

Exhibit M- Community Integration of Services for Individuals with SPMI

1. Overview

The purpose of this Exhibit M is to describe the requirements related to Contractor providing adult Members with Serious and Persistent Mental Illness (SPMI) with community services that will assist them to live in the most integrated setting appropriate to their needs, achieve positive outcomes, and prevent their unnecessary institutionalization.

Contractor understands that:

- a. OHA expects Contractor to work collaboratively to improve services for adult Members with SPMI.
- b. This is a priority population for OHA and that OHA has made significant commitments and undertaken significant efforts to improve treatment and services so that adults with SPMI can live and prosper in integrated community settings not unlike other Oregonians.
- c. OHA can only achieve these goals if Contractor works collaboratively with OHA and with all OHA funded and operated entities to achieve these common aims.

Contractor shall work with OHA, other state agencies, and other state funded or operated entities to identify areas where treatment and services for adult Members with SPMI can be improved. Contractor shall coordinate services for each adult Member with SPMI who needs assistance with Covered or Non-Covered Services.

2. Requirements for Olmstead Promotion and Community Integration

a. Assertive Community Treatment (ACT)

Contractor shall:

- (1) Ensure Members with SPMI are assessed to determine eligibility for ACT.

(2) Ensure ACT services are provided for all adult Members with SPMI who are referred to and eligible for ACT services. Related provisions: OAR 309-019-0105 and 309-019-0225 through 309-019-0255.

(3) Ensure additional ACT capacity is created to serve adult Members with SPMI as services are needed. When ten (10) or more of Contractor's adult Members with SPMI in Contractor's Service Area are on a waitlist to receive ACT for more than thirty (30) days, without limiting other Contractor solutions, additional capacity may be created by either increasing existing ACT team capacity to a size that is still consistent with Fidelity standards or by adding additional ACT teams. If contractor lacks qualified providers to provide ACT services, Contractor shall consult with OHA and develop a plan to develop additional qualified providers.

(4) Ensure all denials of ACT services for all adult Members with SPMI are based on established criteria and are recorded and compiled in a manner that allows denials to be accurately reported out.

(5) Follow the Notice of Adverse Benefit Determination process for all denials of ACT services for adult Members with SPMI. .

b. Oregon State Hospital

Contractor shall:

(1) Coordinate with applicable Choice Contractors as needed regarding Oregon State Hospital discharges for all adult Members with SPMI.

(2) Coordinate care for members receiving behavioral health treatment while admitted to the State hospital during discharge planning for the return to Home CCO when the patient has been deemed ready to transition.

- (3) Provide access to evidence-based intensive services for adult Members with SPMI discharged from Oregon State Hospital who refuse ACT services.

c. Acute Care Psychiatric Hospitals

Contractor shall:

- (1) Ensure all adult Members with SPMI discharged from Acute Care Psychiatric Hospitals are provided access to a Warm Handoff to a community case manager, peer bridger, or other community provider prior to discharge.
- (2) Ensure that all Members discharged from Acute Care Psychiatric Hospitals have documentation of linkages to timely, appropriate behavioral and primary health care in the community prior to discharge. Related OAR provision: 309-032-0850 through 309-032-0870.
- (3) Ensure all adult Members with SPMI receive a follow-up visit with a community mental health provider within seven (7) days of their discharge from an Acute Care Psychiatric Hospital.
- (4) Reduce readmissions of adult Members with SPMI to Acute Care Psychiatric Hospitals.
- (5) Work with system partners to ensure adult Members with SPMI who are homeless and who have had two or more readmissions to an Acute Care Psychiatric Hospital in a six-month period are connected to a housing agency or mental health agency to ensure these adult Members are linked to housing in an integrated setting, consistent with the individual's treatment goal, clinical needs and the individual's informed choice.
- (6) Work with OHA and the CMHPs to ensure that adult Members with SPMI who are discharged from Acute Care Psychiatric Hospitals are discharged to

housing that meets the individuals' immediate need for housing and shall work with Acute Care Psychiatric Hospitals in the development of each individual's housing assessment. The housing assessment will be documented in a plan for integrated housing that is part of the individual's discharge plan, and will be based on the individual's treatment goals, clinical needs, and the individual's informed choice. Contractor shall notify, or have the Acute Care Psychiatric Hospital notify, the community provider to facilitate the implementation of the plan for housing.

(7) Develop and upon request, provide to OHA a management plan for contacting and offering services to each adult Member with SPMI who has two (2) or more readmissions to an Acute Care Psychiatric Hospital in a six-month period. The management plan will describe how it will assist the Member in avoiding unnecessary readmissions to acute care hospitals.

a. Emergency Departments

Contractor shall develop a management plan for contacting and offering services to each adult Member with SPMI who has two (2) or more readmissions to an emergency department in a six-month period. The management plan will describe how it will assist Members in avoiding unnecessary readmissions. Contractor shall collaboratively work with OHA and CMHPs to develop and implement plans to better meet the needs of Members in less institutional community settings and to reduce recidivism to emergency departments for mental health reasons.

b. Supported Employment Services

Contractor shall ensure access to supported employment services for all adult Members with SPMI seeking these services, in accordance with OAR 309-019-0275 through 309-019-0295. "Supported employment services" means the same as "Individual Placement and Support (IPS) Supported Employment Services" as defined in OAR 309-019-0225.

c. Criminal Justice Diversion

Contractor shall work with local law enforcement and jail staff to develop strategies to reduce contacts between adult Members with SPMI and law enforcement due to mental health reasons, including

reduction in arrests, jail admissions, lengths of stay in jails and recidivism. Contractor will work with local jurisdictions to share information with jails regarding the mental health diagnosis, status, medication regimen, and services of adult Members with SPMI who are incarcerated.

d. Secure Residential Treatment Facilities

Contractor shall work with SRTFs to expeditiously move civilly committed adult Members with SPMI who no longer need placement in an SRTF to a community placement in the most integrated setting appropriate for that person.