

## Rapid Engagement Pilot Project

The Oregon Health Authority (OHA) is implementing a pilot of the Association of Oregon Community Mental Health Programs [Rapid Engagement model](#). The pilot will run from July 1, 2022, through June 30, 2023.

During this period, OHA will allow pilot participants flexibility in how they comply with the Oregon Administrative Rules (OARs) governing intake and service planning for outpatient behavioral health services.

### What is Rapid Engagement?

Rapid Engagement is a model of care focused on reducing barriers and prioritizing consumer experience in the initial entry, intake, and assessment process. This model aligns with OHA’s vision of a simple, responsive, and meaningful behavioral health system by:

- Allowing more immediate development of the therapeutic relationship.
- Addressing the individual’s pressing needs first, based on an initial diagnosis.
- Gathering required historical and clinical information over time to inform a comprehensive service plan, resulting in higher client engagement and a higher standard of care.

### Who is participating in the pilot?

Four coordinated care organizations (CCOs) and six behavioral health programs will participate, serving eligible Oregon Health Plan members.

County	CCOs	Programs
Deschutes Multnomah	PacificSource Health Plans Health Share of Oregon	Deschutes County Behavioral Health Cascadia Behavioral Health Care  Central City Concern: Blackburn Program Central City Concern: Puentes Program
Union	Eastern Oregon Coordinated Care Organization (EOCCO)	Center for Human Development
Yamhill	Yamhill Community Care	Yamhill County Health and Human Services

### What flexibilities are available during the pilot?

The Rapid Engagement Period covers up to six (6) individual therapy sessions within no more than six (6) months (whichever comes first) with a QMHP (or CADC in substance use disorders treatment programs) in the role of Primary Counselor. Additional services by a QMHP or other treatment staff such as crisis services, peer support, and case management may be provided during the Rapid Engagement Period.

OARs	Flexibilities
Entry: <a href="#">OAR 309-019-0135(1)</a> Parts (d) and (h)	Participants must complete the following at entry: <ul style="list-style-type: none"> <li>● Part (1)(d): Obtain written informed consent. If consent is not obtained, the reason shall be documented and further attempts to obtain informed consent shall be made as appropriate</li> </ul>

OARs	Flexibilities
	<ul style="list-style-type: none"> <li>● Part (1)(h)(B): Provide written description of individual rights</li> <li>● Part (1)(h)(D): Provide Notice of Privacy Practices</li> </ul> <p>Participants may provide the following disclosures at any time during the Rapid Engagement Period:</p> <ul style="list-style-type: none"> <li>● Part (1)(h)(A): Opportunity for declaration of mental health treatment</li> <li>● Part (1)(h)(C): Grievance policy (including sample form)</li> <li>● Part (1)(h)(E): Opportunity to register to vote (for individuals over 18 years old)</li> </ul> <p>To streamline these disclosures, OHA recommends providing them in a written document when possible.</p>
<p>Assessment:  <a href="#">OAR 309-019-0135</a>(3)</p>	<p>At a minimum, participants must document the following at entry:</p> <ul style="list-style-type: none"> <li>● The initial diagnosis, which can be an other specified diagnosis or a Z or R code from the Health Evidence Review Commission’s <a href="#">approved list of codes</a>. It is advised for programs to verify billing codes with your assigned CCO before submitting claims.</li> <li>● Screening for risk to health and safety and referral for further assessment, planning and intervention from an appropriate professional, either with the same provider or with a collaborative community provider.</li> </ul> <p>Participants may complete the comprehensive biopsychosocial assessment at any time before the Rapid Engagement Period ends. For substance use disorders services, each assessment shall be consistent with the dimensions described in the ASAM and shall document a diagnosis and level of care determination consistent with the DSM and ASAM.</p> <p>Participants can initiate and bill for outpatient services before completing this evaluation.</p>
<p>Service Planning:  <a href="#">OAR 309-019-0140</a>(1) and (2)</p>	<p>Before starting services, participants only need to provide a stated objective that addresses the initial diagnosis.</p> <p>Participants may develop the comprehensive service plan at any time before the Rapid Engagement Period ends.</p> <ul style="list-style-type: none"> <li>● Participants should document the service plan in the client chart as soon as possible.</li> <li>● However, its absence will not prevent participants from starting services during the Rapid Engagement Period.</li> </ul> <p>OHA waives the following service plan requirements during the Rapid Engagement Period:</p> <ul style="list-style-type: none"> <li>● Part (2)(a)(B): Baseline measurement</li> <li>● Part (2)(b): Types of services</li> <li>● Part (2)(c): Frequency and duration of services</li> <li>● Part (2)(d): Credentials of personnel providing service or support</li> <li>● Part (2)(e): Schedule for re-evaluating the service plan</li> </ul>

- Part (1)(f): Licensed healthcare professional signature

### How will participants bill for services provided through the pilot?

- For the initial assessment H0031 may be used for a low barrier, rapid assessment. A comprehensive assessment (90791) can be performed at any time during the Rapid Engagement period.
- For subsequent outpatient services, include on each claim the initial provisional diagnosis **or** the Mental Illness/Severe Emotional Disturbance diagnosis.
- For crisis intervention: These services may be provided separately from the six (6) outpatient visits covered during the Rapid Engagement Period.