

Governing Body: MARION COUNTY COMMUNITY AND PROVIDER SERVICES (CAPS)	Function: INTEGRATED DELIVERY SYSTEM (IDS) HANDBOOK	
Subject: Clinical Expectations When Providing Service to Oregon Health Plan (OHP) Enrollees	Prepared By: CAPS	Original Date: 10/1/07 Revised Date:

PURPOSE AND SIGNIFICANCE:

Community and Provider Services (CAPS) will expect that providers use the highest ethics when serving Medicaid enrollees. Consumers should be treated equitably within the agency. IDS Providers should develop appropriate assessment and treatment planning tools. IDS Providers should provide as much treatment as is medically necessary to treat the member’s presenting problems. The episode of care should be terminated when the client no longer needs medically necessary treatment.

It is expected that clients will be active participants in the treatment planning process. Consumer voice should be present during the course of treatment and actually become the driver of treatment. It is expected that all clinicians will treat clients with respect, dignity, value and above all, as a human being. There should be no retaliation against clients if they file complaints or voice concerns.

IDS Providers are responsible for all aspects of care for the consumer they are treating. If an IDS Provider is not able to provide all of the medically necessary treatment needed to treat the client the provider may complete a secondary authorization to another IDS Provider to obtain the service needed. If a medically covered service is not available within the IDS panel the provider may contact CAPS for assistance for a potential out of panel authorization.

Routine services provided to a consumer must be on the consumer’s treatment plan in order to encounter them.

PROCESS AND/OR PROCEDURE:

Considerations should be given to the following elements when developing clinical expectations:

- Consider adopting professional ethical guidelines or developing them internally.
- IDS Providers are encouraged to develop a medical necessity criteria, or clinical guidelines, as a tool to use in making clinical decisions.
- Consider developing trainings for staff regarding ethical decision-making, consumer involvement within the organization, retaliation, medical necessity and consumer centered treatment planning.

- Consider developing an internal auditing process for the issues listed in this subject area, especially around progress notes relating to treatment plans resulting in submitted encounter.