

## Advisory Committee Meeting Notes 7.11.19

### Introductions

#### I. Residential Rate Standardization (Michael Oysters)

- A. Culmination of 2 years of work to standardize residential rates. Creation of 5 tiers intensive service requests is one of the changes of the policy. Functional tiers are 2-5, based on LSI score. ACT can address all of the LSI scores. ADL's, IADL's, & Functioning is what the LSI scores cover. The LSI is not the only factor in determining tier. Exceptional needs are taken into account as well.
- B. Tiers also reflect how many hours of active engagement is necessary for each individual.
- C. Residential care is temporary and this is supposed to create a flow through the residential care.
- D. The highest tier, tier 5: LSI score has to be 80 or above or there needs to be exceptional need based on impulse control and emotional regulation
- E. Capacity Reporting is the next phase, and then they want to include ACT in the capacity reporting. Capacity reporting tracks referrals on a more regular basis. It will track roster and LSI changes or no changes and then it will also track wait lists.
- F. Policy clarification on how ACT and Residential coordinate and overlap services.
- G. The system should NOT be a step down process of getting people moved back into the community. Start by assessing people for moving into the community with supported housing and ACT and then move up as needed based on assessment.

- 1. Coos and Yamhill work with local landlords to create supported housing.
- 2. OHA is working to develop Supported Housing but it will take a while.

#### II. ACT model policy clarification in conducting hospital in-reach

- A. ACT should be in-reaching directly to the hospital. Sometimes assigning someone from the team who will consistently coordinate with people from OSH.

#### III. ACT care coordination, outreach, retention, and managing dropout

- A. Follow along care from ACT teams. Fidelity reviews check why people are discharging from the program. Discharge if an individual is going to have an extended stay at an institution. For fidelity, that is an appropriate transition to higher levels of care. It is not acceptable to discharge someone from ACT as soon as someone goes into the state hospital.
- B. For SSI or Medicaid patients, if someone goes into the hospital for less than 90 days then there is a process for keeping SSI benefits. OCEACT will distribute this process/information.

#### IV. Notice of Action to ACT Participants when declined care

A. required since January 1<sup>st</sup>, 2019. (Exhibit M – see document loaded on website)

B. Clients have a right to appeal to their CCO if they are not allowed a service their care should provide. CHOICE should be helping individuals to appeal if desired and should help them understand their rights.

V. Oregon State Hospital discussion of hospital referral process