

Governing Body: MARION COUNTY COMMUNITY AND PROVIDER SERVICES (CAPS)	Function: INTEGRATED DELIVERY SYSTEM (IDS) HANDBOOK	
Subject: Certificate of Approval	Prepared By: CAPS	Original Date: 10/01/07 Revised Date:

PURPOSE AND SIGNIFICANCE:

All IDS providers are required to have an active Certificate of Approval, as defined in Oregon Administrative Rule (OAR) 309-012-0130, "Certificates of Approval for Mental Health Services." Certificates are issued based on a recommendation from the Community Mental Health Director to the Addiction and Mental Health Division (AMH). Certificates provide evidence that a provider is following all of the OARs for the populations served. They are required in order to receive any Medicaid funding.

PROCESS AND/OR PROCEDURE:

Community and Provider Services (CAPS) is responsible for completing all Certificate of Approval reviews. Certificates can be issued for a variety of time periods but cannot exceed three (3) years. CAPS will complete a thorough review of the provider for the following two areas: 1) Administrative and 2) Clinical. Most reviews will take 2-3 days and are completed primarily onsite at the provider's. The following is a listing of key events and responsibilities:

- IDS Providers are responsible for requesting a Certificate of Approval review six (6) months prior to the expiration of their current Certificate.
- CAPS will coordinate a 2-3 day review time with the IDS Provider.
- IDS Providers will need to make 1-2 rooms available for the reviews.
- IDS Providers are not responsible to provide food and beverages to the reviewing team.
- For the administrative portion of the review, CAPS will review Policies and Procedures, Employee Files and will conduct interviews with some or all of the following; supervisors, staff, billing personnel, quality assurance committee members, medical director and consumers.
- For the clinical portion of the review, CAPS will audit a random sampling of open and closed charts. The number of charts reviewed will be determined by IDS Provider size.
- CAPS will conduct both an entrance and exit interview. The entrance interview to open the review process will be the provider's opportunity to explain agency functioning, any nuances that the review team should be made aware of and an opportunity to identify any known problem areas. The exit interview will be performed by the CAPS team and will provide a summary of the review that will include, strengths, recommendations and findings.
- CAPS will make every attempt to work with and provide support to the IDS Provider on any findings.

- For IDS Providers that hold Certificates in more than one county, CAPS will make every attempt, where possible, to coordinate a joint review so the provider only has to go through a single audit.
- Once the review process is complete, CAPS will send the provider an official letter outlining the review process with strengths, recommendations and findings. Findings will result in corrective action plans that will need to be formally addressed by the provider.
- Once the findings are agreed upon by the IDS Provider and has been found to mostly meet all of the OAR requirements, CAPS will submit a letter of recommendation to the AMH requesting an issuance of a Certificate of Approval for a designated period of time, not to exceed three (3) years.
- IDS Providers will be responsible to report any actions taken in written form to CAPS.
- If an IDS Provider does not pass the review process, Certificates of Approval may be suspended until all findings have been corrected. During the suspension period, providers may not be able to see Medicaid clients. If this occurs, CAPS will notify the IDS Provider in writing.
- New IDS Providers will be issued a Certificate of Approval under one of the following options:
 - Providers that have current certificates in other counties for the populations that will be served will be issued a one (1) year certificate. Since the IDS Provider's policies and procedures have already been reviewed and approved as meeting the OARs it will only leave the clinical chart review that will need to be done. Issuing a one-year Certificate will allow the provider enough time to create enough charts to be reviewed. At the end of one year a complete review will be done.
 - IDS Providers that do not have current certificates in other counties will need to have an initial review to determine OAR compliance. The initial review will consist only of the administrative portion of the review and a review of a mock chart. If there are no glaring issues a six (6) month Certificate will typically be given which will allow time for the provider to correct any initial findings and time to create enough charts to be reviewed. A follow-up review at six months will usually take 1-2 days.