Comagine Health

Oregon Behavioral Health Support Program Provider Training

June 25, 2020

Presented by :

Dana Hittle - Oregon Health Authority

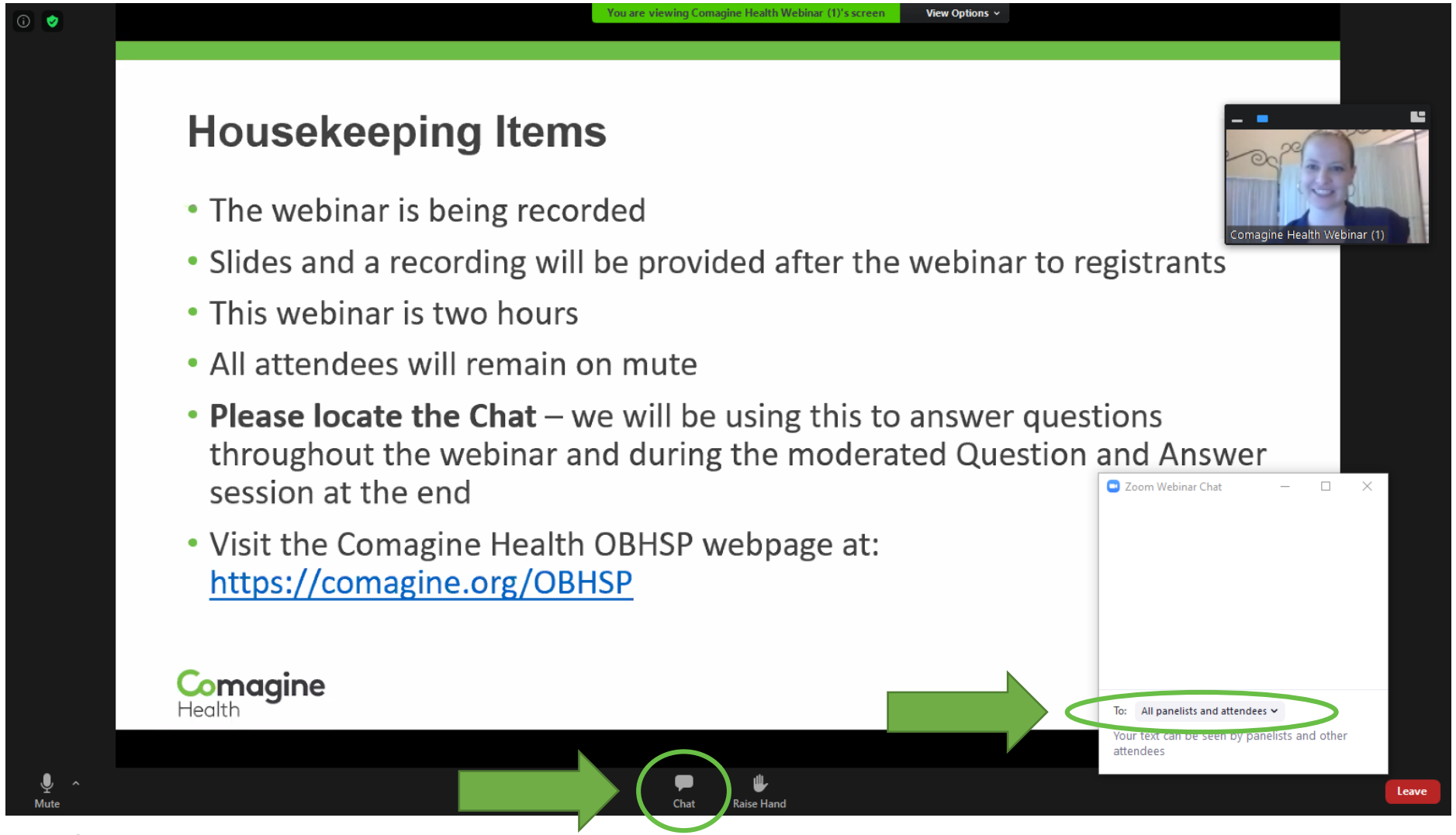
Brian Sandoval, Lenora Johnson, and Bennett Garner - Comagine Health

Housekeeping Items

- The webinar is being recorded
- Slides and a recording will be provided after the webinar to registrants
- The recording will also be on the Comagine Health Oregon Behavioral Health Support Program (OBHSP) webpage at: https://comagine.org/OBHSP
- This webinar is two hours
- All attendees will remain on mute

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Share Your Questions Throughout in the Chat



Introduction with Dana Hittle, Deputy Medicaid Director, Oregon Health Authority

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Alise Campbell, LCSW

Fee For Service Care Coordination & Behavioral Health IQA, Oregon Health Authority

Email: ALISE.V.CAMPBELL@dhsoha.state.or.us

Comagine Health

Brian Sandoval, Psy.D.

Vice President, Oregon Care Management Services



Comagine Health

Comagine Health, formerly Qualis Health and HealthInsight, is a national, nonprofit, health care consulting firm.

We work collaboratively with patients, providers, payers and other stakeholders to reimagine, redesign and implement sustainable improvements in the health care system.

Our Offices

- Alabama
- Alaska
- California
- District of Columbia
- Idaho
- Mississippi
- Nevada
- New Mexico
- Oregon
- Utah
- Washington

Comagine Health

Our Services

- Systemwide Quality Improvement
- Care Management
- Consulting and Research
- HIT and Analytics



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About Comagine Health

Oregon Behavioral Health Support Program (OBHSP)

This work is aligned with Comagine Health's Vision, Mission, and Values



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Our Mission

Together with our partners, we work to improve health and create a better health care system so that people and communities will flourish.

Our Values

Integrity	We do the right thing. We are transparent.
Collaborative	We work together. We are conveners.
Compassionate	We care. We embrace inclusiveness.
Innovative	We are consistently curious. We are innovators.
Excellence	We deliver greatness. We are committed.

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Our Approach

Implementation

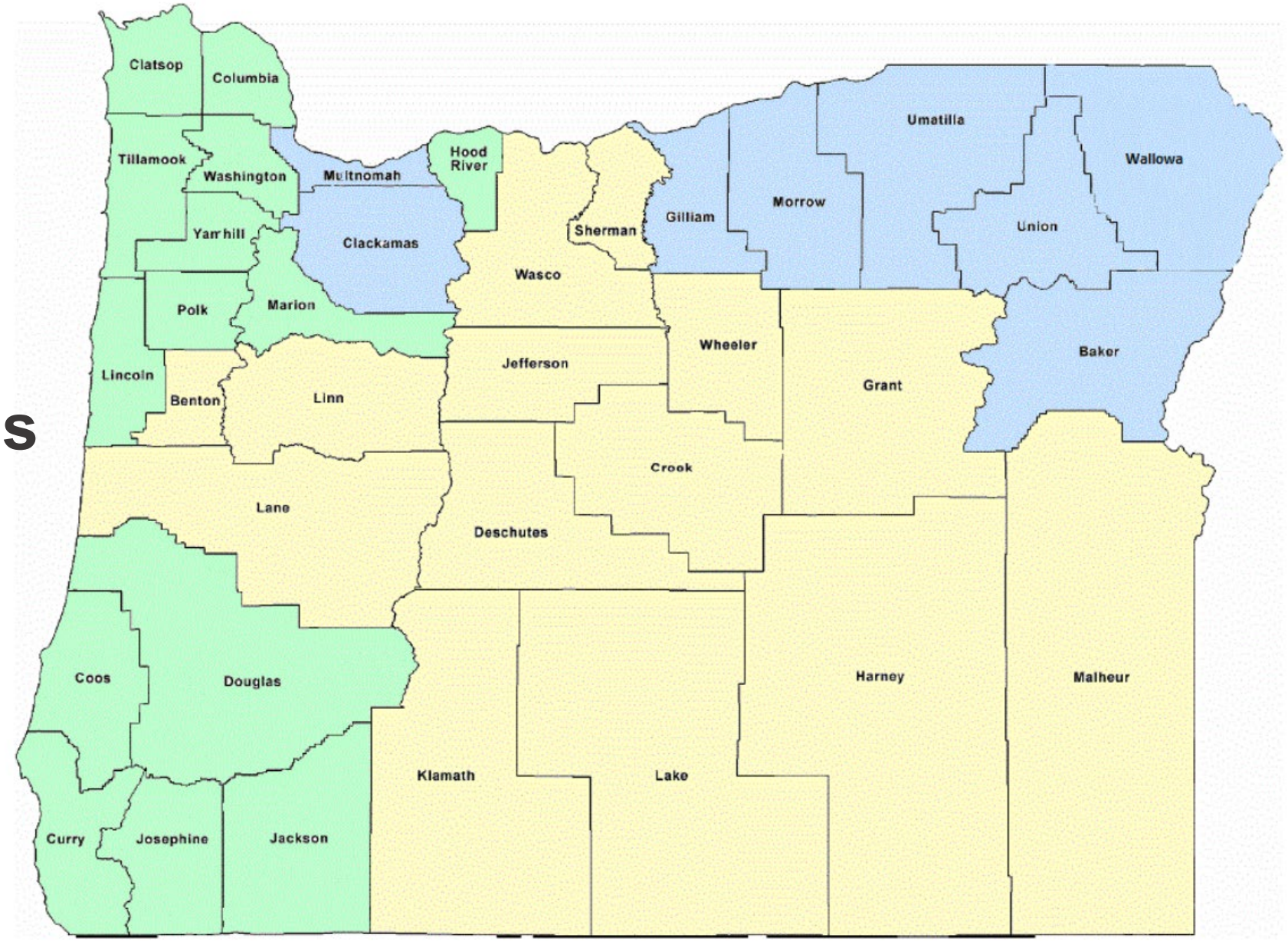
- Began process in late January 2020 **(July 1 transition from Kepro)**
- 13 Workgroups, Core Team, and Executive Advisory Team

Staffing

- **5** Comagine Health Operations Management Team
- **3** Care Management Supervisors
- **28** Behavioral Health Case Managers
- **7** Program Coordinators
- **2** Clinical Reviewers

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OBHSP
Service Regions



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Telehealth

- Telehealth will be ***the*** form of communication during COVID-19.
- Face-to-face assessments will remain the preferred method of contact post COVID-19.

If you have not completed Telehealth Environmental Scan Survey, please do so ASAP:

https://www.surveymonkey.com/r/OBHSPtelehealth

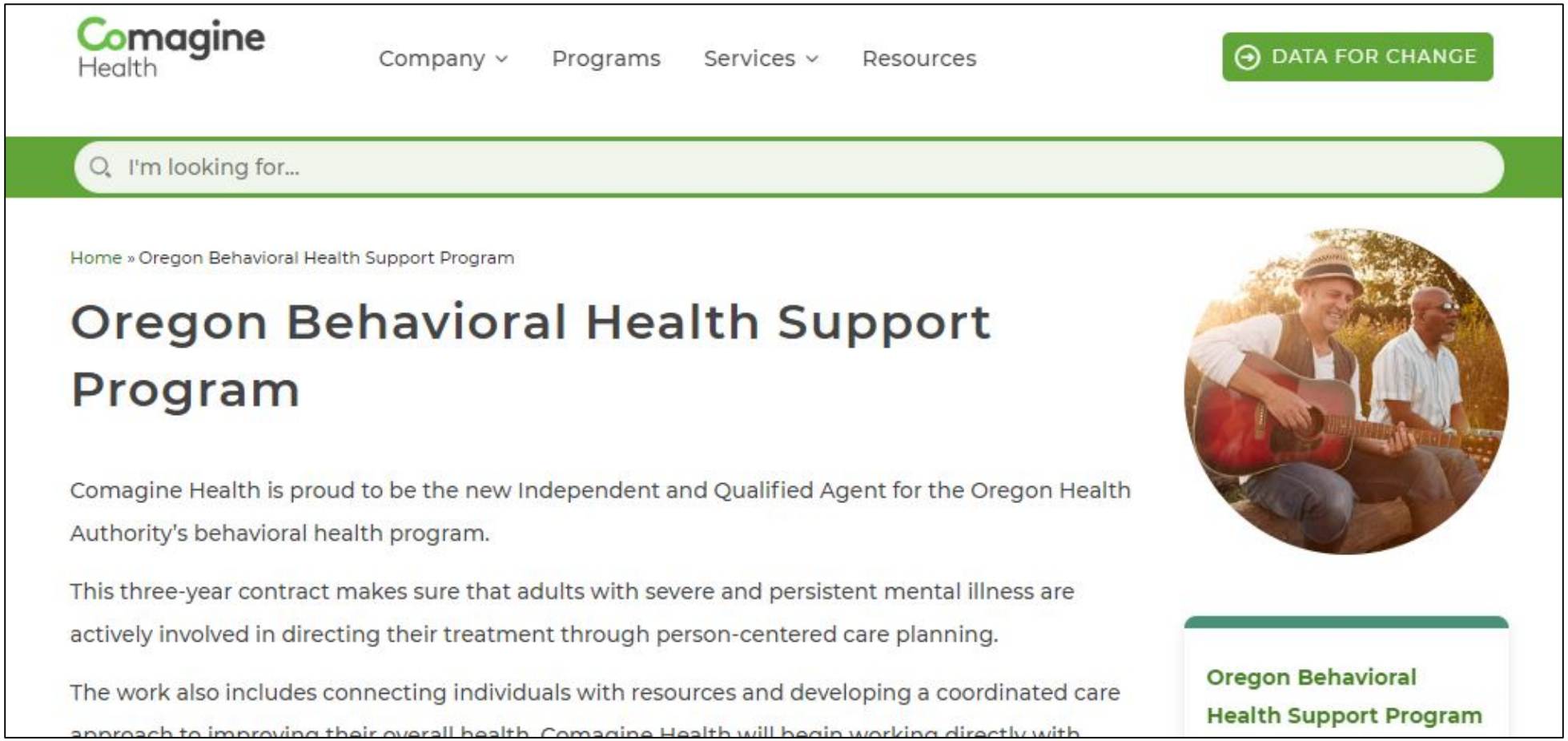
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Website

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OBHSP Website

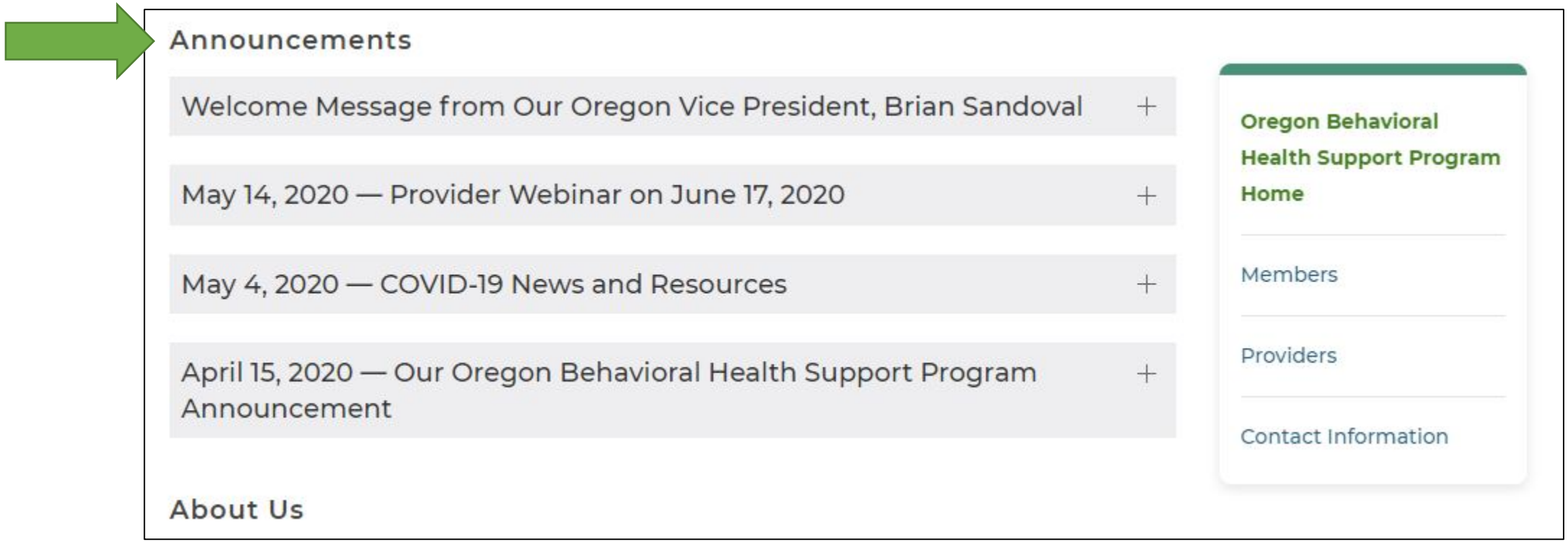
https://comagine.org/OBHSP



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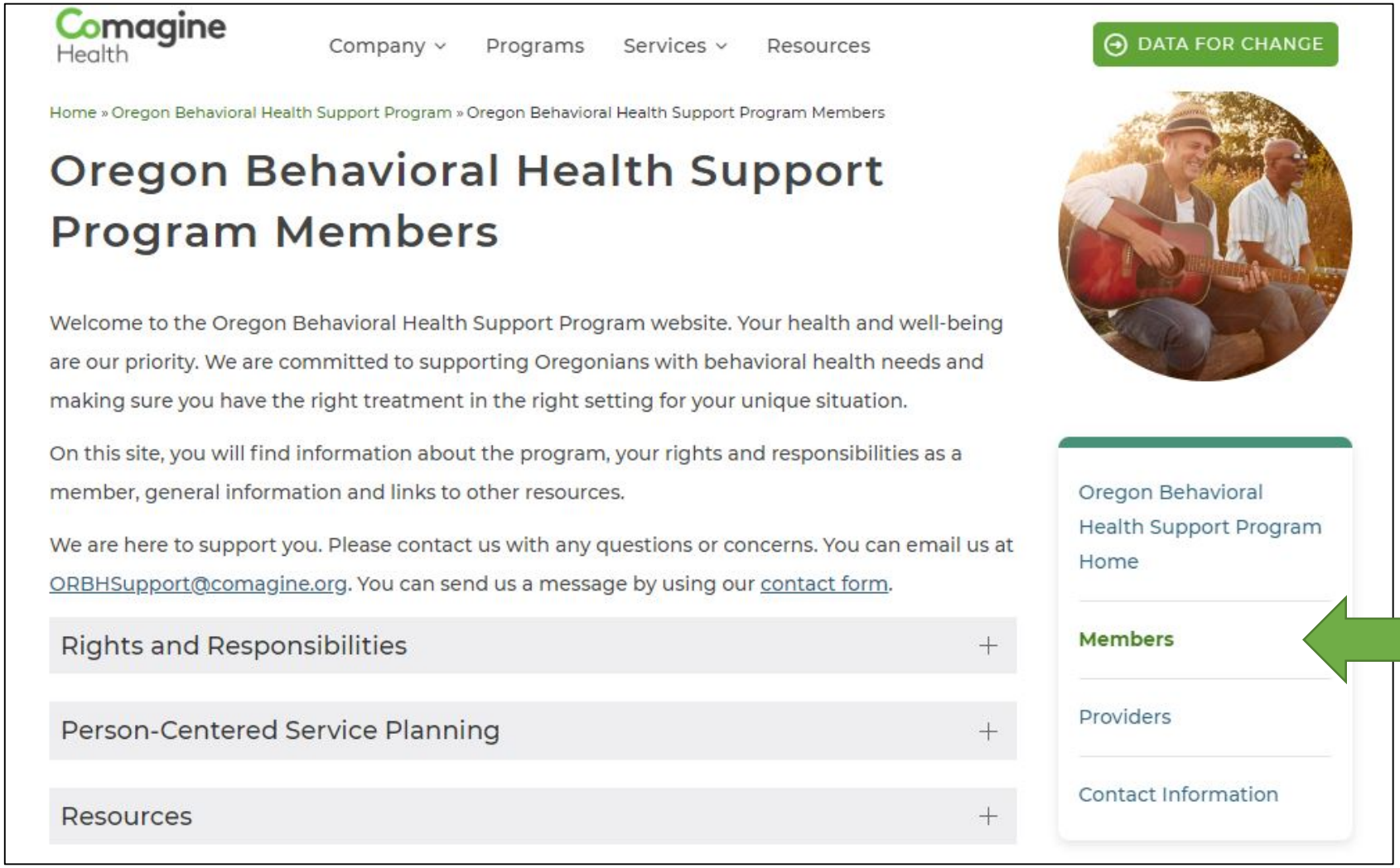
OBHSP Website on Comagine.org

You can find important information on OBHSP work in the Announcements section of the website.



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OBHSP Website – Members Page



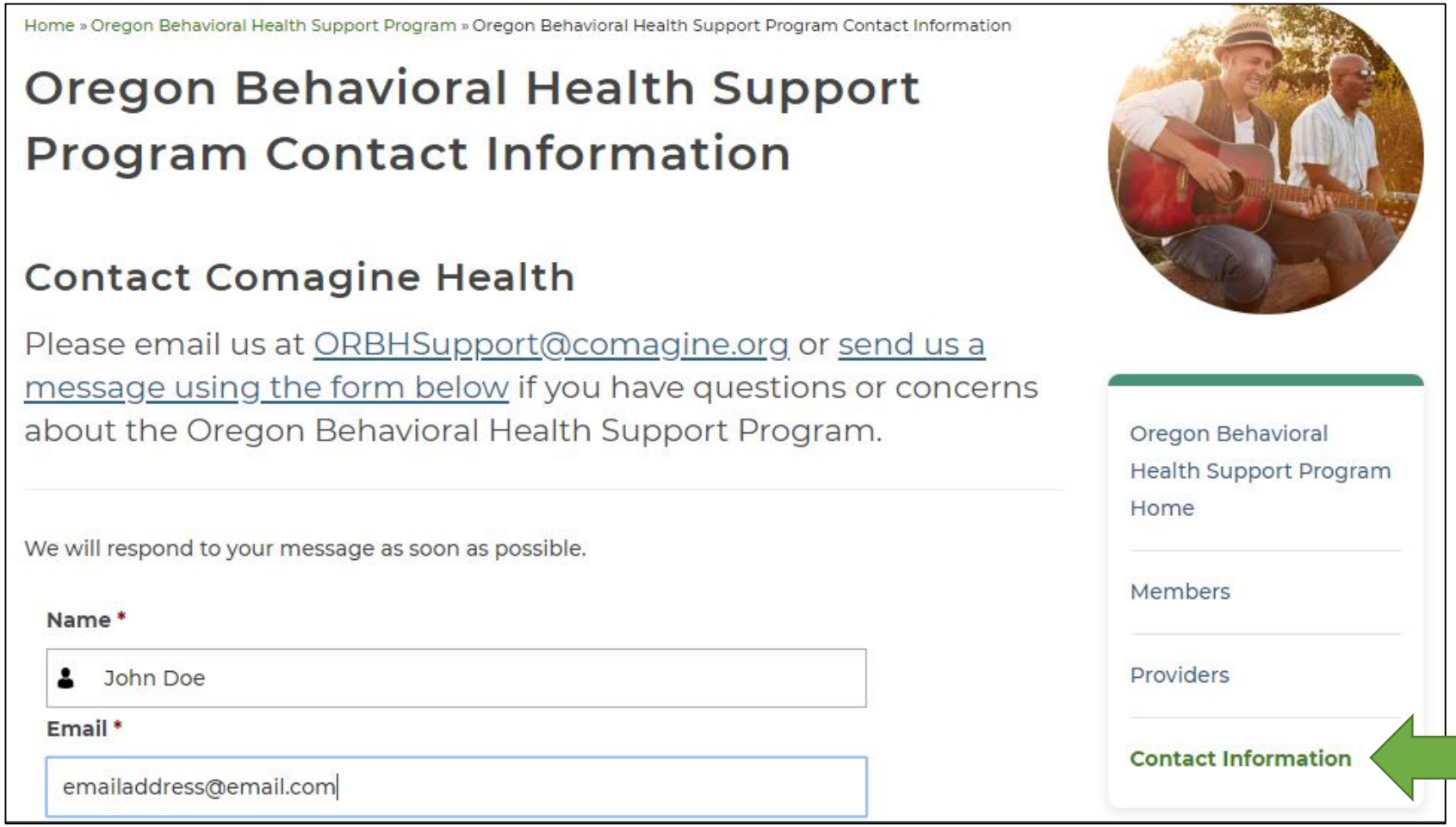
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OBHSP Website – Program Providers Page



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OBHSP Website – Contact Info Page



Bennett Garner, MD, MSHA

Oregon Medical Director



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Lenora Johnson, MSW, LCSW

Service Coordination Manager



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Deeper Dive – Scope of Work

- 1915(i) Home and Community-Based Services (HCBS)
  - Residential Treatment Facilities (RTF), Residential Treatment Homes (RTH), Adult Foster Homes (AFH), or In-Home
- Non-1915(i)
  - Secure Residential Treatment Facility (SRTF)/Transition Age Youth (TAY)
- Non-Medicaid
- State Plan Personal Care Services (PC 20)
- Crisis Respite (fee-for-service)
- Oregon State Hospital
  - Concurrent reviews and transition planning

Who are these individuals?

- 1915(i) HCBS
  - Medicaid eligible
  - Over 21
  - Diagnosed with chronic mental illness
  - Requires assistance in at least two instrumental activities of daily living (IADL)
  - Requires one or more 1915(i) services at least monthly
  - Community setting

- Non-1915(i) (Medicaid/Oregon Health Plan)
  - Secure Residential Treatment Facility (SRTF)
  - Transition Age Youth (under 21 years of age) (TAY/YAT)
  - Chronic mental illness

Who? (continued)

- Non-Medicaid
  - Does not meet Oregon Health Plan (OHP) non-financial eligibility requirements (i.e., individual is undocumented, not an Oregon resident, etc.)
  - Does not meet financial eligibility requirements for OHP (i.e., too much income, too many resources)
  - Lost OHP eligibility when income limit for 1915(i) HCBS was lowered to 150% of the federal poverty level
  - Does not meet medical-necessity criteria for OHP-funded services but may need the service for purposes of meeting requirements of the Psychiatric Security Review Board
  - Living in a non-mental health community-based residential settings (licensed by ODDS or APD) even if individual has OHP
  - Chronic mental illness

Who?

- State Plan Personal Care Services (SPPC)
  - SPPC is available for individuals who require assistance with Personal Assistance Services but are not served by Medicaid K-Plan, waiver or other Medicaid authorities. No duplication of services is permitted.
  - Ineligible for 1915(i)
  - Usually in their own homes or family home
  - Their need for personal care services is due to mental health needs
- Crisis Respite
  - Individuals currently in residential or AFH settings whose symptoms necessitate increased behavioral and/or medical interventions and stabilization in a short-term setting
- Oregon State Hospital (OSH)
  - Civilly committed population, voluntary and voluntary by guardian

Overall Process

- We will conduct the same process for all:
  - 1915(i)
  - Non-1915(i)
  - Non-Medicaid
  - SPPC
  - OSH Individuals Ready to Transition (RTT)
- Annual face-to-face needs assessments (LOCUS & LSI)
  - SPPC has a separate needs assessment
- Person-Centered Service Planning (PCSP)
  - Individually based limitations (IBLs) for RTH/RTF/AFH
- Monitoring

OBHSP Overview

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What Do You Need to Know?

- How to make a referral
- What documentation is required
  - All forms and requirements will be available at Comagine.org/OBHSP
- Who to contact with questions
- How to submit concerns, complaints and compliments



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How to Make a Referral or Request Services

- We will receive and process referrals from any source
  - The individual and/or the individual's legal or authorized representative, if applicable
  - An individual's treating clinicians
  - OHA-contracted community entities or community organization
  - County Mental Health Programs
  - Service providers
  - Other sources
- Contact us by phone, fax, SFTP, USPS, secure email
  - *Our preferred method to receive documentation is through fax as it goes directly into Jiva, our care management system.*

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1915(i)

- **Required documents:**
  - See Comagine Health Referral Form for a list of required documents
  - Initial requests *may* include LSI from provider (LSI-AFH-CH-004 or LSI-Res-CH-005)
  - See Plan of Care Request for BH Res or PCS services form for required documentation
  - See Prior Auth Requests for Rehabilitation services form for a list of required documents
- **Forms:**
  - Comagine Health Referral Form (Referral-form-CH-001) - This form will include a list of all required documents
  - Individually-Based Limitation (IBL) form (IBL-CH-003)
  - Plan of Care Request for BH Res or PCS services form (PA-BH Res-PCS form-CH-006)
  - Prior Auth Request for Rehabilitation services (PA-Rehab-form-CH-007)
- **How to submit a request:**
  - Initial, annual redetermination, status change, IBL requests, Discharge Notification and documentation can be submitted through fax, USPS, SFTP, secure email
  - Prior Auth Requests for Rehabilitation services through MMIS with supporting documentation

Non-1915(i)

- **Unique Needs:**
  - SRTF – Admission and quarterly continued stay reviews
  - TAY – Non-1915(i) until 21 years of age. Begin assessment/PCSP process at 20.5 years
- **Required documents:**
  - Comagine Health Referral Form (Referral-form-CH-001) - this form will include a list of all required documents
  - Initial requests *may* include LSI from provider (LSI-Res-CH-005)
  - See Plan of Care Request for BH Res or PCS services form for required documentation
  - See Prior Auth Requests for Rehabilitation services form for a list of required documents
- **Forms:**
  - Comagine Health Referral Form (Referral-form-CH-001) - this form will include a list of all required documents
  - Plan of Care Request for BH Res or PCS services form (PA for BH Res-PCS form-CH-006)
  - Prior Auth Request for Rehabilitation services (PA-Rehab-form-CH-007)
- **How to submit a request:**
  - Initial, annual redetermination, status change, IBL requests (for TAY), Discharge Notification and documentation can be submitted through fax, USPS, SFTP, secure email
  - Prior Auth Requests for Rehabilitation services through MMIS with supporting documentation

Non-Medicaid (in residential programs and AFH)

- **Required documents:**
  - Comagine Health Referral Form (Referral-form-CH-001) - This form will include a list of all required documents
  - Initial requests *may* include LSI from provider (LSI-AFH-CH-004 or LSI-Res-CH-005)
  - See Plan of Care Request for BH Res or PCS services form for required documentation
  - See Prior Auth Requests for Rehabilitation services form for a list of required documents
- **Forms:**
  - Comagine Health Referral Form (Referral-form-CH-001) - This form will include a list of all required documents.
  - Individually-Based Limitation (IBL) form for AFH, RTH/RTF (IBL-CH-003)
  - Plan of Care Request for BH Res or PCS services form (PA for BH Res-PCS form-CH-006)
  - Prior Auth Request for Rehabilitation services (PA-Rehab-form-CH-007) (Process in development)
- **How to submit a request:**
  - Initial, annual redetermination, status change, IBL requests, Discharge Notification and documentation can be submitted through fax, USPS, SFTP, secure email
  - Prior Auth Requests for Rehabilitation services with supporting documentation by fax, USPS, SFTP

SPPC

- **Required documents:**
  - See Comagine Health Referral Form for a list of required documents
- **Forms:**
  - Comagine Health Referral Form (Referral-form-CH-001) - this form will include a list of all required documents
- **How to submit a request:**
  - Initial request can be submitted by phone, fax, USPS, SFTP, secure email

Crisis Respite (fee-for-service)

- **Eligible for crisis respite when:**
  - Symptoms necessitate increased behavioral and/or medical interventions and stabilization.
  - Documentation demonstrating the need for relief and support for meeting immediate treatment and safety needs.
  - Additional safety precautions are necessary to ensure the health and well-being of the person or others living in the home.
- **Required documents:**
  - Crisis Respite Request form
  - Documentation to support continued stay
- **Forms:**
  - Crisis Respite Request form (CR-Request-form-CH-008)
- **How to submit a request:**
  - Prior Authorization request through MMIS within 48 hours through 30 days, then every 2 weeks.
  - Comagine Health will submit documentation to OHA for review at 6 weeks.

New Oregon Administrative Rules (OARs) are pending for crisis respite.

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Unique Needs

Oregon State Hospital

- Concurrent review – at 90 days, then every 45 days after that
- LOCUS, LSI and Patient-Centered Service Plan (Assessment Packet) complete prior to individual being discharged.

Secure Residential Treatment Facilities (SRTF)

- Initial and quarterly medical necessity reviews

Denials and Appeals

- We will follow all Department of Justice rules regarding denials of authorizations.
- OHA will review all possible denials prior to issuance of any notice of action.
- Notice of action will include Fair Hearing Rights.
- Appeals process will be managed by OHA.

Documentation Timeliness

- We will be reaching out to the providers at least 60 days prior to the determination date.
- We will ask for the documents to be sent within 5 business days of call.
- We will send a fax and place a reminder call to the providers if the documentation has not been received.
- On the 15th day, we will send a letter reflecting the expiration date of the Plan of Care (POC), including OAR – 410-120-1320 (5) – Retroactive Reviews
- Please note, providers are not allowed to bill using an expired POC.
- POCs can only be billed retroactively for up to 90 days, per rule. We will need a new POC at that time.

Documentation

- Please see Comagine.org/OBHSP for Forms and Documentation Needs
  - Comagine Health Referral Form (Referral-form-CH-001)
  - Individually-Based Limitation (IBL) form (IBL-CH-003)
  - Plan of Care Request for BH Res or PCS services form (PA-BH Res-PCS form-CH-006)
  - Prior Auth Request for Rehabilitation services (PA-Rehab-form-CH-007)
  - Initial requests *may* include LSI from provider (LSI-AFH-CH-004 or LSI-Res-CH-005)
  - Crisis Respite Request form (CR-Request-form-CH-008)
  - Discharge Notification form (Discharge-form-CH-002)

Contact Information

- OBHSP Phone: 1-888-416-3184
- OBHSP Fax: 1-877-575-8309
- Mailing address:

  Comagine Health – OBHSP

  650 NE Holladay St., Suite 1700

  Portland, Oregon 97232

- ORBHSupport@comagine.org: general email, concerns, complaints and compliments
- Any referral or documentation containing Protected Health Information (PHI) needs to be sent through secure or encrypted email.

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Final Thoughts

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Moderated Q & A

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Thank You!

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