

EXHIBIT A
MENTAL HEALTH SERVICES PRACTITIONER REPORT

1. Contractor shall complete the Mental Health Services Practitioner Report and submit the report on a computer diskette using a spreadsheet format such as Excel, or a database format such as Access, to OMHAS within one calendar month after the effective date of this Agreement. Contractor may complete a separate report for each county included in its Service Area.

2. Contractor shall list the names of all Participating Providers contracted with for the provision of Covered Services under this Agreement.
 - a. Contractor shall include the names of those employed persons whose duties may be administrative if such persons are responsible for oversight of clinical or Case Management activities; however, the amount of time recorded for such persons shall be limited to the proportion of time spent conducting clinical oversight or Case Management activities.

 - b. Contractor shall indicate the average number of hours worked each week over the last three (3) months for Contractor employed Health Care Professionals. A “standard” work week, for the purposes of this report, shall be 40 hours.
 - (1) Contractor may prorate the average number of hours worked each week using the following formula: the number of hours worked x percentage of OHP Members seen. For example, if 85% of total clients are OHP Members, multiply the total hours worked by each employed Health Care Professional by 85%.

 - (2) Contractor may propose to OMHAS other methods to calculate the average number of hours per week by employed Health Care Professionals.

 - c. For contracted Health Care Professionals, Contractor shall indicate the average number of hours worked each week over the last three (3) months in providing Covered Services to OHP Members.

3. Contractor's report shall include the following data elements:

- a. Name of MHO
- b. Report Date
- c. County, or counties, to which this report applies
- d. List name of each contracted individual mental health professional providing Covered Services to OHP Members by degree or license and indicate specialty using the following categories:
 - (1) MD (Physician/Psychiatrist),
 - (2) PMHP (Psychiatric Mental Health Nurse Practitioner),
 - (3) PhD (Licensed Clinical Psychologist), or
 - (4) LCSW (Licensed Clinical Social Worker).
- e. List name of each contracted agency showing employed clinical persons providing covered services or case management activities, and indicate the average hours per week each is engaged in OHP activities for the Contractor. Use the following categories:
 - (1) MD (Physician/Psychiatrist),
 - (2) PMHP (Psychiatric Mental Health Nurse Practitioner),
 - (3) PhD (Licensed Clinical Psychologist),
 - (4) LCSW (Licensed Clinical Social Worker),
 - (5) QMHP (Qualified Mental Health Professional),
 - (6) QMHA (Qualified Mental Health Associate), or
 - (7) PARA/Non-D (Paraprofessional/Non-Degree).
- f. List the names of all other Participating Providers not included above with whom the Contractor has contracted for the provision of Covered Services under this Agreement such as hospitals, or Respite Care Providers.

4. Contractor shall send this report to Office of Mental Health and Addiction Services, Community Services Section, PO Box 14250, Salem, OR 97309-0740.

5. If Contractor has questions about this report, Contractor may call the OMHAS Quality Assurance Specialist at (503) 945-9829.