

Governing Body: MARION COUNTY COMMUNITY AND PROVIDER SERVICES (CAPS)	Function: INTEGRATED DELIVERY SYSTEM (IDS) HANDBOOK	
Subject: Oregon Health Plan (OHP) Access Reporting	Prepared By: CAPS	Original Date: 10/01/2007 Revised Date:

PURPOSE AND SIGNIFICANCE:

Mid-Valley Behavioral Care Network (MVBCN) is responsible for monitoring access for Members for the five-county region that includes Linn, Marion, Polk, Tillamook, and Yamhill. The IDS Advisory Committee is responsible for monitoring access for Members seeking services within the Marion County IDS service system. Access is measured from the date the member initially contacts an agency (by phone or in person) to the date the member receives or is scheduled to receive face-to-face services.

PROCESS AND/OR PROCEDURE:

The MVBCN supplies each of the IDS providers with a Master Data Collection Sheet for submitted access data. The Master Data Collection Sheet cannot be copied or altered in any way. Any alteration to the Master Data Collection Sheet can result in loss of access data. Each initial contact with a member that results in a scheduled appointment must be tracked by the IDS provider and reported to the MVBCN each month. The access data is due to the MVBCN by the 10th of every month.

Access for OHP Members requesting services from any of the IDS provider agencies, falls into four (4) identified categories:

ROUTINE – Response to the member’s service need and clinical situation can safely (with no risk to the member) be scheduled within 14 days of the member’s initial contact. Routine contacts are reported with an “R” on the MVBCN Master Data Collection Sheet. If a client is offered an appointment within the 14 days of the initial contact and refuses the date, the IDS Provider will report the offered date to the MVBCN under Routine contacts.

URGENT – Response to the member’s service need and clinical situation can be safely (with no risk to the member) scheduled within 48 hours of the member’s initial contact. Urgent contacts are reported with a “U” on the MVBCN Master Data Collection Sheet.

EMERGENT – Response to the member’s service need and clinical situation must be within 24 hours in order to assure the member’s safety. Emergent is used primarily by the Psychiatric Crisis Center but may also be used by any of the IDS agencies. Emergent contacts are reported with an “E” on the MVBCN Master Data Collection Sheet.

WAITING – Response to the member’s service need is routine and all of the following criteria

have been met:

- The provider does not have any available appointments within 14 days, and
- The Member has been informed of his/her right to have an initial intake appointment scheduled within 14 days, and
- The Member has been given agency referrals to at least 2 other IDS providers that may provide the services the Member is seeking and/or referral information to Community and Provider Services for assistance, and
- The Member has requested a specific therapist or a specific specialty offered only at that agency and is willing to wait longer than 14 days for their initial intake appointment.

Again, all four of the criteria listed must be met before Waiting can be used as an Access Code. Providers should use "Waiting" carefully and sparingly. Contacts reported to the MVBCN as "Waiting" are not included in the agency's access totals.

"Waiting" contacts are reported with a "W" on the Master Data Collection Sheet.

Each OHP Member included on the Access Report must be identified as either an "Adult" or a "Child." The word ADULT and CHILD must be spelled out on the MVBCN Master Data Sheet. If the Adult/Child column on the Master Data Sheet is left blank or if abbreviations are used instead of typing out the words ADULT or CHILD, the entries will not be included in the access totals for the Marion County Adult and Child Sub-region.