# Oregon Independent and Qualified Agent (IQA) and Related Services
## Provider Portal Quick Start Guide - Behavioral Health Residential Non-Medicaid Referral Submissions

This is a Quick Start Guide for Providers submitting a request for the Behavioral Health (BH) Residential Non-Medicaid program via the Comagine Health Provider Portal (CHPP). No personal health information is used in this guide.

This guide is for the following submission types:

- 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)
- Secured Residential Treatment Facility (SRTF)
- Young Adults in Transition (YAT)
- Individuals under 18 living in an Adult Foster Home (AFH), I/DD Group Home, or I/DD AFH

**Pre-requisite**:

- Provider must have access to the CHPP.
  - See Oregon Behavioral Health Support Program Providers | Comagine Health for Provider Portal Registration steps.
- Individual must have a Member Profile established in CHPP.
  - The steps to confirm a member's profile or to request one be added are outlined below.
- Individual **does not** have active State Medicaid Mental Health Services (SMHS) eligibility.
  - Contact ORBHSupport@Comagine.org, with "PORTAL" in the subject line or call 888-416-3184, Option 2 for assistance for 'next steps' with this process. The IQA can assist with the 150% Federal Poverty Limit form and process.

**The following steps will pertain to Initial, Annual Redetermination or Change in Condition requests for BH Residential Non-Medicaid referral.**

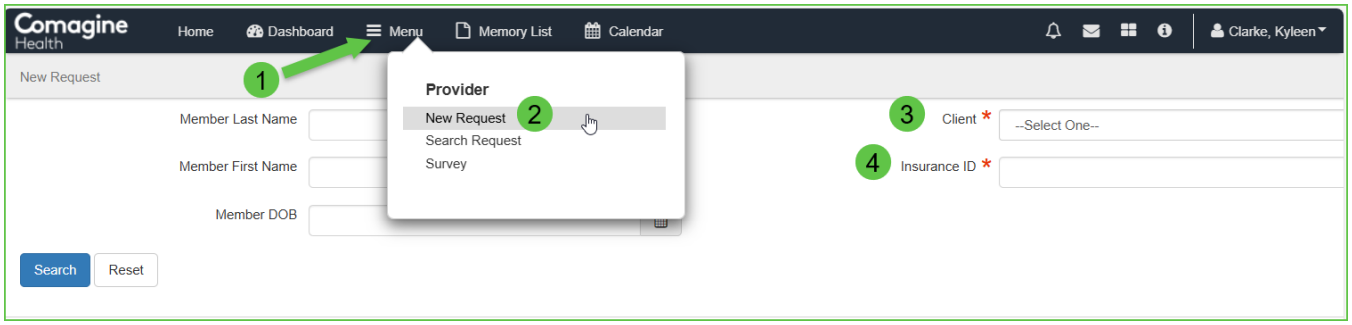
- ***Initial definition:***
  - *New admission/initial IQA assessment request.*
- ***Annual Redetermination definition:***
  - *Referral accepted no more than 60 days prior to end of current authorization year.*
  - *Annual BH Residential Non-Medicaid Eligibility Redetermination.*
  - *Authorization date range is concurrent with the last authorization approval AND request received less than 90 days from the end date of the last authorization.*

- *Any request submitted more than 90 days after the last authorization end date (and meant to be concurrent with previous approval period) is considered a Retro Authorization (note: Change in Web Note steps outlined later in this Quick Start Guide).*

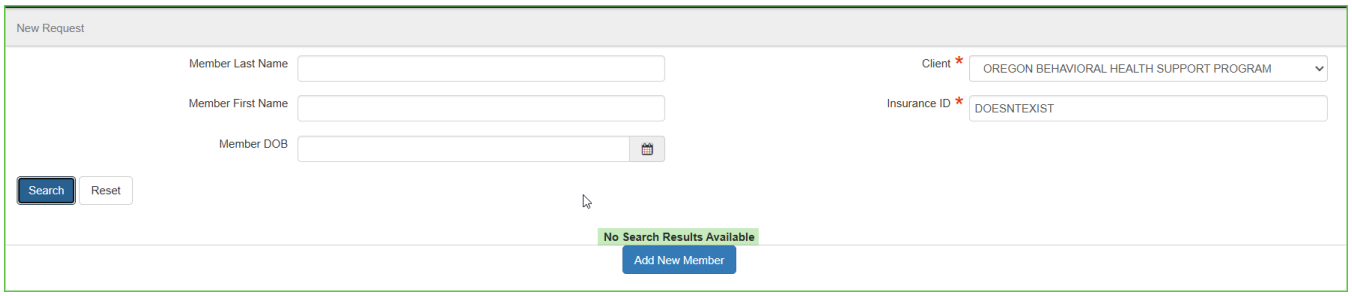
- ***Change in Condition definition:***
  - *Referral accepted after 30+ days of change in status.*

## Steps to Submit Referral Request:

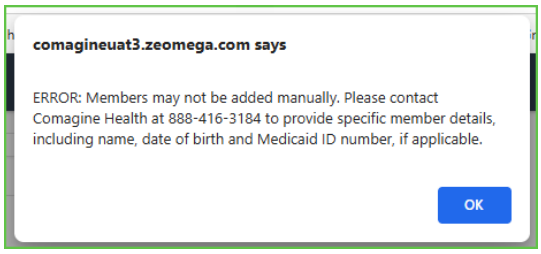
1. Sign into the CHPP with your Username and Password. If you have not been issued a Username and Password, contact ORBHSupport@Comagine.org, with "PORTAL" in the subject line or call Comagine Health mainline 888-416-3184, Option 2.
   1) Select **Menu**.
   2) Select **New Request**.



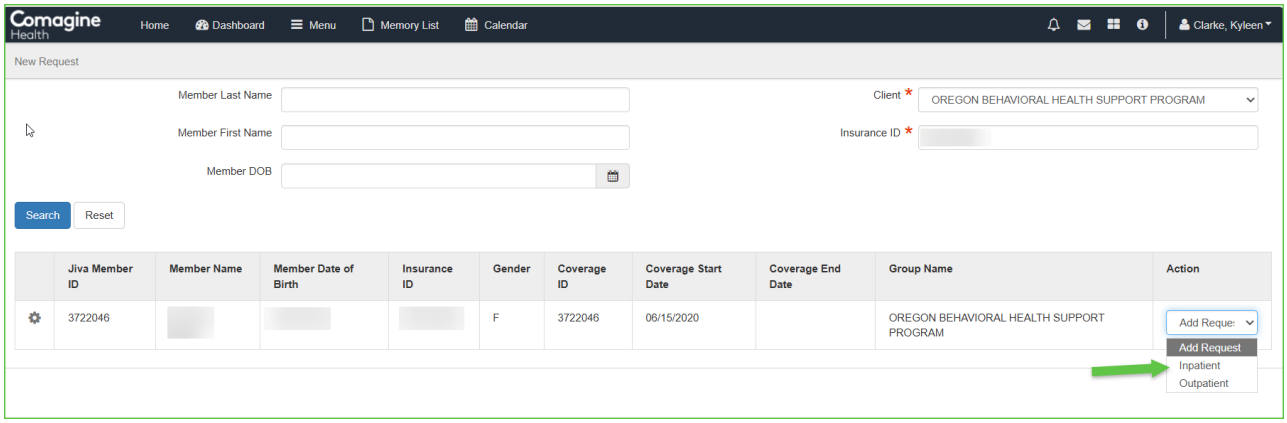

2. Search for individual using:
   3) **Client –** choose **Oregon Behavioral Health Support Program.**
   4) **Insurance ID –** enter the individual's **Medicaid ID number.**
   5) Click **Search.**
   6) If a search results in "No Search Results Available," the member will need to be added.




- Note: Provider cannot add a new member to the CHPP on their own. If Add New Member is selected, you will receive an alert (see screenshot below). If you need to add a new member, call Comagine Health at 1-888-416-3184 and select Option 2, or send a secure email to ORBHSupport@Comagine.org with "Provider Portal" in the Subject line to request member add.



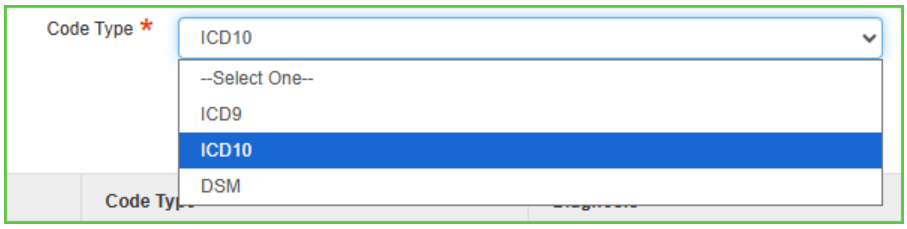

**7)** When the search returns results, verify the member's information – **Member Name, Date of Birth, and Insurance ID.**



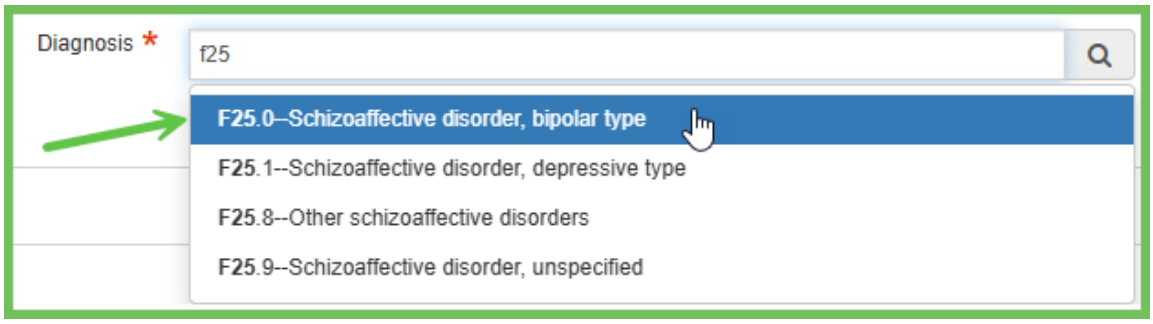

3. Under **Action**, select **Add Request** and choose **Inpatient** from the drop-down menu.
4. Enter the required **Episode Details:**
   - **Request Type:** Annual. (*Use for all submission types.*)
   - **Request Priority:** Non-Urgent.
   - **Admit Type:** Skip.
   - **Time Request:** Skip – defaults to 1 Day.
   - **Treatment Type:** BH Residential Non-Medicaid.
   - **Treatment Class:** N/A




5. **Code Type:** Enter code type for primary diagnosis identified in supporting documentation.
   - ICD10 auto-populates.
   - From the drop-down menu select the appropriate code type ICD10 or DSM.



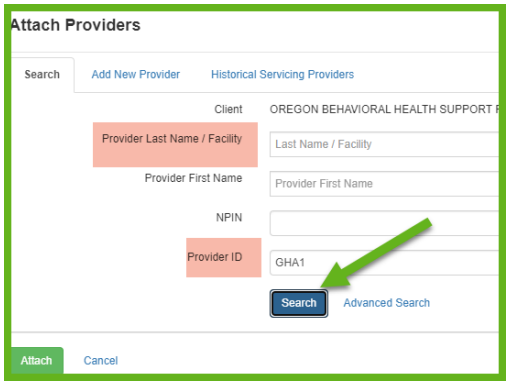

- Under the **Diagnosis** section, enter primary diagnosis identified on the Mental Health Assessment.
  - Enter either numeric diagnosis code or start typing name of diagnosis, and a drop-down menu of choices will appear. Click on the appropriate choice to populate diagnosis code type for ICD10 or DSM field.



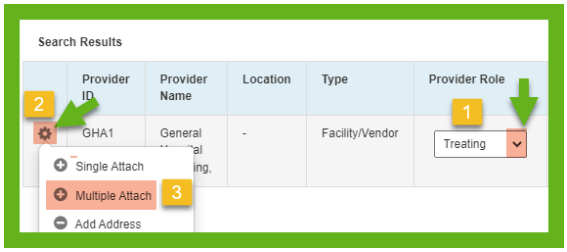

  - If multiple diagnoses entered, the primary diagnosis will be indicated with a gold star.

**6.** Under **Provider Details**

- Select the **paperclip icon**  to add yourself as a **Requesting Provider**.
  - At this time, you are attached to the request as the **Requesting** provider. Now an **Admitting** provider **(aka referring provider – typically the county)** and the **Treating** provider **(provider currently rendering services)** must also be attached, using steps below.
- Select **Attach Providers.**
- Enter **Provider ID number** (MCD number) or **Provider name** in the appropriate field (entering the Provider ID number is preferred method).
- Click **Search**.



- Locate the correct provider under the **Search Results** (on the right side of the screen) and complete the following steps:
  1) Review the **Provider Role** for the **Treating** and **Admitting** provider to ensure it is correct. If incorrect, click on the drop-down arrow to choose appropriate **Provider Role** (either Treating or Admitting).
  2) Click the **gear icon**  next to the Provider.
  3) Select **Multiple Attach**.

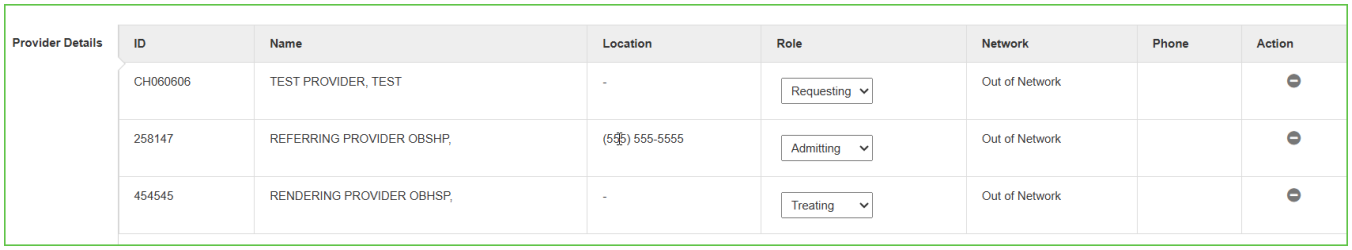



- From the same screen, enter the second Provider ID number or Provider name in the appropriate field and click **Search**.
- Locate the correct second provider under the Search Results (on the right side of screen).
- Repeat steps 1-3 above to enter the second provider.
- Select **Attach.**
- After this, there should be 3 attached providers:

**REQUESTING –** Submitting provider, typically county/provider/facility.

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

**TREATING –** Provider currently rendering services.

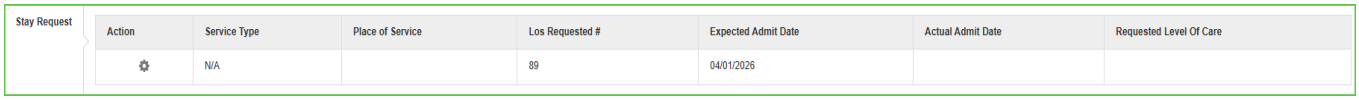



**7.** Under the **Stay Request** section, enter the following information:

- **Service Type:** N/A (skip).
- **Expected Admit Date:** Start date of authorization for year being requested.
- **Place of Service:** Skip.
- **Actual Admit Date:** Skip.
- **Requested Level of Care:** Skip.
- **LOS Requested:** 364. (Note: Jiva counts Day 1 as authorization Start Date.)
- **Is patient Discharged?:** Select No.
- When complete, click **Add.**

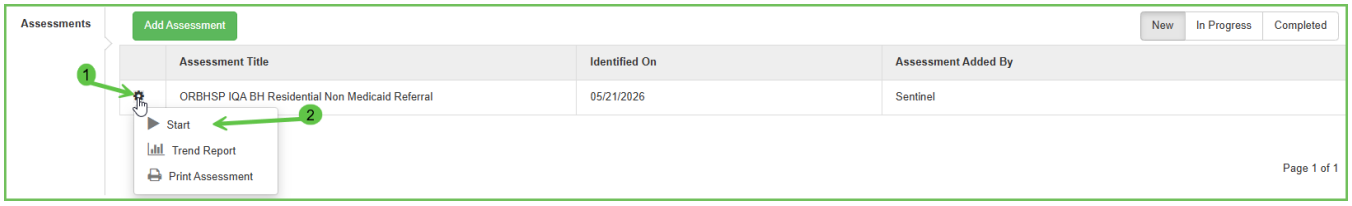



- After selecting **Add**, the page will update to reflect added stay request, as well as adding an Assessments section after Service Request.




8. The **Service Request** section can be skipped.
9. Complete the **Assessments** section:
   - If Assessment section is not visible, scroll back up to the **Stay Request** section and ensure you have clicked **Add.**
   - An assessment will auto populate according to Treatment Type selected earlier. **Do not select Add Assessment.**

     1) For BH Residential Non-Medicaid Eligibility Determination, click on the gear icon  next to the ORBHSP IQA BH Residential Non-Medicaid Referral assessment.
     2) Choose **Start** from the drop-down menu.




***The following are the questions and directions for completion of the ORBHSP IQA BH Residential Non-Medicaid Referral assessment for* BH Residential Non-Medicaid:**

***1. What is the reason for this BH Residential Non-Medicaid request?**

- Initial
  - *New admission/initial IQA assessment request.*
  - *Initial BH Residential Non-Medicaid Eligibility Determination.*
- Annual Redetermination
  - *Referral accepted no more than 60 days prior to end of current authorization.*
  - *Annual BH Residential Non-Medicaid Eligibility Redetermination.*
  - *Authorization date range is concurrent with the last approval, OR request received less than 90 days from the end date of the last authorization.*

- *Any request submitted more than 90 days after the last authorization end date (and meant to be concurrent with previous authorization approval period) is considered a Retro Authorization (note: Change in Web Note steps outlined later in this Quick Start Guide).*

- Change in Condition definition:
  - *Referral accepted after 30+ days of change in status.*

***2. Select documentation to be uploaded with referral submission (* denotes required documentation):**

- 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
- Legal Guardianship/Authorized Representative Paperwork 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? Select the box next to the County of Responsibility.**

- Baker
- Benton
- Clackamas
- Clatsop
- Columbia
- Coos
- Crook
- Curry
- Deschutes
- Douglas
- Gilliam
- Grant
- Harney
- Hood River
- Jackson
- Jefferson
- Josephine

- Klamath
- Lake
- Lane
- Lincoln
- Linn
- Malheur
- Marion
- Morrow
- Multnomah
- Polk
- Sherman
- Tillamook
- Umatilla
- Union
- Wallowa
- Wasco
- Washington
- Wheeler
- Yamhill

***4. Select Placement Setting:**

- Adult Foster Home
- Residential Treatment Facility
- Residential Treatment Home
- Secure Residential Treatment Facility
- Young Adults in Transition Residential Treatment Home
- Young Adults in Transition Residential Treatment Facility

***5. What is the original admit date for the current setting?**

- Enter Date of original admit date in the box.

*** 6. What is the current Legal Status?** Select box next to current legal status.

- Voluntary
- Voluntary by Guardian
- Civil Commitment
- PSRB (If PSRB is selected a questions 6a. – 6c. will appear. Enter PSRB Contact Information.)
- Aid and Assist (If Aid and Assist is selected questions 6d. – 9f. will appear. Enter Aid and Assist Contact Information.)

    - ***6a. PSRB Name: Enter the name of the PSRB liaison in the box. Enter NA if unknown.**

    - ***6b. Email Address: Enter the email address of the PSRB liaison in the box. Enter NA if unknown.**

- **6c. Phone Number (000-000-0000): Enter the phone number for the PSRB liaison in the box. Enter NA if unknown.**

- ***6d. Aid and Assist Name: Enter the name of the Aid and Assist liaison name in the box. Enter NA if unknown.**

- ***6e. Email Address: Enter the email address for the Aid and Assist liaison in the box. Enter NA if unknown.**

- ***6f. Phone Number (000-000-0000): Enter the phone number for the Aid and Assist liaison in the box. Enter NA if unknown.**

- ***7. Is there a Legal Guardian/Authorized Representative?**
  - Yes: Provide Authorized Representative/Legal Guardian information in boxes 7a-7e.
    - If yes, ensure Guardianship documents are added to referral.
  - No

    - ***7a. Name: Add the name of the Legal Guardian/Authorized Representative in the box. Enter NA if unknown.**

    - ***7b. Relationship to Individual: Enter the relationship of the Legal Guardian/Authorized Representative to the individual in the box. Enter NA if unknown.**

    - ***7c. Address: Enter address for Legal Guardian/Authorized Representative in the box. Enter NA if unknown.**

    - ***7d. Email Address: Enter email address for Legal Guardian/Authorized Representative in the box. Enter NA if unknown.**

    - ***7e. Phone Number (000-000-0000): Enter phone number for Legal Guardian/Authorized Representative in the box. Enter NA if unknown.**

### Submitting Provider Contact Information

- ***8. Contact Name:**
  - Enter submitting provider contact name in box. Enter NA if unknown.

- ***9. Email Address:**
  - Enter submitting provider email address in box. Enter NA if unknown.

- ***10. Phone Number (000-000-0000):**
  - Enter submitting provider phone number in box. Enter NA if unknown.

- **11. Fax Number (000-000-0000):**
  - Enter submitting provider fax number in box.

### Treating/Rendering Provider Contact Information

- ***12. Contact Name:**
  - Enter Rendering provider contact name in box. Enter NA if unknown.

- ***13. Email Address:**
  - Enter Rendering provider email address in box. Enter NA if unknown.

- ***14. Phone Number (000-000-0000):**
  - Enter Rendering provider phone number in box. Enter NA if unknown.

- **15. Fax Number (000-000-0000):**
  - Enter Rendering provider fax number in box if known. Otherwise, this field can be left blank.

### Care Coordinator Information

- ***16. Is there a Care Coordinator (CC)? (Ex. ENCC, CCO/FFS Care Coordinator, Residential Specialist)**
  - Yes: Provide ENCC information in boxes 16a – 16c.

- ***16a. CC Name:**
  - **Enter CC name in the box. Enter NA if unknown.**

- ***16b. Email Address:**
  - **Enter the email address for the CC in the box. Enter NA if unknown.**

- ***16c. Phone Number (000-000-0000):**
  - **Enter the CC phone number in the box. Enter NA if unknown.**

- **17. Is there an additional Care Coordinator (CC)?**
  - Yes: Provide ENCC information in boxes 17a – 17c.
  - No

- **17a. CC Name:**
  - **Enter name of CC in the box.**

- **17b. Email Address:**
  - **Enter the email address for the CC in the box.**

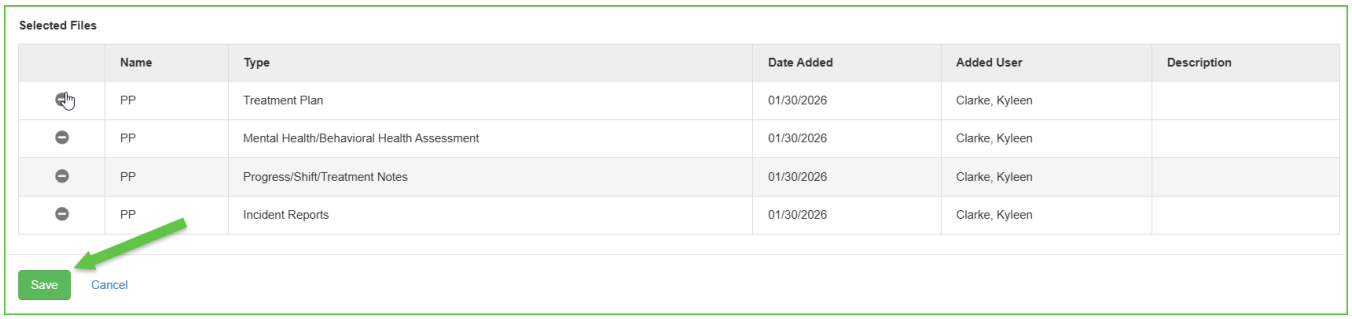
- **17c. Phone Number (000-000-0000):**
  - **Enter the CC phone number in the box.**

Select **Complete.**

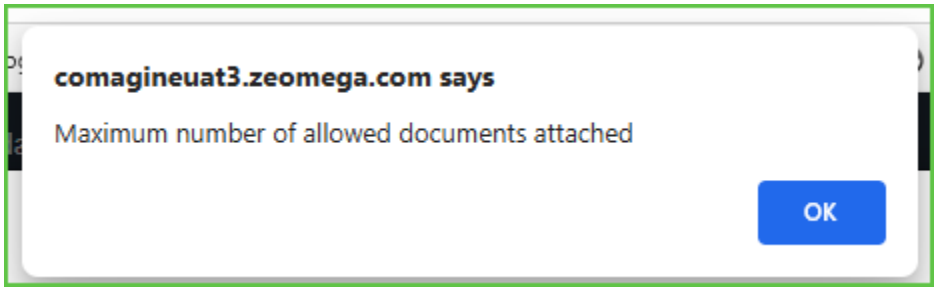
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**10.** Attach Documents. Note: Recommended files be uploaded as PDF.

- Documents cannot be uploaded to Jiva as Zip files.
- Select **Add Documents**. Enter the following:
  - **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.
  - Click **Add.**
  - Once all selected files are added, press **Save.**

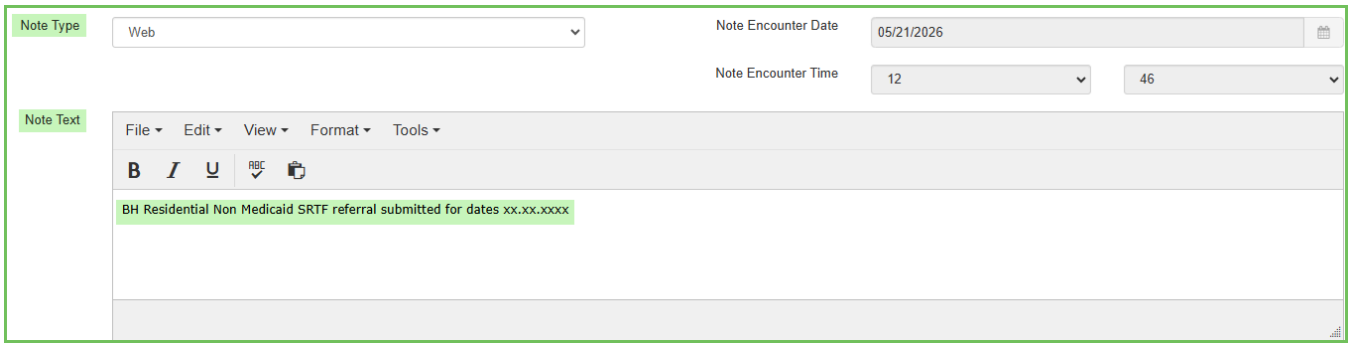


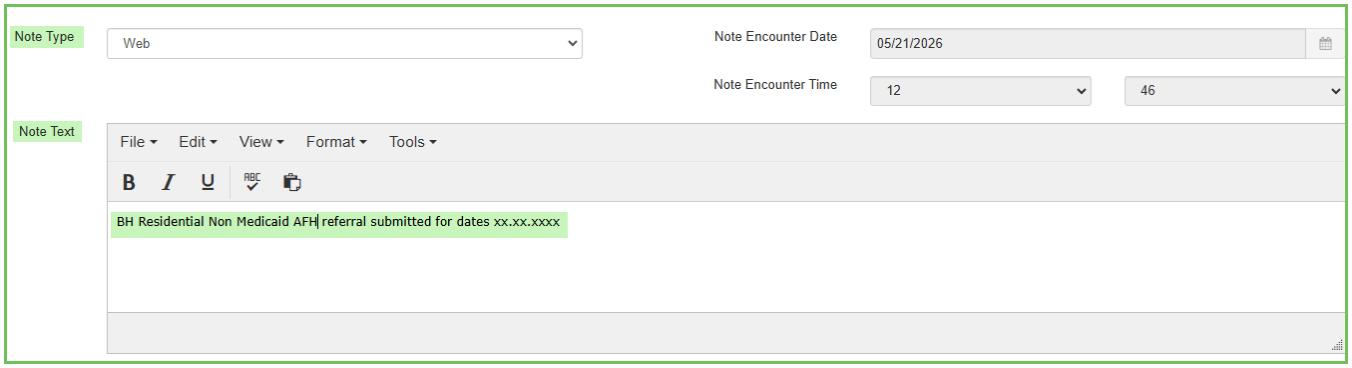

- Please note, you are only able to initially upload four (4) documents, as noted by alert (pictured below). How to upload additional documents is covered in later steps.

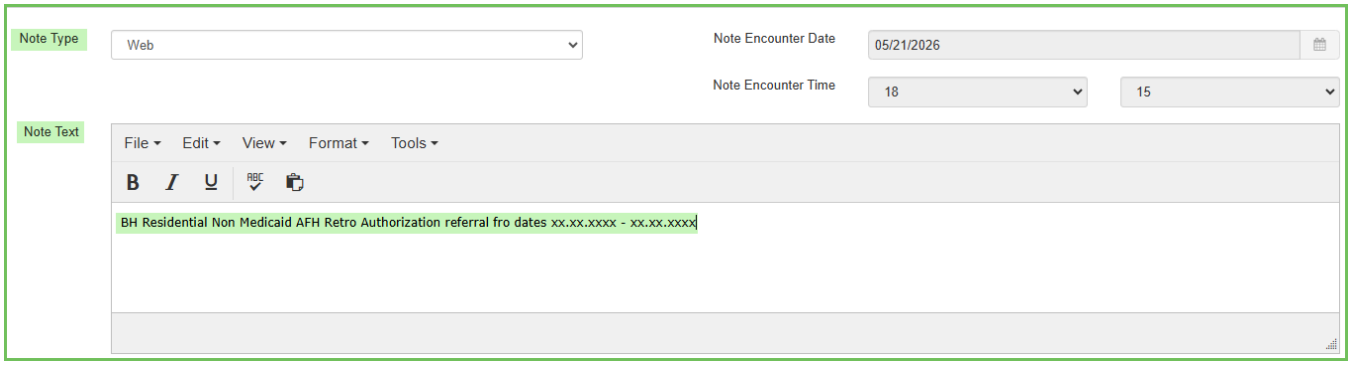



**11.** Enter the **Note Text** as follows:

- **Note Type:** Web. (auto populates)
- **Note Encounter Date:** Skip. (date auto populates)
- **Note Encounter Time:** Skip. (auto populates)
- **Note Text:**
  - Example*: BH Residential Non-Medicaid SRTF referral submitted for dates xx.xx.xxxx - xx.xx.xxxx*.
  - Example: *BH Residential Non-Medicaid AFH referral submitted for dates xx.xx.xxxx – xx.xx.xxxx.*
  - Example: *BH Residential Non-Medicaid AFH Retro Authorization referral for dates xx.xx.xxxx – xx.xx.xxxx*




- Select **Submit**.

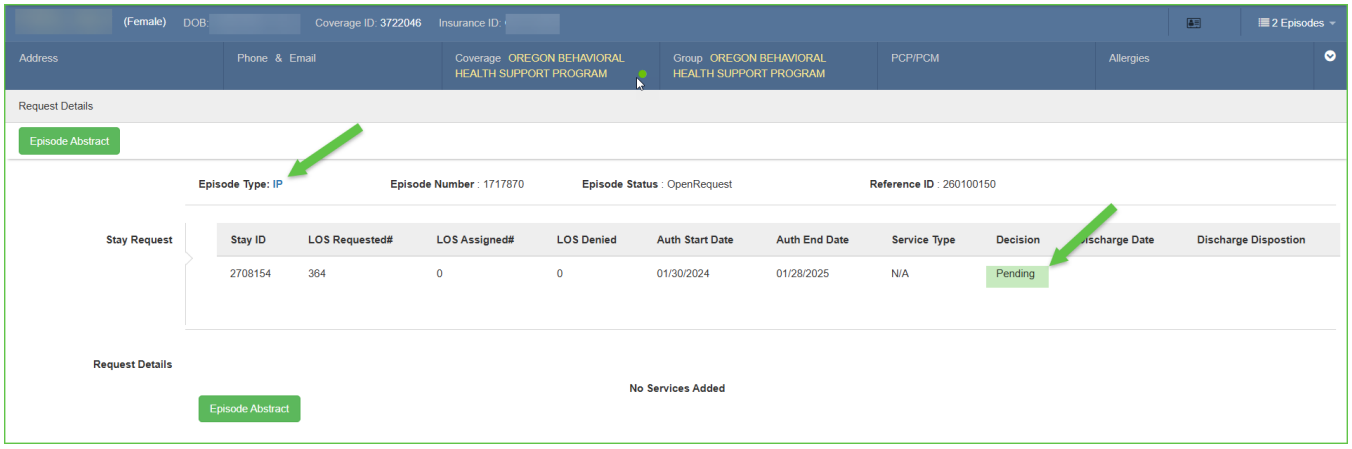


**Congratulations! You have submitted a BH Residential Non-Medicaid referral via Comagine Health Provider Portal.**

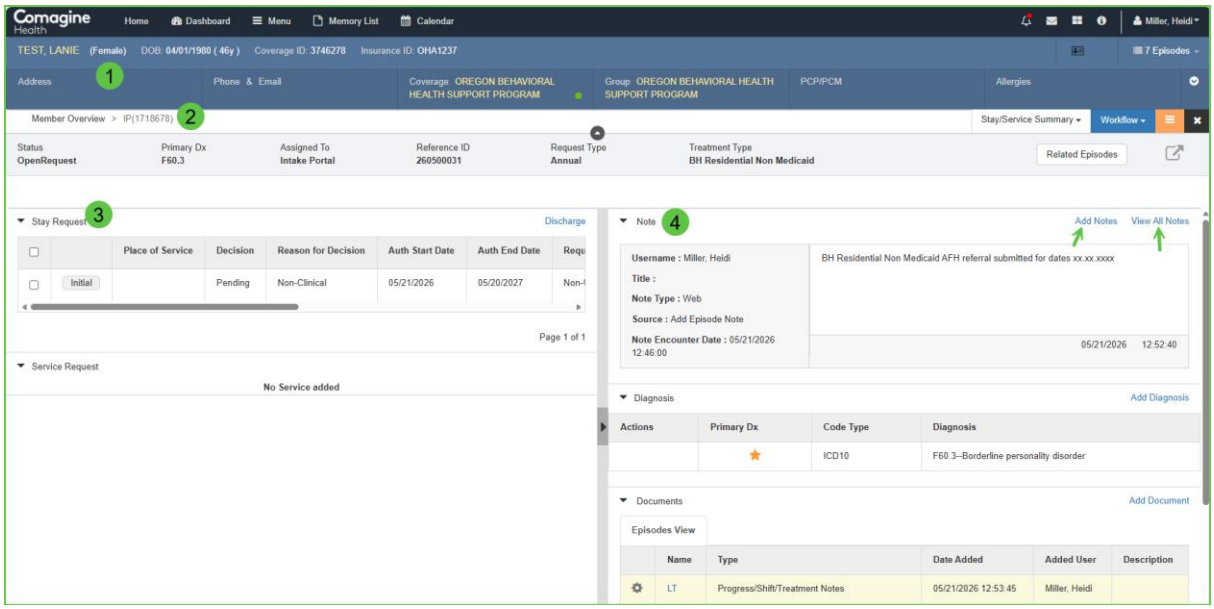
## View Summary Page

A summary page will populate after submission.

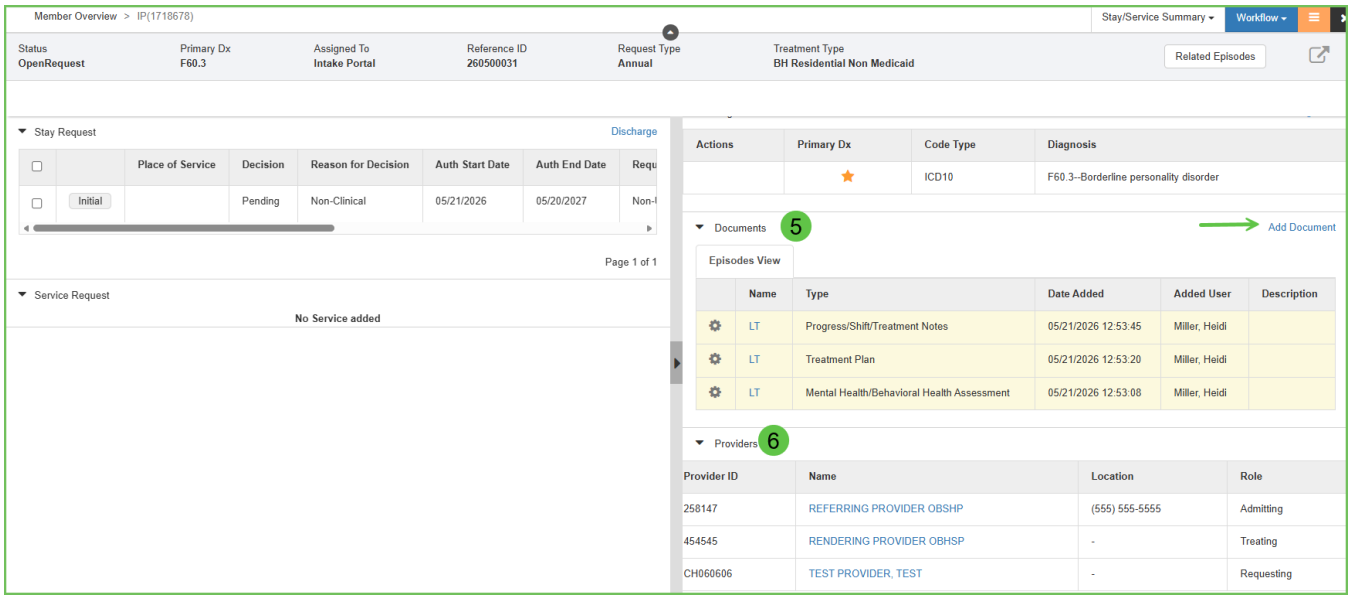
- Decision – Pending indicates this was submitted to Comagine Health.




- Select **IP** next to **Episode Type** to open individual's episode, where you can view the following:
  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 individual's authorization, 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.
     - **View All Notes** – View of all web note communications.
     - **Add Notes** – Utilize for future communication with Comagine Health. Steps outlined later.



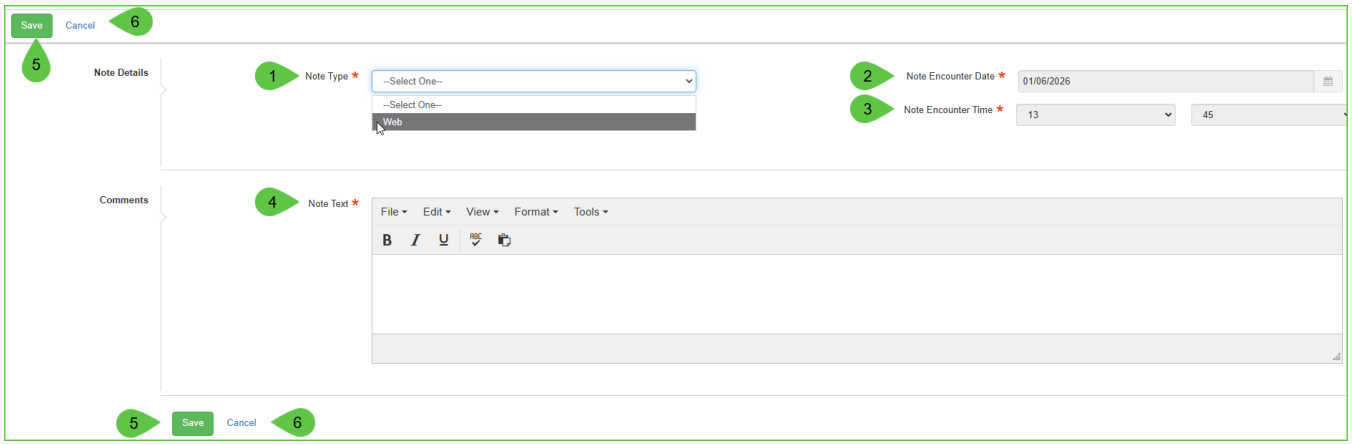

5) **Documents –** View of all documents that were submitted.
   a. To add additional documents, select **Add Document** and follow steps previously completed for uploading a document.
6) **Providers –** Overview of providers attached to episode.




## Web Notes

To Send a Web Note to Comagine Health:

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



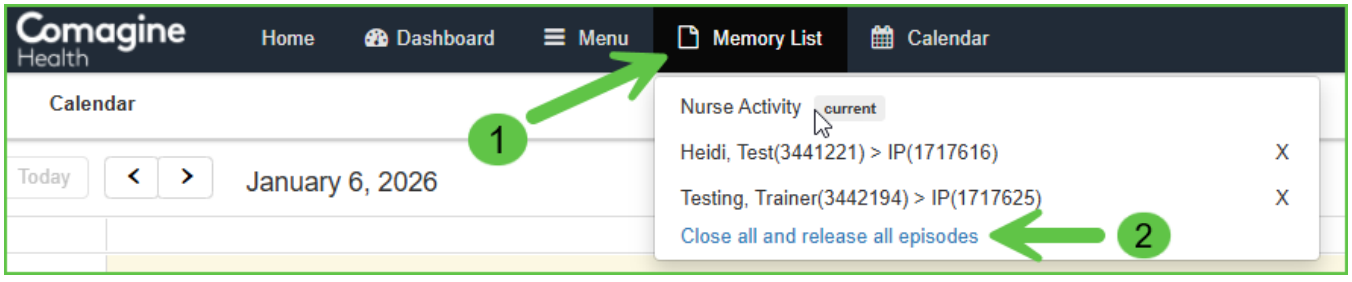

1) **Note Type – Web Note will be the only option.**
2) **Note Encounter Date – Auto populates with today's date. Do not change.**
3) **Note Encounter Time – Auto populates. Do not change.**
4) **Note Text – Field to communicate Comagine Health.**
5) **Save – Two options to save the note. Saving the 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.
     - Example: Progress Notes submitted.
  c. Select **Save.**

## Memory List.

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

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



| Version Number | Date Revised | Description | Author |
|---|---|---|---|
| 1.0 | 5.26.26 | BH Residential Non-Medicaid Referral Revisions (Approved NA 5.26.26) | Heidi Miller |
| 1.1 | 10.14.26 | Updated Assessment _Required Documents | Leslie Swanson |