# Oregon Behavioral Health Support Program (OBHSP)

1915(i) Program.

PROVIDER FIRST STEPS

## Scope

| Roles | IP /OP | Related Guides |
|---|---|---|
| Providers | | |
| | | |
| | | |

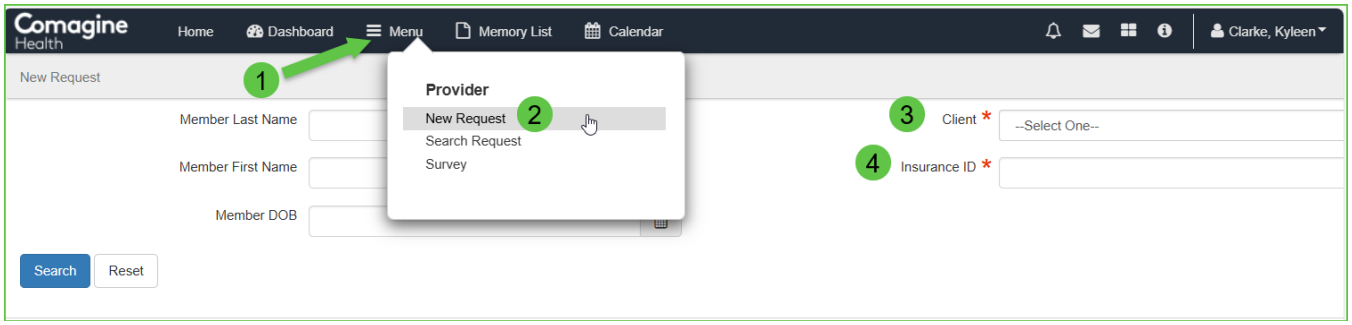
## Steps

**Pre-requisite**:

- Provider must have Jiva Provider Portal Access.
  - See Oregon Behavioral Health Support Program Providers | Comagine Health for Provider Portal Registration steps.
- Individual must have a Member Profile in Jiva.
  - Steps to confirm a member profile OR request one outlined below.

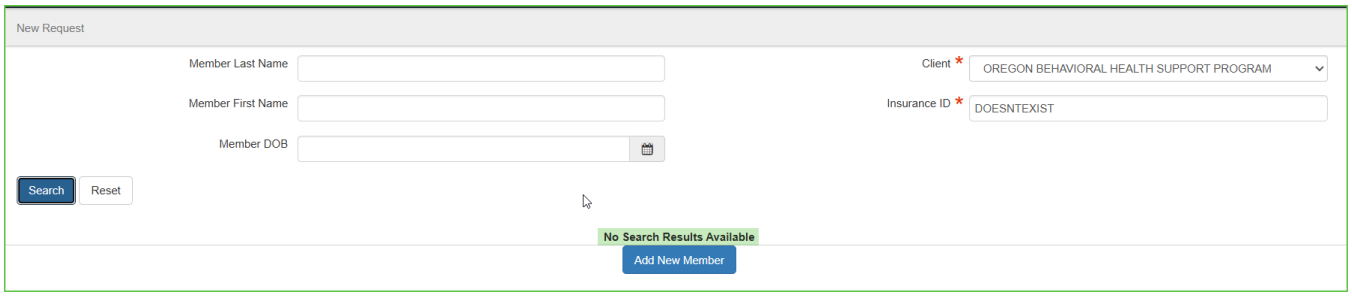
**Jiva Step by Step**

- Sign into Provider Portal with your Username and Password.
  - If you have not been issued a Username and Password, contact ORBHSupport@Comagine.org, with "Provider Portal" in the subject line.
  - Call 888-41603184, Option 2.
- Select Menu > New Request.

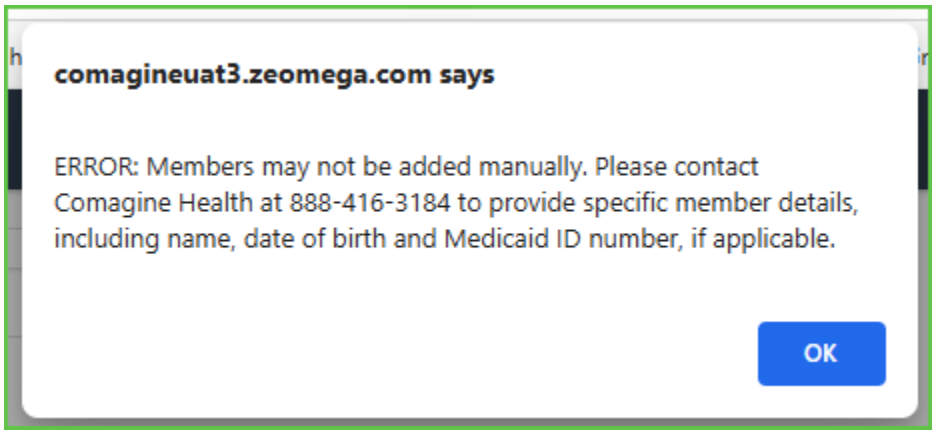



- Search for individual using:
  - **Client –** Oregon Behavioral Health Support Program.
  - **Insurance ID –** Medicaid ID number.

- If searching by Insurance ID results in "No Search Results Available":

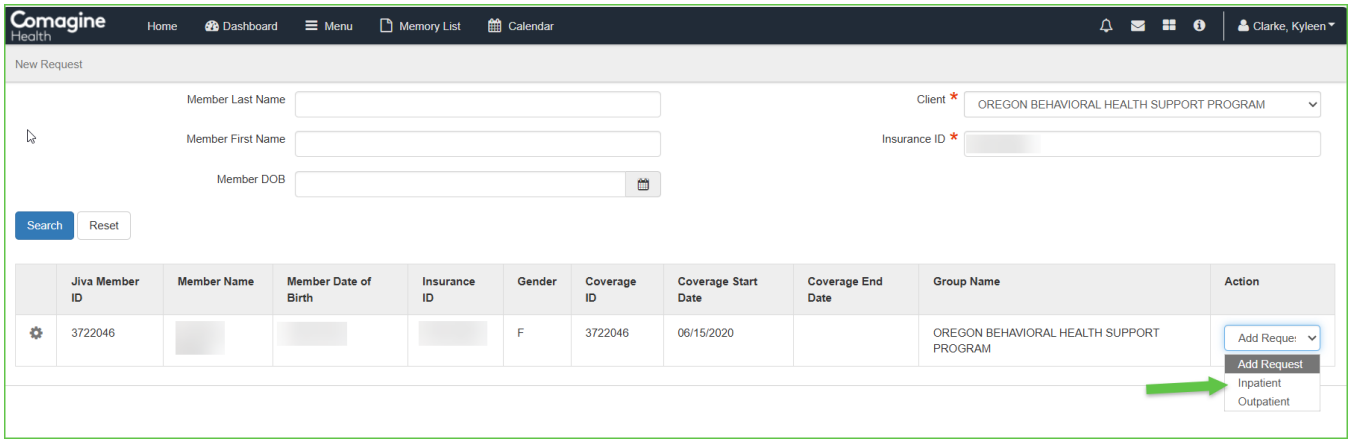



- If 'Add New Member' is selected, you will receive below alert:




- Call Comagine Health at 888-416-3184, Select 'Provider Portal' option 2 to add new member.
- OR send secure email to ORBHSupport@Comagine.org with "Provider Portal" in Subject line to request member add.

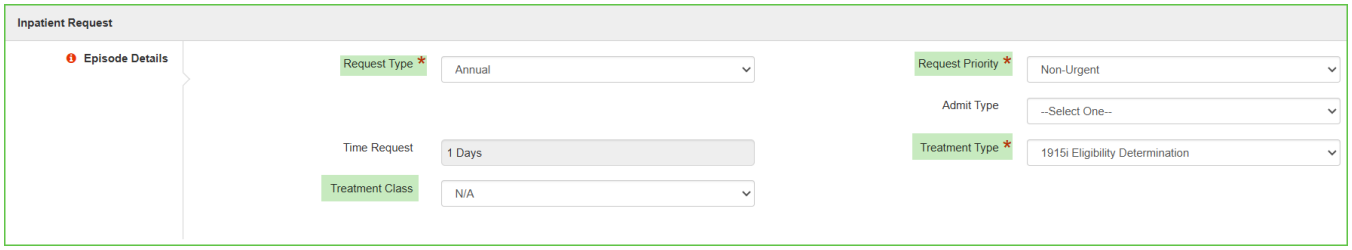
**If Member found:**




**Episode Details**

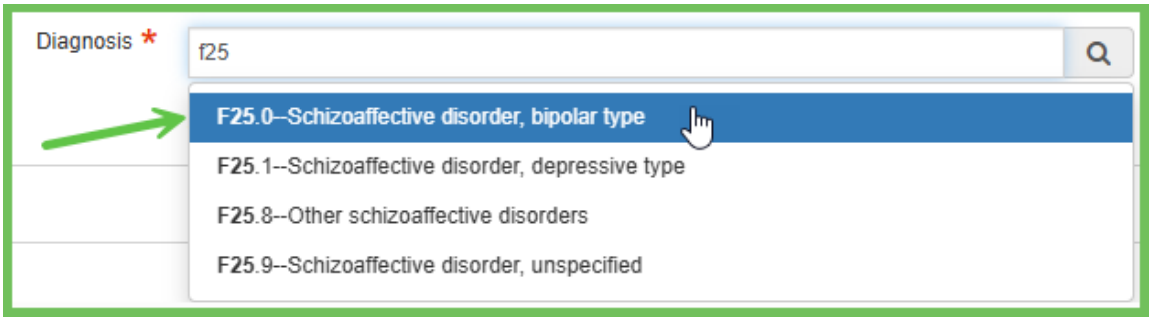
- Select 'Add Request'.
  - Inpatient.
- Request Type: Annual.

- Request Priority: Non-Urgent.
- Admit Type: Skip.
- Time Request: Skip.
- Treatment Type: 1915i Eligibility Determination.
- Treatment Class: N/A (field must be completed though no asterisk present).




**Diagnosis**

- Enter primary diagnosis identified on Mental Health Assessment.
  - Enter either numeric diagnosis code or start typing name of diagnosis, and a drop-down menu of choices will appear. Click on the appropriate choice to populate this field.

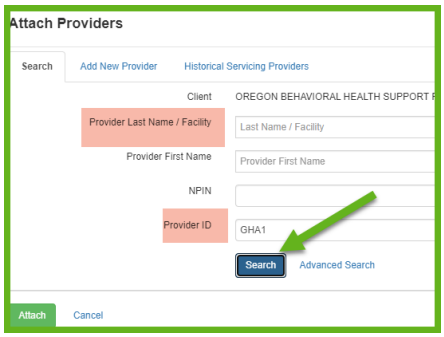



  - If multiple diagnoses entered, the primary diagnosis will be indicated with a gold star.

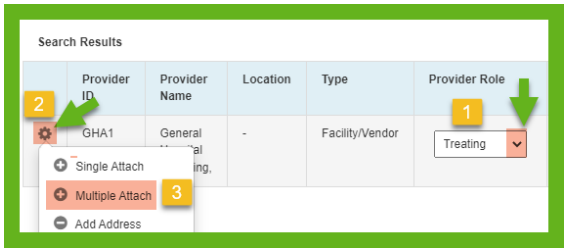
**Provider Details**

- Select  to add self as a Requesting Provider.
  - At this time, you are attached to the request. A treating and admitting provider must also be attached, using steps below.

- Select 'Attach Providers'.
- Enter Provider ID number (MCD number) or Provider name in appropriate field. (Entering Provider ID number is preferred method).
- Search.




- Locate *Provider* under Search Results (right side of screen).
- Review Provider Role (Treating/Admitting) to ensure it is correct (step #1).
  - If Provider role is incorrect, click on the drop-down arrow to choose appropriate Provider role.
- Click  next to the Provider (step #2).
- Select *Multiple Attach* (step #3).




- From the same screen, enter 2nd Provider ID number or Provider name in the appropriate field and click *Search.*
- Locate *2nd Provider* under Search Results (right side of screen).
- Repeat above steps for the *2nd Provider.*

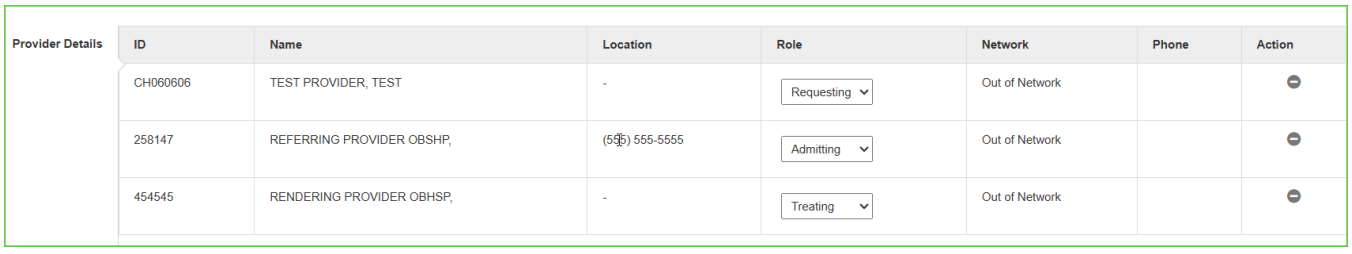
Select 'Attach'.

At this time, there should be 3 attached providers:

**REQUESTING –** County/provider/facility.

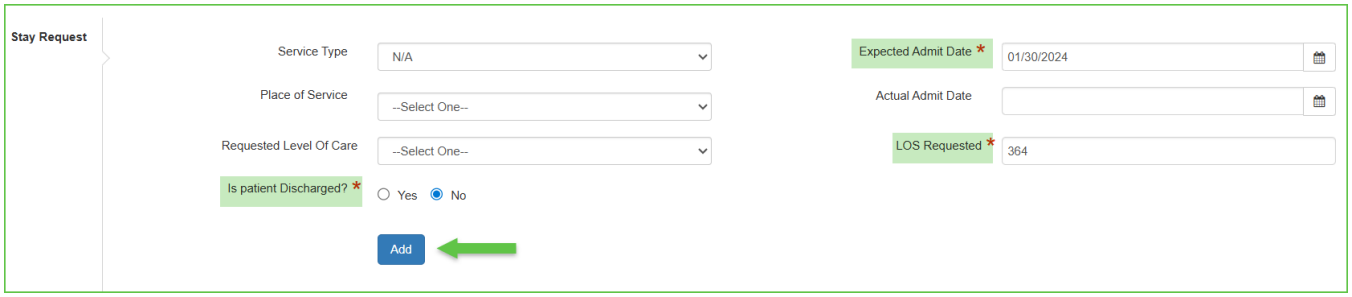
**ADMITTING –** Referring provider, typically the county or the provider/facility.

**TREATING –** Provider currently rendering services.

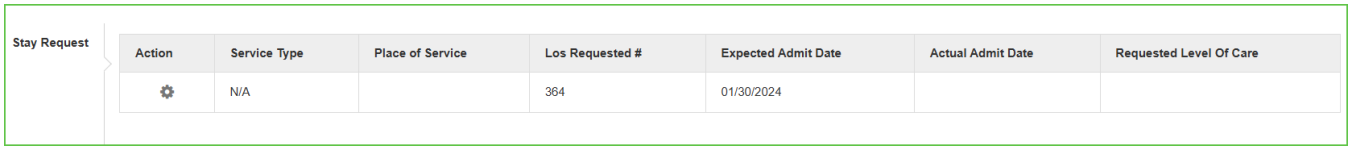


**Stay Request**

- Service Type: N/A (skip).
- Expected Admit Date: Original admit date to the facility.
- Place of Service: Skip.
- Actual Admit Date: Skip.
- Requested Level of Care: Skip.
- LOS Requested: 364.
- Is patient Discharged?: Select No.
- Add.



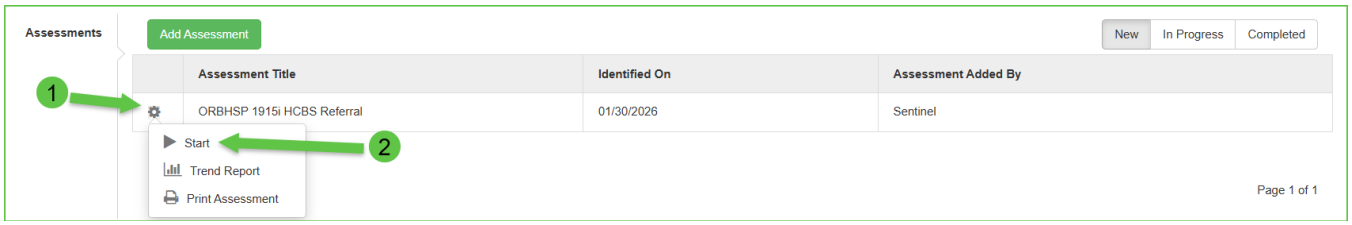

- After selecting "Add", the page will update reflect added stay request, as well as adding an Assessments section after 'Service Request.'




**Service Request -** Skip section.

**Assessments**

- If Assessment section is not visible, scroll to step above and select 'Add' under **Stay Request.**
- An assessment will auto populate according to Treatment Type selected earlier. Do not select 'Add Assessment'.
- For 1915i Eligibility Determination:
  - ORBHSP 1915i HCBS Referral
  - Select  Gear.
  - Start.




1. **What is the reason for this request?**
   - *Initial 1915(i) Eligibility Determination*:
     - 1st Plan of Care (POC) date range request.
   - *Annual 1915(i) Eligibility Redetermination*:
     - POC date range is concurrent with the last POC approval OR
     - Request received less than 90 days from the end date of the last POC.
     - Any request submitted more than 90 days after the last POC end date (and meant to be concurrent with previous POC approval period) is considered a *Retro Authorization*. (Note: Change in Web Note steps outlined later in Quick Start Guide.)
   - *1915(i) Change of Condition*:
     - Criteria for Change of Condition: Referral accepted after 30+ days of change in status.

2. **Select required documentation (*) to be uploaded with referral submission:**
   - Mental Health Diagnosis Documentation signed by Qualified Mental Health Professional (QMHP) or (LPHA) within 18 months*
   - Mental/Behavioral Health Assessment
   - Psychiatric Assessment
   - Nursing Assessment
   - Residential Care Plan and/or Treatment Plan
   - Progress Notes
   - Progress Notes Change in Condition/Status ( supporting documentation for change with anticipated duration 30+ days)
   - Legal Guardianship/Authorized Representative Documents (required if applicable)
   - APD/DD License (for all APD/DD placements)
   - Conditional Release/Community Evaluation for individuals involved with Psychiatric Security Review Board (PSRB).
   - Risk Management Plan (for identified risks, i.e., suicide, choking, fall, elopement, etc.)
   - Incident Reports
   - Medication Administration Record (MAR)
   - Nursing Delegation Form(s) CH-011 and supporting documentation
   - Signed consent for Release of Information and Participation in the Oregon Behavioral Health Support Program (signed by guardian/authorized representative, if applicable)

3. **What is the County of Responsibility?**

4. **What is the managed care enrollment status?**
   - Coordinated Care Organization (CCO)

OR

   - Fee for Service (FFS)

5. **What is the CCO of Responsibility?**
   - If CCO was chosen in the above field, the CCO is required to be entered.

6. **Is this an Independent Living Setting?**
   Independent living settings can include supported housing, living with family, or unhoused.
   - Yes: If the individual is living independently. ***If yes, see 1915i ILP Provider Portal Steps.*
   - No: If the individual is NOT living independently.

7. **Select Placement Setting**:
   - Choose the correct facility/home selected on the CH-006.
     - Adult Foster Home (AFH)
     - APD AFH
     - APD Assisted Living Facility (ALF)
     - APD Resident Care Facility (RCF)
     - I/DD AFH
     - I/DD Group Home
     - Residential Treatment Facility (RTF)
     - Residential Treatment Home (RTH)

8. **Select Procedure Code:**
   - T1020
   - S5141

9. **Select all applicable modifiers:**
   - At least one modifier must be selected.

10. **What is the original admit date for the current setting?**
    - Date of Admission to Residential Program listed on CH-006.

11. **What is the current Legal Status?**
    - Select appropriate option based on information provided on CH-006.

12. **Is there an Authorized Representative/Legal Guardian?**
    - Yes: Provide Authorized Representative/Legal Guardian information in boxes 13a-13e.
      - If yes, ensure Guardianship documents are added to referral.

- No

13. **Referring Provider:**
    - Enter Referring Provider County/facility name in box.

14. **Provider MCD Number:**
    - Enter MCD number in box.

15. **Contact Name:**
    - Enter Referring provider contact name in box, found on CH006 form.

16. **Email Address:**
    - Enter Referring provider email address in box, found on CH006 form.

17. **Phone Number (xxx-xxx-xxxx):**
    - Enter Referring provider phone number in box, found on CH006 form.

18. **Fax Number (xxx-xxx-xxxx):**
    - Enter Referring provider fax number in box, found on CH006 form.

19. **Rendering Provider:**
    - Enter Rendering Provider County/facility name in box.

20. **Provider MCD Number:**
    - Enter MCD number in box.

21. **Contact Name:**
    - Enter Rendering provider contact name in box, found on CH006 form.

22. **Email Address:**
    - Enter Rendering provider email address in box, found on CH006 form.

23. **Phone Number (xxx-xxx-xxxx):**
    - Enter Rendering provider phone number in box, found on CH006 form.

24. **Fax Number (xxx-xxx-xxxx):**
    - Enter Rendering provider fax number in box, found on CH006 form.

25. **Is there an Exceptional Needs Care Coordinator (ENCC)?**
    - Yes: Provide ENCC information in boxes 26a – 26c.
    - No.

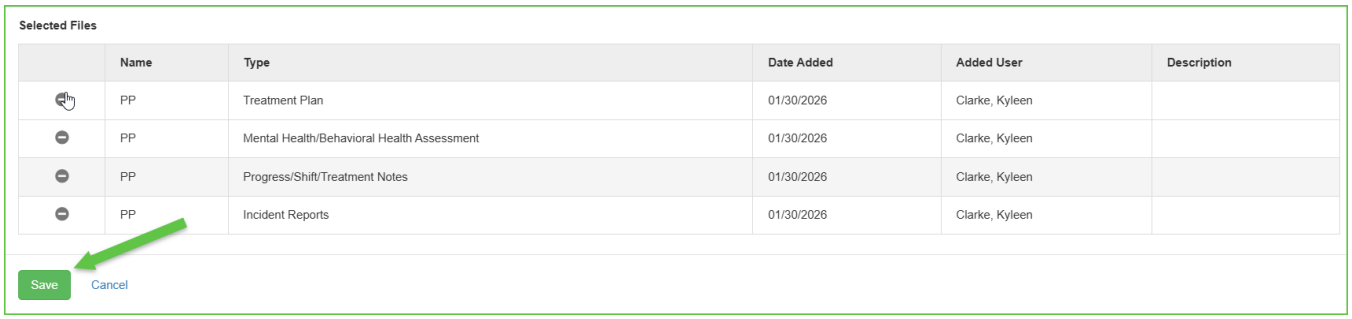
Select **'Complete'.**

**Documents**

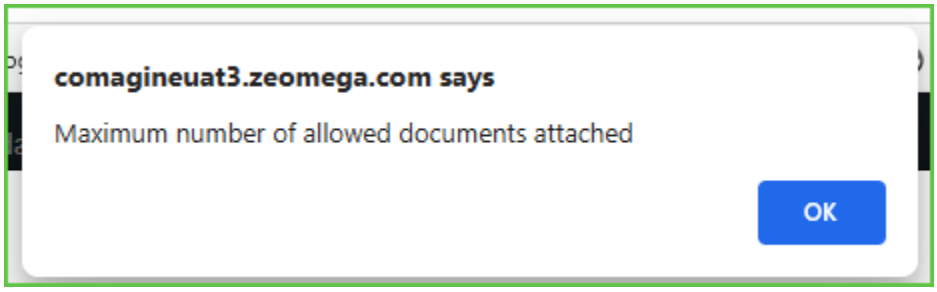
Note: Recommend files be updated as PDF and no larger than 10 Mb (or 10,000 Kb).

- Select 'Add Documents'.
  - Document Title: Individual's Initials.
  - Document Type: Select appropriate document type.
    - Example: Mental Health/Behavioral Health Assessment
  - Document Description: Skip.
  - Select Document: Browse, select appropriate file.
  - Add.

Once all selected files are added, press 'Save'.



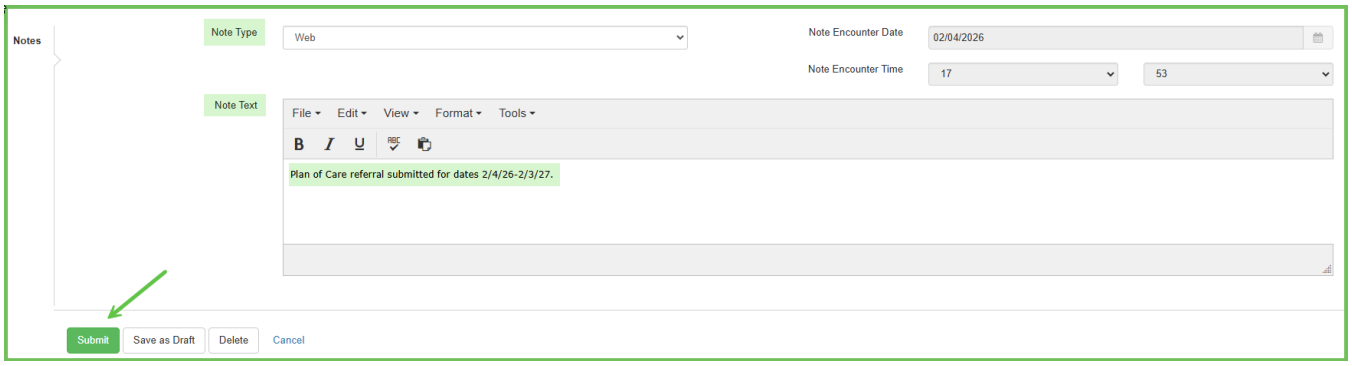

*Please note, you are only able to initially upload 4 documents, as noted by below alert:




**How to upload **additional documents** is covered in later steps.*

**Note Text:**

- Note Type: Web. (auto populates)
- Note Encounter Date: Skip. (date auto populates)
- Note Encounter Time: Skip. (auto populates)
- Note Text: *Plan of Care referral submitted, POC dates xx.xx.xxxx-xx.xx.xxxx*.



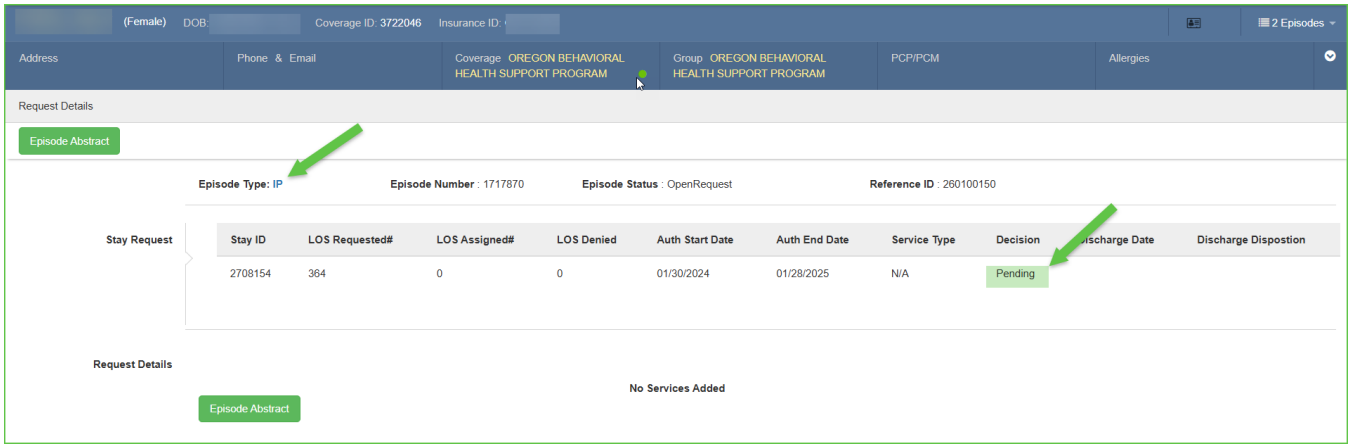

Select 'Submit'.



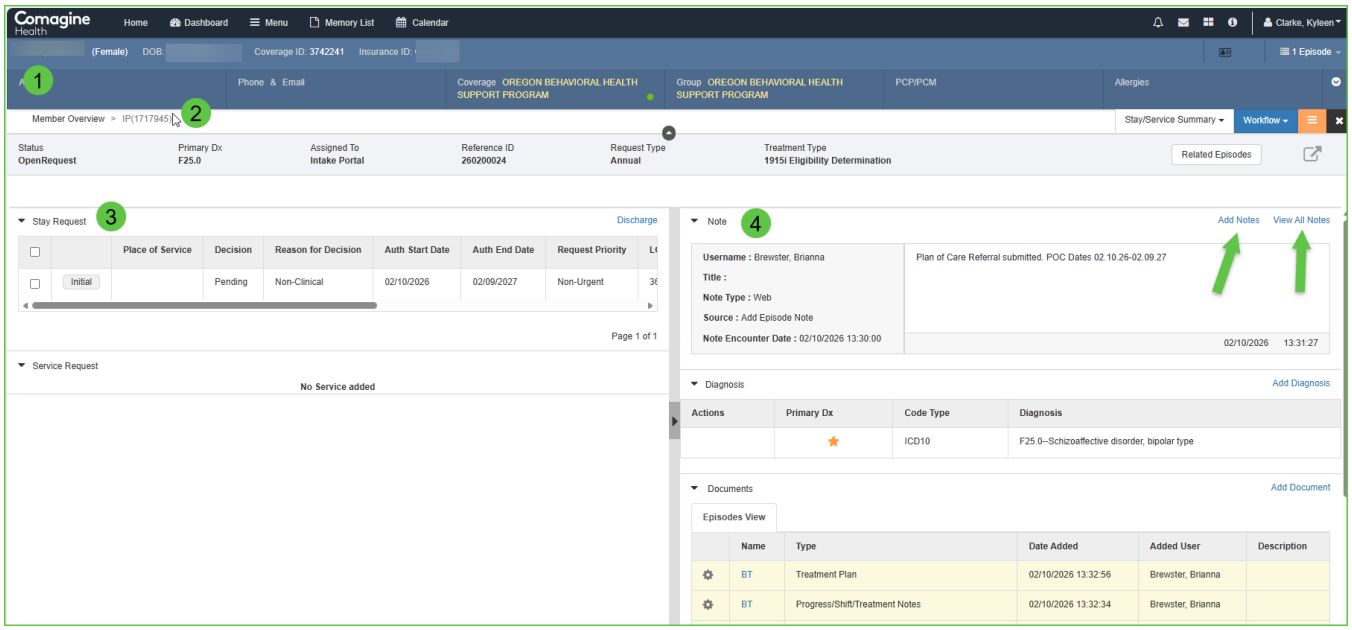

**Congratulations! You have submitted a referral via Comagine Health Provider Portal.**

A summary page will populate after submission.

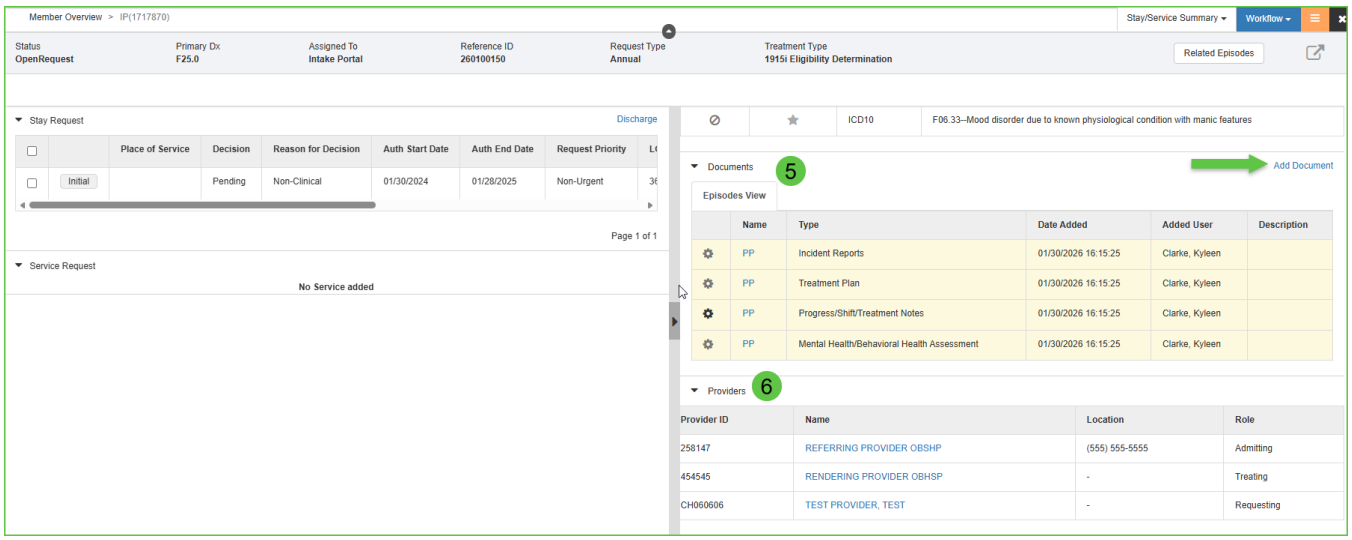
- Decision – Pending indicates this was submitted to Comagine Health.




- Select IP next to Episode Type to open individual's episode in Jiva.




1. Individual's Demographic Information.
2. **Jiva Episode Number –** Once a referral is submitted, the individual will have an episode number. If questions arise about a individual's specific plan of care, this is an identifier Comagine may ask for.
3. **Stay Request –** Captures the authorization dates according to the scope of work.
4. **Note -** Web Notes that captures communication within Jiva between Comagine Health, Oregon Health Authority and Providers.
    a. 'View All Notes' – View of all web note communications.
    b. 'Add Notes' – Utilize for future communication with Comagine Health. Steps outlined later in workflow.



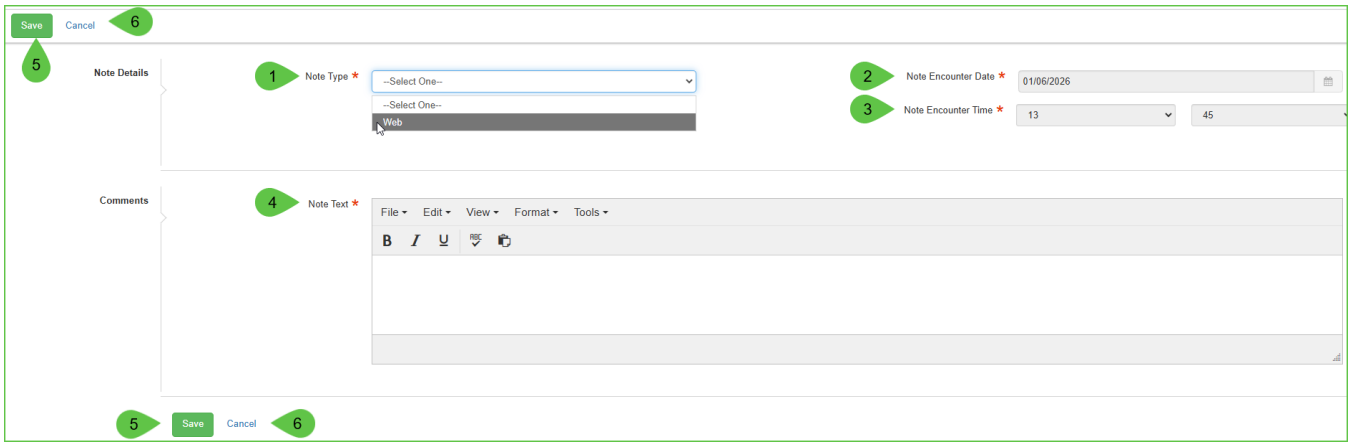

5. **Documents –** View of all documents that were submitted.

a. To add additional documents, select 'Add Document' and follow steps previously completed for uploading a document.

6. **Providers –** Overview of providers attached to episode.

**To Send a Web Note to Comagine Health:**

- Select 'Add New Note'. Once this is selected, a note page will auto populate.



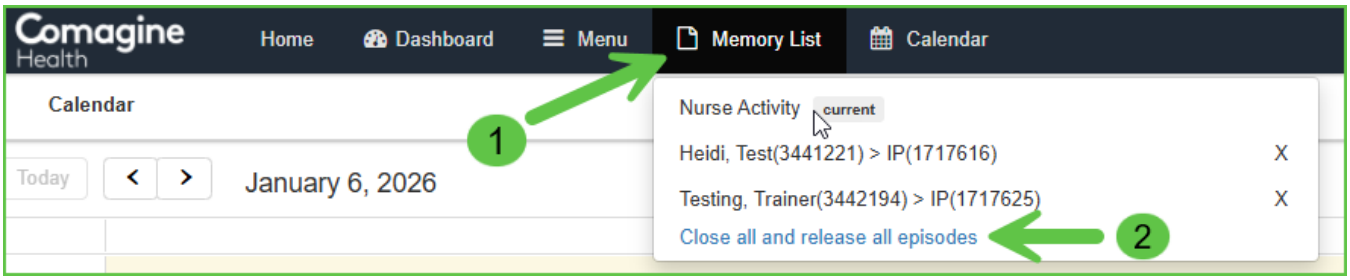

1. **Note Type –** Web Note will be the only option.
2. **Note Encounter Date –** Auto populates with today's date. Do not change.
3. **Note Encounter Time –** Auto populates. Do not change.
4. **Note Text –** Field to communicate Comagine Health.
5. **Save –** Two options to save the note. Saving the note sends it forward to IQA.
6. **Cancel -** Two options to cancel the note. If 'Cancel' is selected, a new note will need to be created.

- Complete the following fields.
  a. Note type: **Web Note.**
  b. Note Text: Communication for Comagine Health.
     a. Example: 'Progress Notes submitted.'
  c. Select **Save.**

**Clear Memory List.**

*If an episode is in your Memory List, other parties (including Comagine Health) are unable to work in episode.*

- Select 'Memory List' from web page header. This will trigger a drop-down list of any episodes the user has opened.
- Select 'Close all and release all episodes.'




| Version Number | Date Revised | Description | Author |
|---|---|---|---|
| 1.0 | 02/11/2026 | Initial (Approved by NA) | Kyleen Clarke |
| 1.1 | 10.14.26 | Updated required documents | Leslie Swanson |