitled to the same defense and indemnification that qualifying agents of the OHA would receive under 30.260 to 30.300. However, none of the terms of this Agreement are intended to – and none do – make Provider or its employees the agents or employees of OHA, DAS, or the State of Oregon generally.

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to dhs-oha.publicationrequest@state.or.us or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

**INTERGOVERNMENTAL AGREEMENT # 153168
TORT LIABILITY COVERAGE AS A PROVIDER FOR
PSYCHIATRIC SECURITY REVIEW BOARD**

This Agreement is between the State of Oregon acting by and through its Oregon Health Authority hereinafter referred to as “OHA,” and **Morrow County**, hereinafter referred to as “County.”

1. **Term.** This Agreement shall become effective on the date at which all authorized signatures have been acquired. Unless otherwise terminated or extended, this Agreement expires on June 30, 2019 or when the 2017 – 2019 Financial Assistance Agreement (FAA) is terminated, whichever occurs earlier.
2. **Statutory Authority.**
 - a. Pursuant to ORS 278.315, OHA may provide tort liability coverage through the Oregon Department of Administrative Services to any county or private community care provider that has contracted with OHA to provide supervision, care, treatment, or training of persons under the jurisdiction of the Psychiatric Security Review Board, hereinafter referred to as “PSRB.” The coverage provided shall be self-insurance by the State of Oregon to the limits contained in ORS 30.260 to 30.300.
 - b. Pursuant to ORS 278.405, the Oregon Department of Administrative Services has the authority to direct and manage all risk management and insurance programs of state government except for employee benefit insurance programs as otherwise provided in ORS Chapter 243.
 - c. Pursuant to ORS 278.320, ORS 30.260 to 30.300 does not apply to claims against private community care providers. Private community care providers that are provided tort liability coverage under ORS 278.315 remain liable for any damage in excess of the coverage provided under ORS 278.315.
3. **Indemnity by State.** From funds available in that portion of the Insurance Fund dedicated for state insurance programs, the State of Oregon, acting by and through its Department of Administrative Services (DAS), and subject to ORS 278.120(1), shall defend and indemnify County and its employees, but only up to the limits for tort claims against the State of Oregon specified in ORS 30.271 and 30.273 (including the costs of defense), for damages and costs of claims for torts committed or alleged to have been committed by County or its employees in the course of County’s delivery of professional services under this Agreement. Subject to the monetary limits stated above, County and its employees are entitled to the same defense and indemnification that qualifying agents of OHA would receive under 30.260 to 30.300. However, none of the terms of this Agreement are intended to – and none do – make County or its employees the agents or employees of OHA, DAS, or the State of Oregon generally.

4. Statement of Work and Consideration.

- a.** The County shall continue to provide PSRB Mental Health Services (MHS 30-Service Description “Monitoring, Security and Supervision Services for Individuals Under the Jurisdiction of the Adult and Juvenile Panels of the Psychiatric Security Review Board,” hereinafter referred to as “MHS 30”), attached hereto as Attachment A, as specified in the 2017-2019 FAA.
- b.** The County shall submit a quarterly report of all PSRB clients that are enrolled in an educational program or that are currently independently employed or currently receiving supported employment services.
- c.** OHA obligates itself to provide liability coverage, up to the limits contained in ORS 30.260 to 30.300, to the County while delivering PSRB services to the extent that any tort claim arises out of the County’s provision of supervision, care, treatment or training of persons pursuant to the terms of the 2017-2019 FAA.

5. Funds Available. OHA has sufficient funds currently available and authorized for expenditure to finance the costs of this Agreement within OHA’s biennial appropriation or limitation. The County understands and agrees that OHA’s payment of amounts under this Agreement are attributable to work performed after the last day of the current biennium and are contingent on OHA receiving, from the Oregon Legislative Assembly, appropriations, limitation, or other expenditure authority sufficient to allow OHA, in the exercise of its reasonable administrative discretion, to continue to make payments under this Agreement. In the event the Oregon Legislative Assembly fails to approve sufficient appropriations, limitations, or other expenditure authority, OHA may terminate this Agreement without penalty or liability to OHA, effective upon the delivery of written notice to the County, with no further liability to the County, except that termination shall not prejudice County’s right to tort liability coverage under this Agreement for any covered liability incurred prior to the date of termination.

6. Termination

- a.** This Agreement may be terminated by written mutual consent of both parties or by either party upon 30 calendar days written notice.
- b.** OHA may terminate this Agreement effective upon delivery of written notice to the County or at such later date as may be established by OHA under any of the following conditions:
 - (1)** The County is deficient in providing PSRB services as outlined in the MHS 30 Service Description within the time specified herein or any extension thereof.
 - (2)** OHA’s 2017 – 2019 FAA is terminated.
- c.** Termination under this Section shall not prejudice County’s right to tort liability coverage under this Agreement for any covered liability incurred prior to the date of termination.

7. **Records Maintenance and Access.** County shall maintain all financial records relating to this Agreement in accordance with generally accepted accounting principles. In addition, County shall maintain any other records, books, documents, papers, plans, records of shipments and payments, and writings of County, whether in paper, electronic, or other form that are pertinent to this Agreement in such a manner as to clearly document County's performance. All financial records, other records, books, documents, papers, plans, records of shipments and payments, and writings of County whether in paper, electronic, or other form that are pertinent to this Agreement are collectively referred to as "Records." County acknowledges and agrees that OHA and the Oregon Secretary of State's Office and the federal government and their duly authorized representatives shall have access to all Records to perform examinations and audits and make excerpts and transcripts. County shall retain and keep accessible all Records for a minimum of six years, or such longer period as may be required by applicable law, following final payment and expiration or termination of this Agreement, or until the conclusion of any audit, controversy, or litigation arising out of or related to this Agreement, whichever date is later. County shall maintain Records in accordance with the records retention schedules set forth in OAR Chapter 166.
8. **Compliance with Applicable Law.** The County shall comply with all federal, state, and local laws and ordinances applicable to the services being provided under this Agreement. The County, its officers, and employees are not agents of OHA for the purposes of ORS 30.260 to 30.300. Without limiting the generality of the foregoing, County expressly agrees to comply with:
 - a. Title VI of the Civil Rights Act of 1964;
 - b. Section V of the Rehabilitation Act of 1973;
 - c. The Americans with Disabilities Act of 1990;
 - d. ORS 659A.142, and all regulations and administrative rules established pursuant to those laws; and
 - e. All other applicable requirements of federal and state civil rights and rehabilitation statutes, rules, and regulations.
9. **Severability.** The parties agree that if any term or provision of this Agreement is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected and the rights and obligations of the parties shall be construed and enforced as if the Agreement did not contain the particular term or provision held to be invalid.
10. **Merger Clause.** This Agreement and the attachments constitute the entire Agreement between the parties. No waiver, consent modification, or change of terms of this Agreement shall bind either party unless in writing and signed by all signatories to this Agreement. Such waiver, consent modification, or change, if made, shall be effective only in the specific instance and for the specific purpose given. There are no understandings, agreements, or representations, oral or written, not specified herein regarding this Agreement. The County, by the signature below of its authorized representative, hereby acknowledges that he or she has read this Agreement, understands it, and agrees to be bound by its terms and conditions.

ATTACHMENT A

Service Name: **MONITORING, SECURITY, AND SUPERVISION SERVICES FOR INDIVIDUALS UNDER THE JURISDICTION OF THE ADULT AND JUVENILE PANELS OF THE PSYCHIATRIC SECURITY REVIEW BOARD**

Service ID Code: **MHS 30**

1. **Service Description**

Monitoring, Security, and Supervision Services for Individuals under the Jurisdiction of the Adult and Juvenile Panels of the Psychiatric Security Review Board (PSRB & JPSRB). Services are delivered to Individuals who are placed in their identified service area by order of evaluation or conditional release as designated by OHA.

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- (3) Coordination with OSH, a hospital, or facility designated by OHA on transition activities related to conditional release of an Individual;
- (4) Staffing provided for Supported Housing and Intensive Case Management for identified programs at approved budgeted rates; and
- (5) Administrative activities related to the monitoring services described above, including but not limited to:
 - (a) Reporting of the Individual's compliance with the conditional release requirements as identified in the order for conditional release through monthly progress notes;
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 - (e) Responding to Law Enforcement Data System notifications as a result of contact by the Individual receiving MHS 30 Services with law enforcement agencies; and
 - (f) An annual comprehensive review of supervision and treatment services to determine if significant modifications to the conditional release order should be requested of the PSRB or JPSRB.

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Security Matrix	Low Risk	Med Risk	High Risk
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- (2) Supervision includes approved services that are not covered by another resource and will be funded at the current Medicaid Fee Schedule rate as a basis for reimbursement purposes. Disbursement will be made by invoice in accordance with the “Financial Assistance Calculation, Disbursement, and Agreement Settlement Procedures” section below. Approved services may include one or more of the following:

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2. **Performance Requirements**

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3. **Reporting Requirements**

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- b. Providers that are subcontractors (can be a subcontractor of a CMHP or other entity that holds a contract with HSD or OHA, such as a Mental Health Organization [MHO], or a Coordinated Care Organization [CCO]);
- c. Providers that HSD does not contract with but are required to submit data to MOTS by State/Federal statute or rule; These include DUII providers and methadone maintenance providers; and
- d. Providers that contract with other governmental agencies (e.g., Oregon Youth Authority [OYA] or the Department of Corrections [DOC] to deliver mental health and/or substance abuse services).

Note: Primary care physicians that provide a single service on behalf of the CMHP are not required to report the MOTS status or service level data.

If you have questions, contact MOTS Support at MOTS.Support@state.or.us.

4. Special Reporting Requirements

- a. County shall submit a copy of the conditional release plan for all Individuals conditionally released into the community each month no later than 45 calendar days following the month the conditional release occurred.
- b. County shall submit, electronically to amhcontract.administrator@state.or.us, a copy of each Individual's PSRB or JPSRB monthly progress report no later than 45 calendar days following the month the MHS 30 Services were delivered with funds provided under this Agreement.

5. Financial Assistance Calculation, Disbursement, and Agreement Settlement Procedures

OHA provides financial assistance for MHS 30 Services in two different ways, through Part A and Part C awards. The award type is set forth in Exhibit C, "Financial Assistance Award," in MHS 30 lines in which column "Part ABC" will contain an "A" for Part A or "C" for Part C award.

- a. The Part A awards will be calculated, disbursed, and settled as follows:
- (1) Calculation of Financial Assistance: OHA will provide financial assistance for MHS 30 Services identified in a particular line of Exhibit C, "Financial Assistance Award," containing an "A" in column "Part ABC," from funds identified in that line in an amount equal to the rate set forth in the special condition identified in that line of the Financial Assistance Award, multiplied by the number of units of MHS 30 Services delivered under that line of the Financial Assistance Award during the period specified in that line. The total OHA financial assistance for all MHS 30 Services delivered under a particular line in the Financial Assistance Award, containing an "A" in column "Part ABC" shall not exceed the total funds awarded for MHS 30 Services as specified in that line in the Financial Assistance Award.
 - (2) Disbursement of Financial Assistance: Unless a different disbursement method is specified in that line of Exhibit C, "Financial Assistance Award," OHA will disburse the Part A awards for MHS 30 Services provided under a particular line of the Financial Assistance Award containing an "A" in column "Part ABC" to County in substantially equal monthly allotments during the period specified in that line of the Financial Assistance Award, subject to the following:
 - (a) OHA may, after 30 days (unless parties agreed otherwise) written notice to County, reduce the monthly allotments based on under-used allotments identified through MOTS and other reporting requirements in accordance with the "Reporting Requirements" and "Special Reporting Requirements" sections above;
 - (b) OHA may, upon written request of County, adjust monthly allotments;
 - (c) Upon amendment to the Financial Assistance Award, OHA shall adjust monthly allotments, as necessary, to reflect changes in the funds awarded for MHS 30 Services provided under that line of the Financial Assistance Award; and
 - (d) OHA is not obligated to provide financial assistance for any MHS 30 Services that are not properly reported in accordance with the "Reporting Requirements" and "Special Reporting Requirements" sections above by the date 60 calendar days after the earlier of expiration or termination of this Agreement, termination of OHA's obligation to provide financial assistance for MHS 30 Services, or termination of County's obligation to include the Program Area in which MHS 30 Services fall in its CMHP.
 - (3) Agreement Settlement. Agreement Settlement will be used to reconcile any discrepancies that may have occurred during the term of this Agreement between actual OHA disbursements of funds for MHS 30 Services under a particular line of Exhibit C, "Financial Assistance Award," containing an "A" in column "Part ABC" and amounts due for such Services based on the rate set forth in the special condition identified in that line of the Financial Assistance Award. For purposes of this Section, amounts due to County are determined by the actual amount of Services delivered under that line of the Financial Assistance Award during the period specified in that line of the Financial Assistance Award, as properly reported in accordance with the "Reporting Requirements" and "Special Reporting Requirements" sections above.

- b.** The Part C awards will be disbursed as follows:
- (1)** Unless a different disbursement method is specified in that line of Exhibit C, “Financial Assistance Award,” OHA will disburse the Part C awards for MHS 30 Services provided under a particular line of the Financial Assistance Award containing a “C” in column “Part ABC” to County per receipt and approval of a written invoice with required attachments, as specified below, in the monthly allotments during the period specified in that line of the Financial Assistance Award. Invoice and required attachments are due no later than 45 calendar days following the end of the subject month.
 - (2)** OHA will follow the current Medicaid fee schedule in making disbursements. At no time will OHA provide financial assistance above the Medicaid fee schedule for Services.
 - (3)** For non-Medicaid Services, County shall attach a copy of the bill or receipt for the item or Service to a combined monthly invoice itemized by Individual. Part C awards for PSRB or JPSRB non-medically approved Services are for the time period as shown only and do not carry forward into following biennia funding.
- (1)**