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Updated Comagine Health Provider Portal Community Support Services Training

Folasade "Sade" Akinkuowo, RN, MSN, CCM - DC Medicaid QIO Director

August 2026

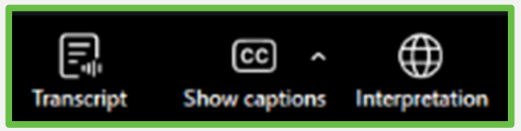
Housekeeping Items

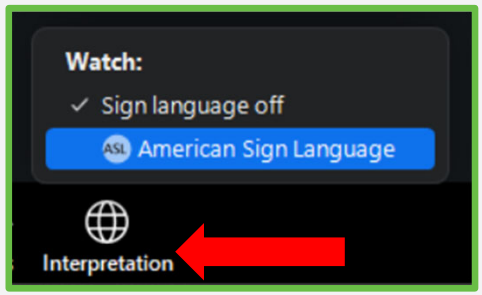
Before we get started...

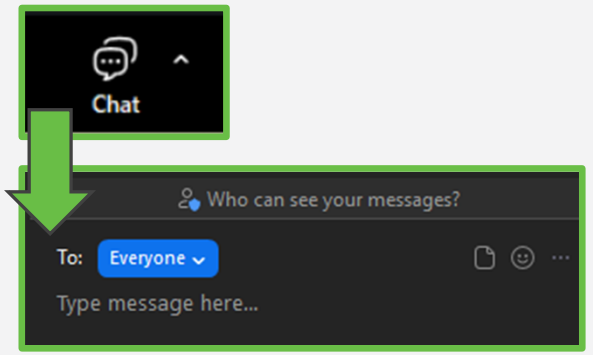
This webinar has multiple accessibility options, including American Sign Language (ASL) interpretation.

To access, please click on **Interpretation** and then select **American Sign Language**.

Everyone will remain on mute during the presentation. If you have questions, feel free to type them in the chat. We will monitor chat throughout the presentation and answer questions at the end.







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Objectives

- Review the Required Documents for Community Support Services
- Review the Comagine Health Provider Portal (CHPP)
- Review Log-on Information
- View Dashboard Features
- Community Support Prior Authorization Request: Step-by-Step Demonstration
- Review Provider Resources – Quick Start Guides

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Community Support Services

- Community Support services (CSS) are rehabilitation supports considered essential to assist the Consumer in achieving rehabilitation and recovery goals. Community Support services focus on building and maintaining a therapeutic relationship with the Consumer.

  - *Title 22-A DCMR, Chapter 34, § 3421.1.*

- Comagine Health began prior authorization (PA) reviews for CSS in October 2025. Recent changes mean there are updates to the process to submit PA request.
- Comagine Health will continue to review CSS for uninsured consumers using local dollars and beneficiaries with DC Medicaid fee-for-service, Managed Care, Alliance, QMB, and D-SNP.

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Required Documents for CSS

- **Treatment plan**, completed within 180 days of the request, that is person-centered with specific goals, objectives, interventions, and a discharge/transition plan that is signed by the client and a Qualified Practitioner (QP).

  QPs are Psychiatrists (MD or DO), Psychologists, LICSWs, APRN(NP), LPCs, RNs, LMFTs, LGSWs, LGPCs, Psychologist Associates, or Physician Assistants (PA).

  The treatment plan must align with the request start and end dates.

- **Consent to Treat Form** confirming enrollment with the provider and **signed by the client**.

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Required Documents for CSS

Continued

A **current Functional Assessment Tool** that is dated within 90 days of the date of the request, as indicated below:

1. Preschool and Early Childhood Functional Assessment Scale (PECFAS): For beneficiaries ages **three (3) through five (5).**
2. Child and Adolescent Functional Assessment Scale (CAFAS): For beneficiaries ages **six (6) through twenty (20).**
3. Daily Living Assessment-20 (DLA-20): For beneficiaries ages **eighteen (18) and older.**

Note: For beneficiaries ages 18-20, either the CAFAS or DLA-20 is acceptable.

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CSS Functional Assessment Units

Comagine Health will review CSS for up to 200 units within each 180-day period – this is determined by functional assessment scoring.

DLA-20 Score	CAFAS/ PECFAS Score	# of Allowable Units	Impairment Level/Justification
1.0-3.0	120+	0	Score denotes that mental health symptoms present severe and persistent impairments in daily living activities/functioning. Consumers should be referred to a higher level of care.
3.1-4.0	80-110	200	Score denotes that mental health symptoms present serious impairments and major impact on daily living activities/functioning.
4.1-5.0	50-70	100	Score denotes that mental health symptoms present moderate impairments in daily living activities/functioning.
5.1+	0-40	0	Mental health symptoms present minimal impairment in daily functioning. Consumer may be served in a lower level of care.

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Qualifying Diagnosis for CSS

Consumer must have one of the following **qualifying diagnoses**:

- Schizophrenia or Other Psychotic Disorders
- Delusional Disorders
- Affective Disorders
- Trauma-Related Disorders
- Obsessive Compulsive Disorder
- Personality Disorder
- Anxiety-Related Disorders

- Matching documentation must be attached
- The list of qualifying diagnosis codes was released by the Department of Behavioral Heath and is available on their Provider Bulletins page and the Comagine Health D.C. Provider page under Provider Notices

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Barriers to Community Support Approval



- Providers with no access to the CHPP
- Difficulty navigating the CHPP
- Adding all provider roles in the CHPP

Requests/Episodes submitted via the CHPP require three **Provider Roles**:

- **Requesting Provider** (Organization)
- **Admitting Provider** (Facility/Vendor): This is the Community Support provider who the PA is issued to
- **Treating Provider** (Individual): This is the QP provider

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Barriers to Community Support Approval

Continued

- Lack supporting documents.
- Lack of supporting documents for the qualifying diagnosis
- Treatment plan date span not aligning with request date span
- Missing consent to treat form
- Missing beneficiary or QP signature
- Missing dates next to beneficiary signature
- Missing diagnostic assessment

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Clarification Request and Technical Denial Process

Clarification Request (a Request for Information or RFI)

- If documents submitted are incomplete, missing information, or there is lack of clear justification, an RFI is requested.
- The Provider has three (3) business days to return requested information to Comagine Health.

Technical Denial (TD)

- Comagine Health will issue a TD if requested information is not received within the three (3) business day timeframe.
- A TD is not a medical necessity denial.
- It only indicates that a review did not occur because of missing information.

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- **Determination**

Technical Denials - intended as a “stop gap” if the information was not received within three (3) business days, as requested.

Resubmit the request with all required documents for a medical review.

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Review Determination

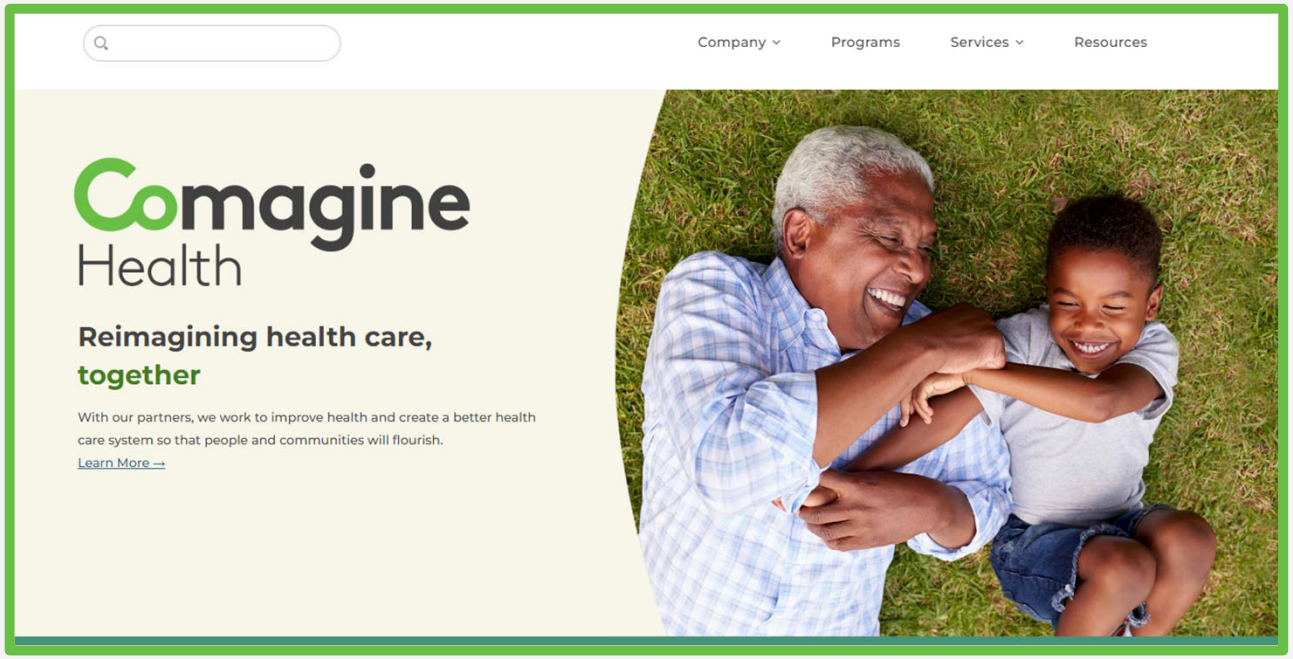
Approval = Prior Authorization for 180 days.

- ❑ **Parties notified**
- ❑ **Services delivered**

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Comagine Health Provider Portal (CHPP)

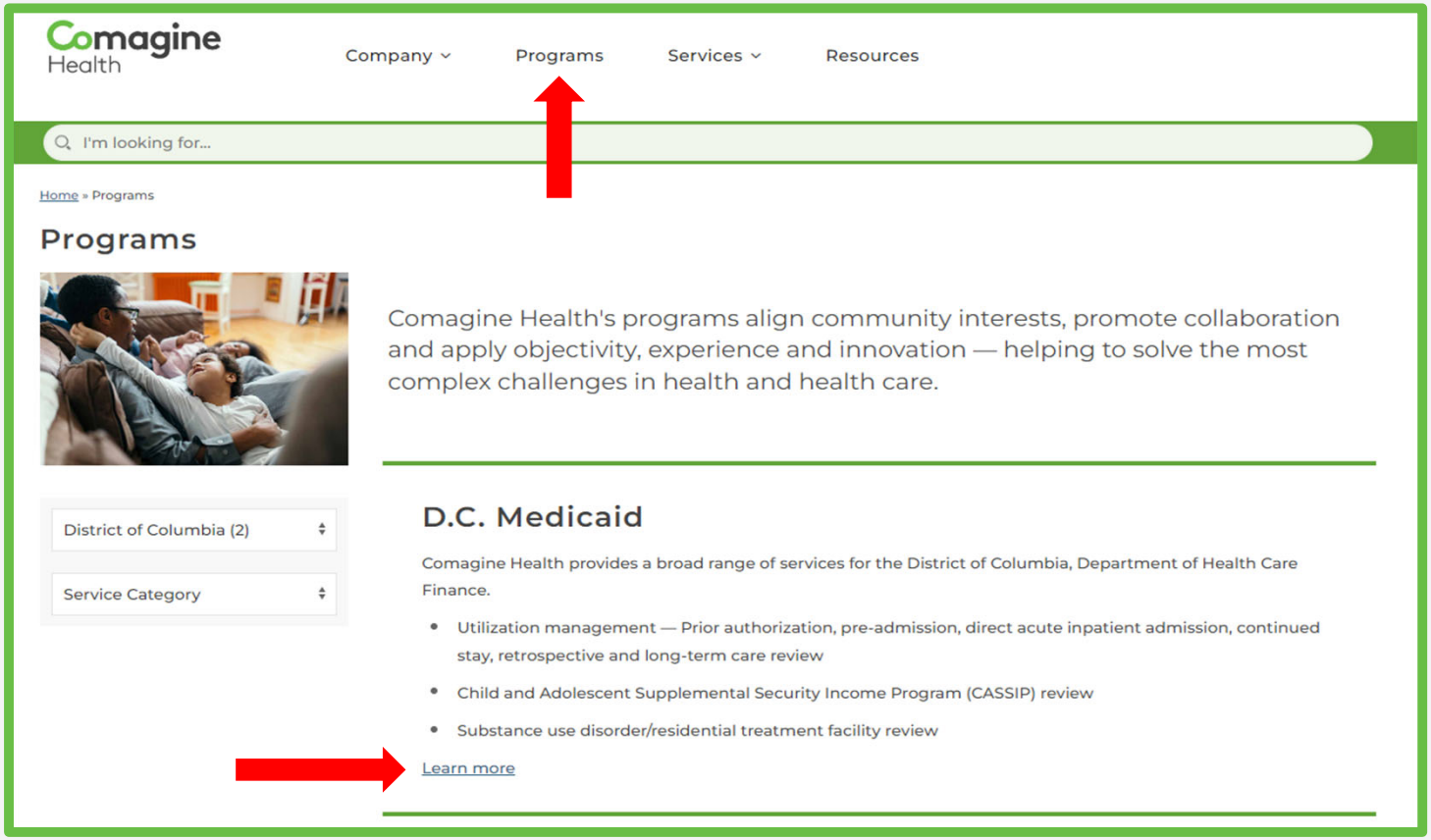
- Submit PA review requests through the CHPP
- Go to Comagine Health's website - www.comagine.org



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Comagine Health Website

Click on Programs, find **D.C. Medicaid**, and select **Learn more.**



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Provider Portal Access

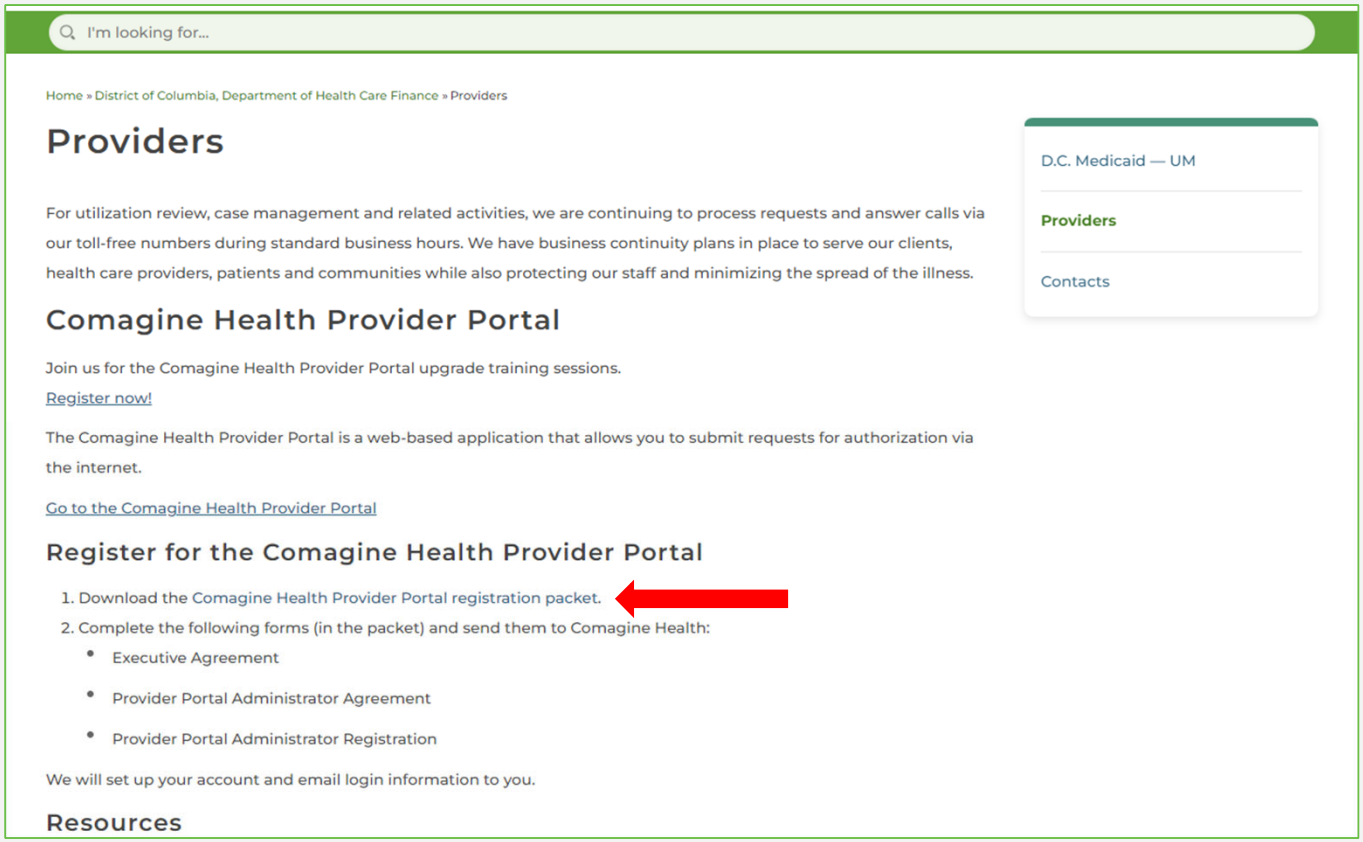
Select **Providers** on the right-side panel – this will display the Provider page.



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CHPP Registration Packet

On the Provider page, under the Comagine Health Provider Portal section, you will find the link to download the CHPP registration packet.



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Submitting a Request for Portal Access

- **Submit via email:**
  - Email: dcmedicaid@comagine.org

- **Submit all completed forms:**
  - Executive Agreement
  - Provider Portal Administrator Agreement
  - Provider Portal Administrator Registration Form
  - Provider Portal User Agreement
  - Provider Portal User Registration Form

Once Comagine Health processes your registration packet, you will receive an email with your CHPP access information.

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Provider Portal Administrators

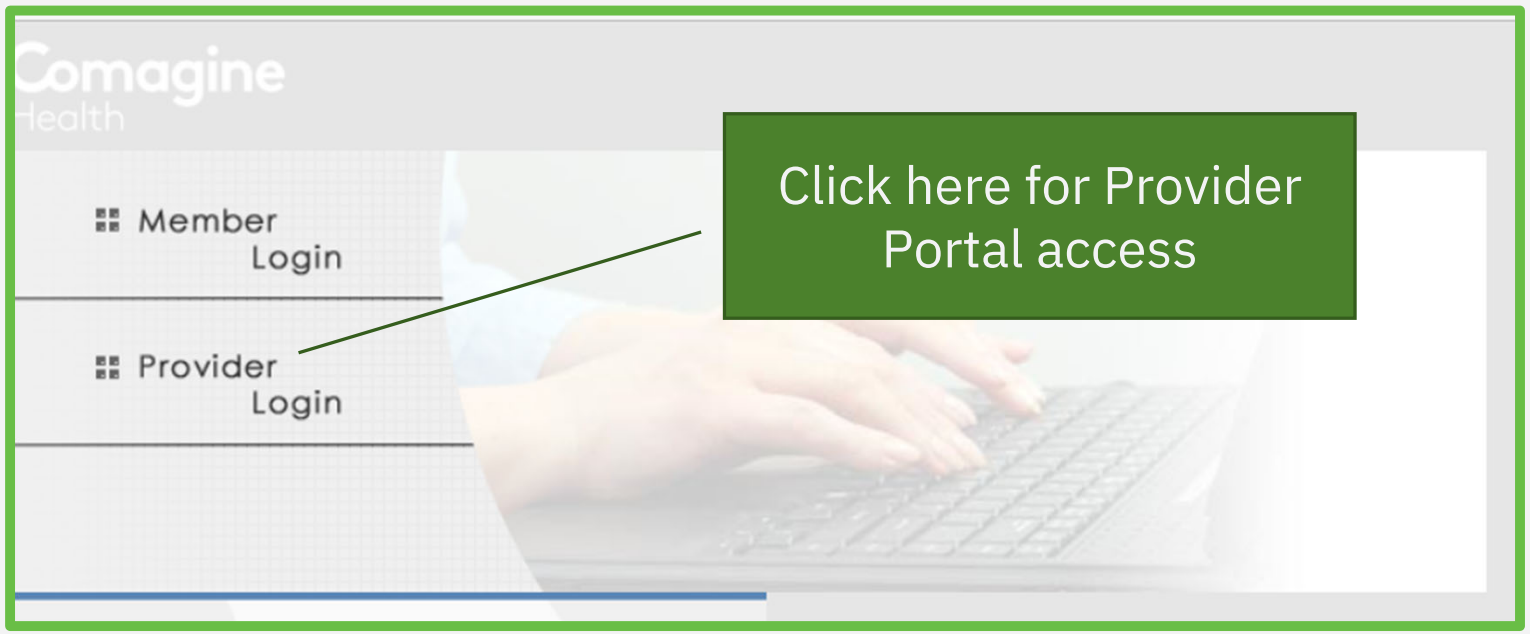
- Administrators have additional system access and system tasks to perform
- Staff who need access to the CHPP are required to contact their Administrators

Provider Portal Administrators are responsible for:

- Adding all User accounts
- Managing all User accounts
- Keeping the User account registration information
- Resetting the passwords for User accounts and
- Deactivating User accounts

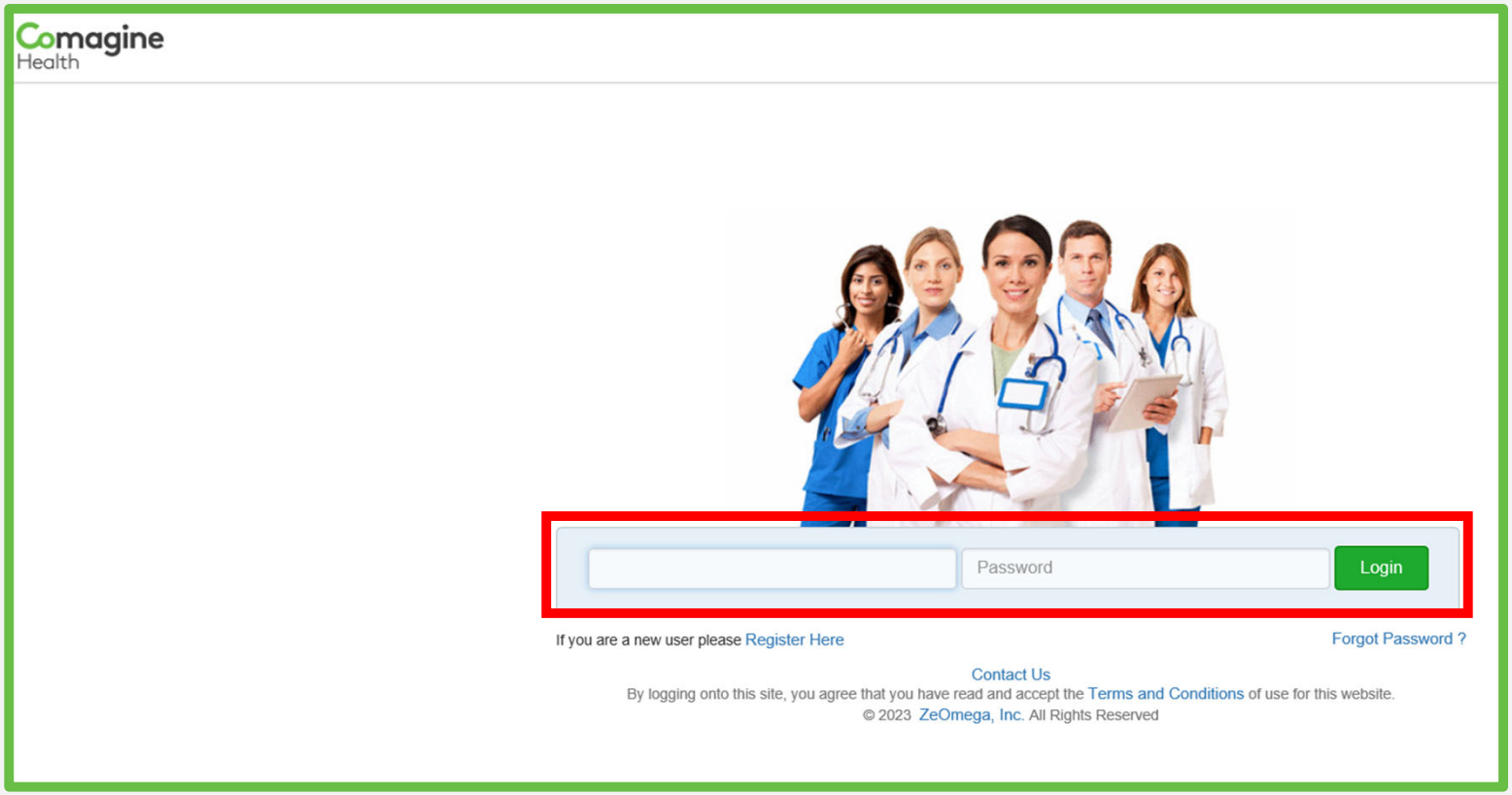
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- **Provider Portal Access**



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How to Log Into the Provider Portal



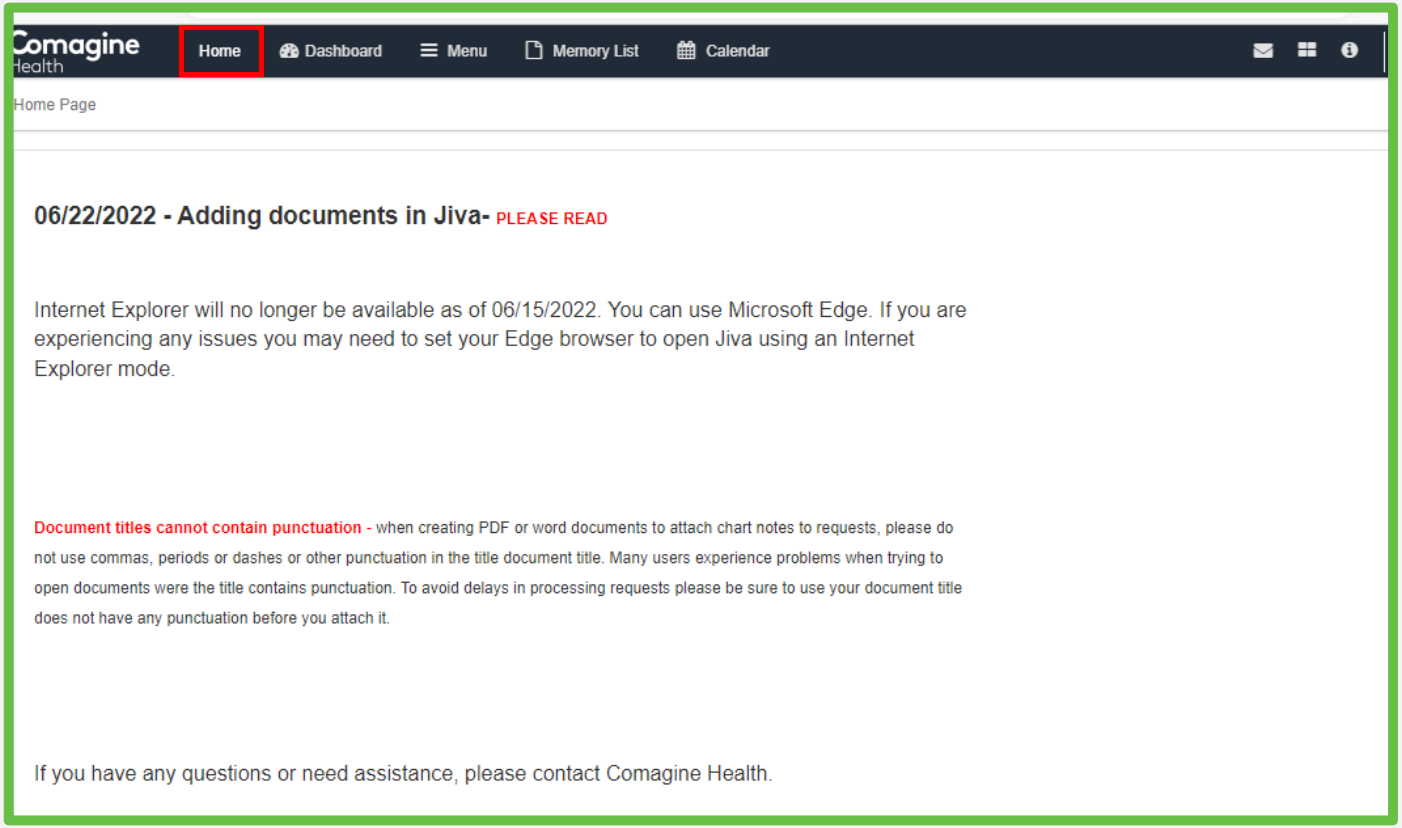
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Provider Portal Log In



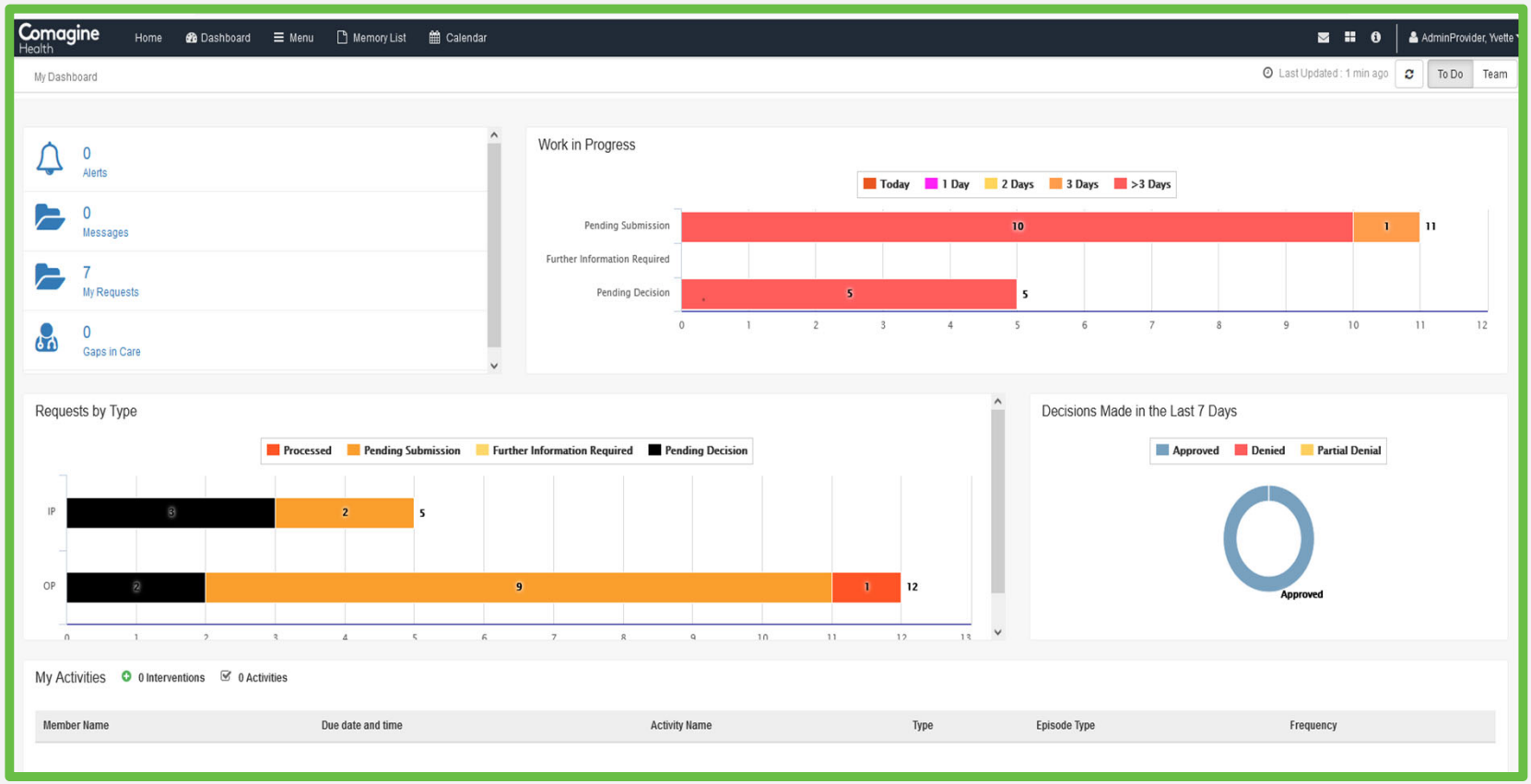
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Provider Home Page – View Posted Announcements



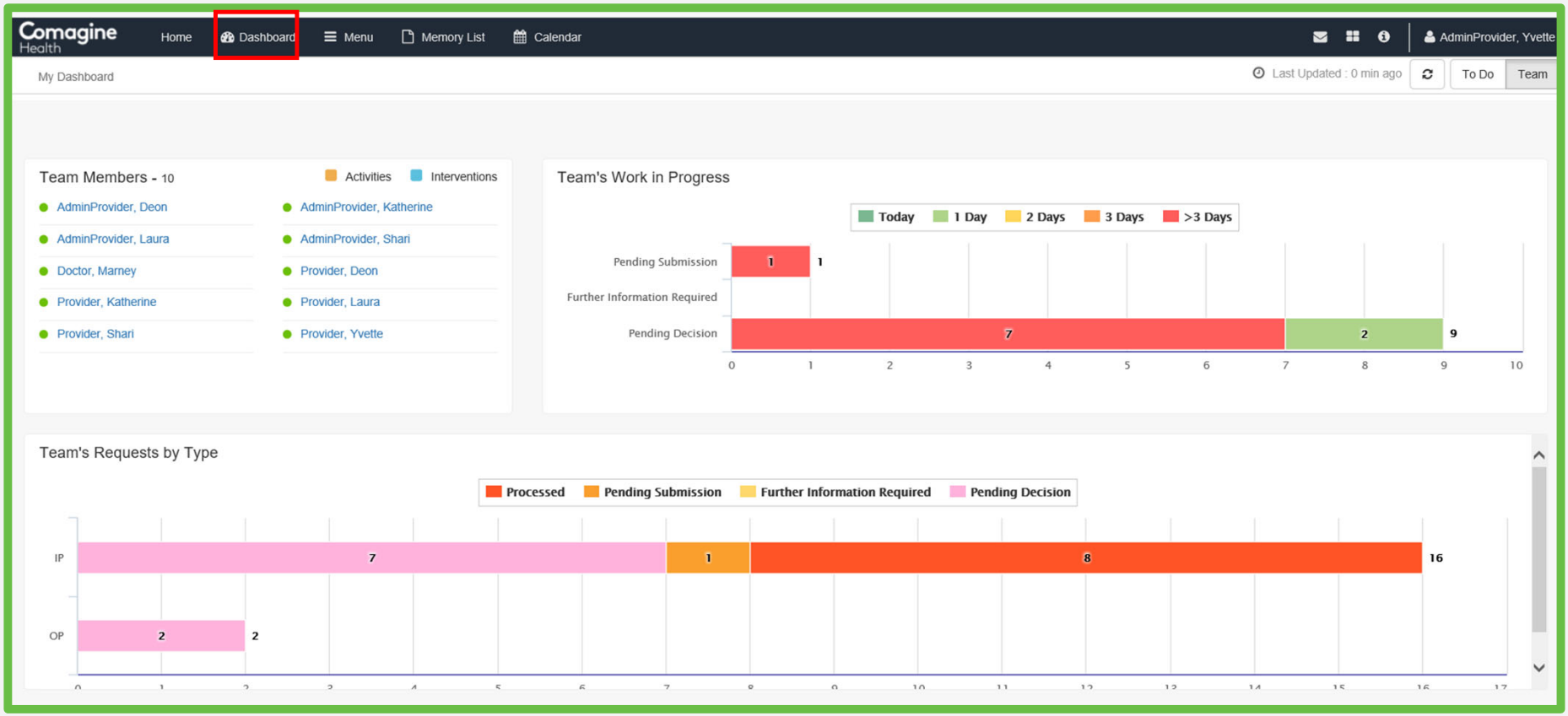
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Provider Dashboard - To Do



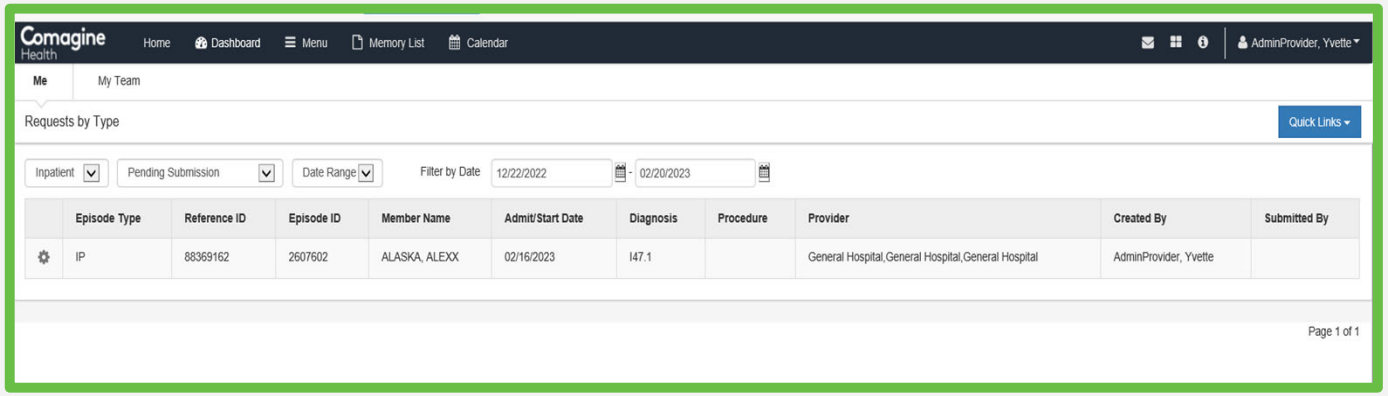
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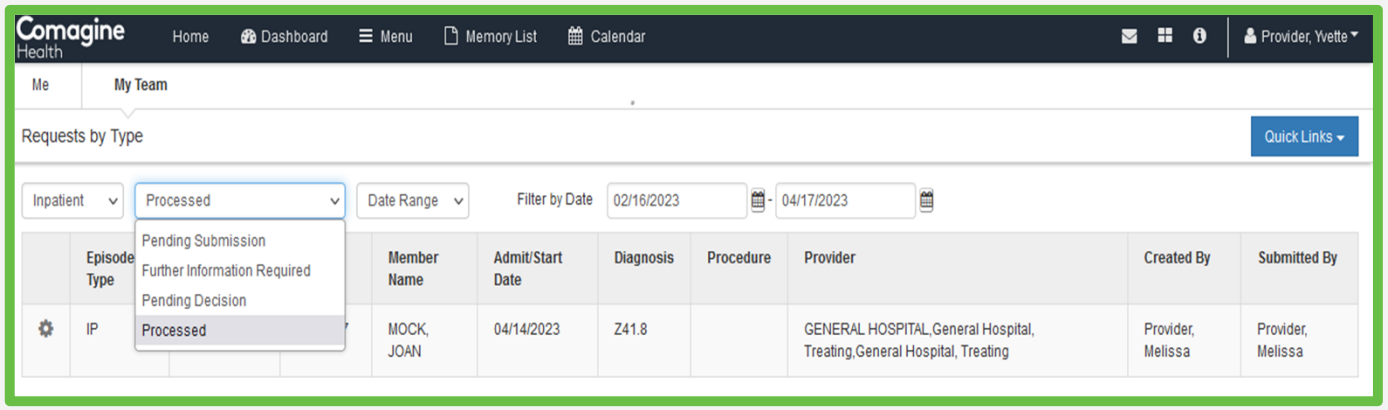
Provider Dashboard - Teams



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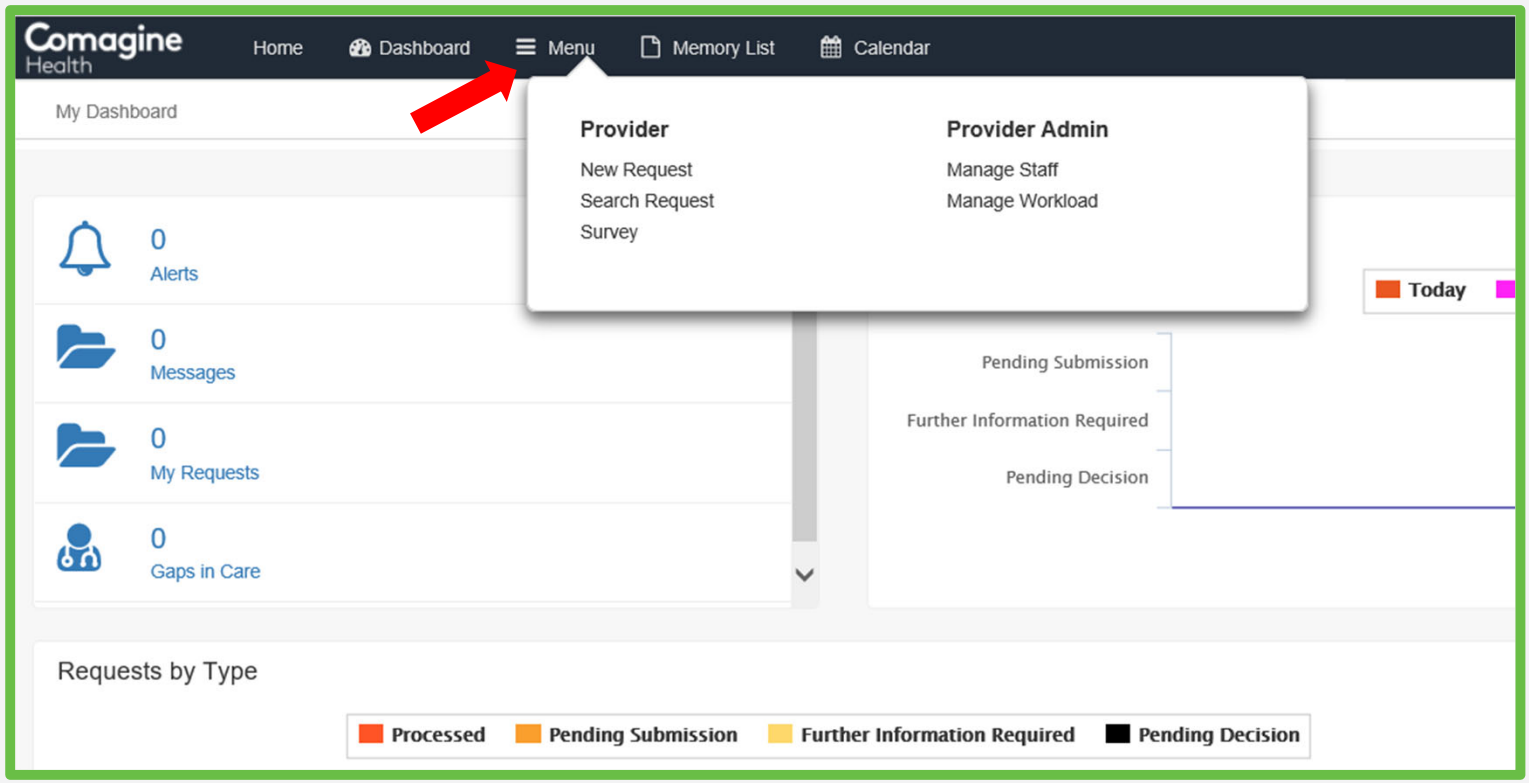
Provider Dashboard Links





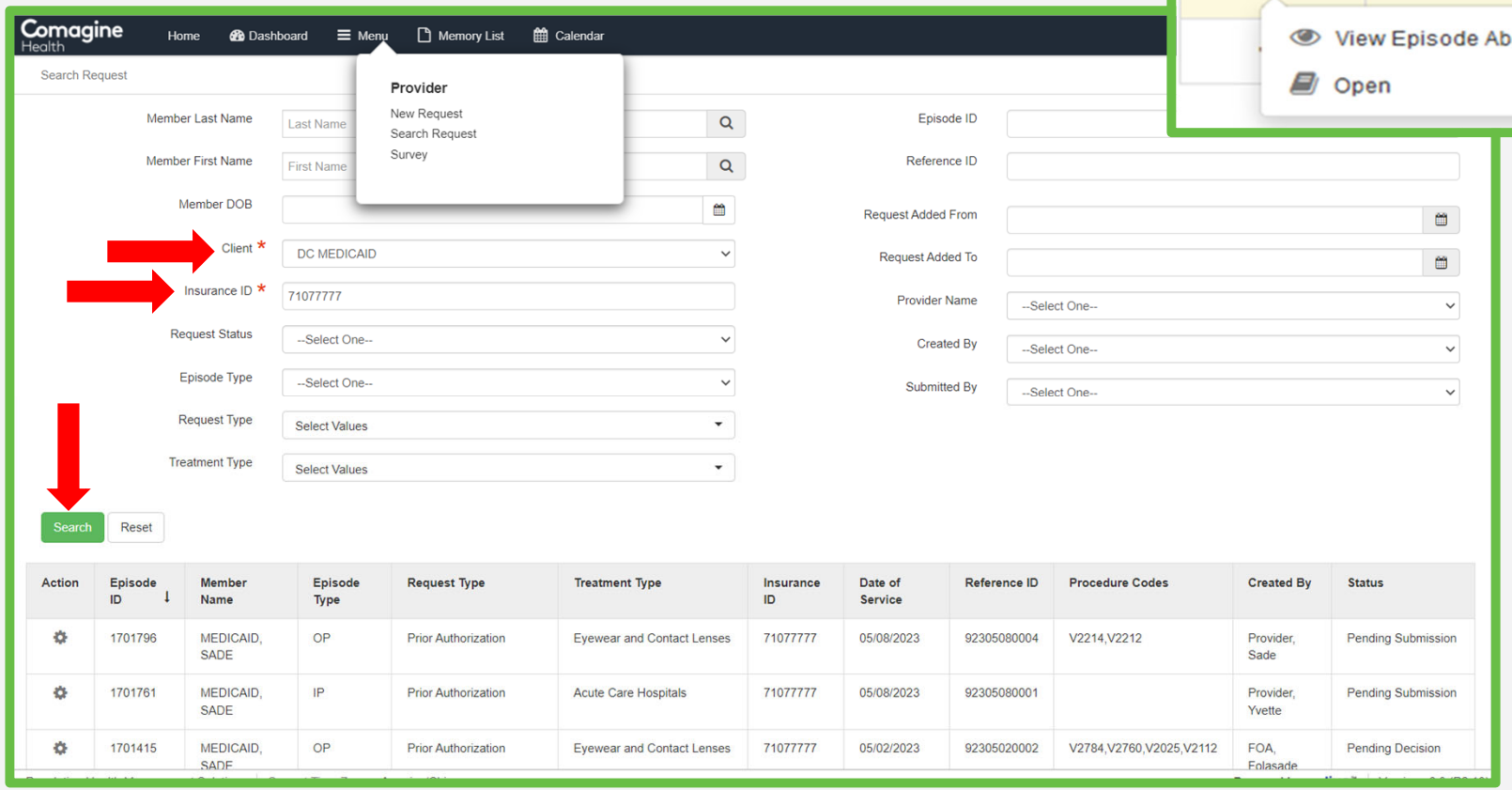
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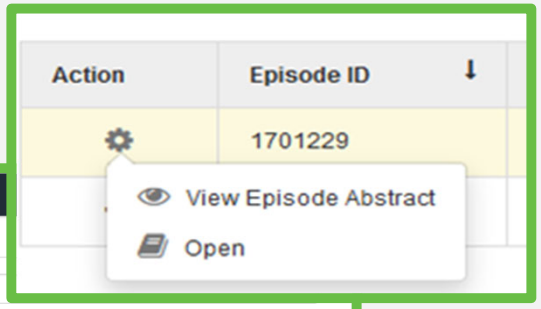
How to Search or Submit a New Request



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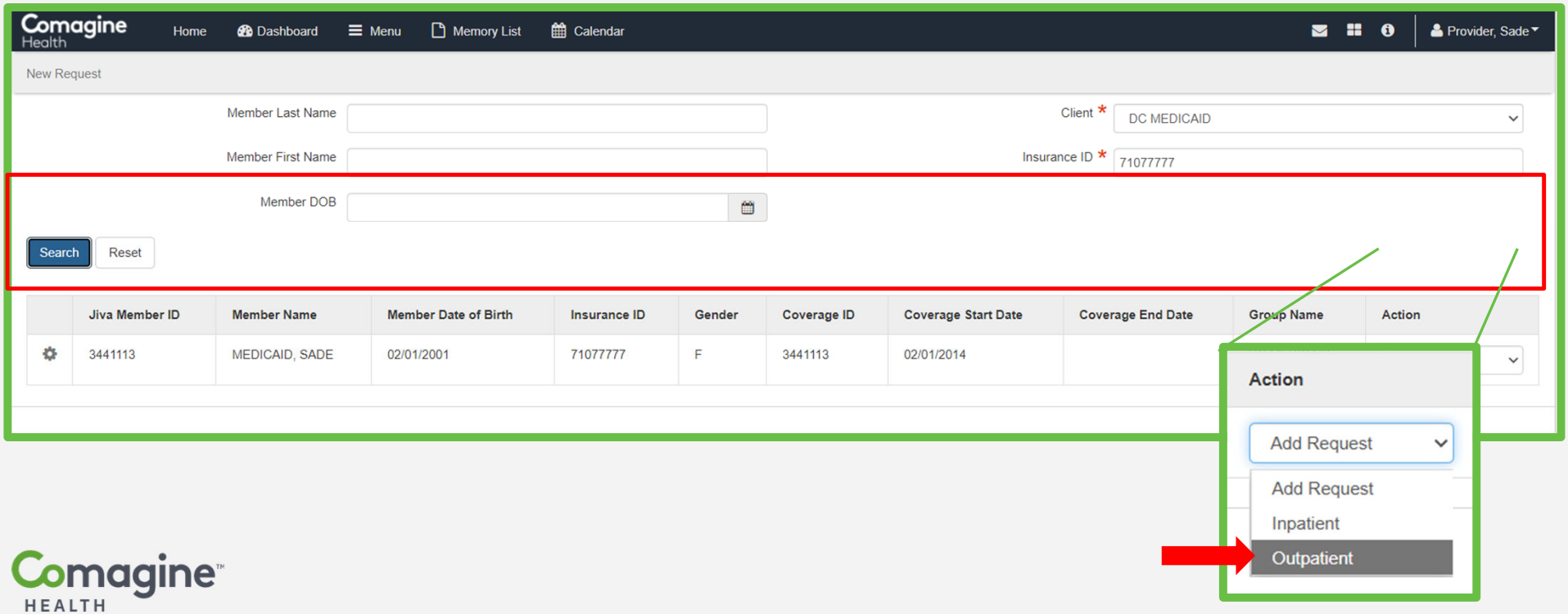
Search Request





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Submit a New Request



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Submit a New Request

Fill out the **Episode Details** with the red asterisks, including the Treatment Class. For **Outpatient** requests, complete:

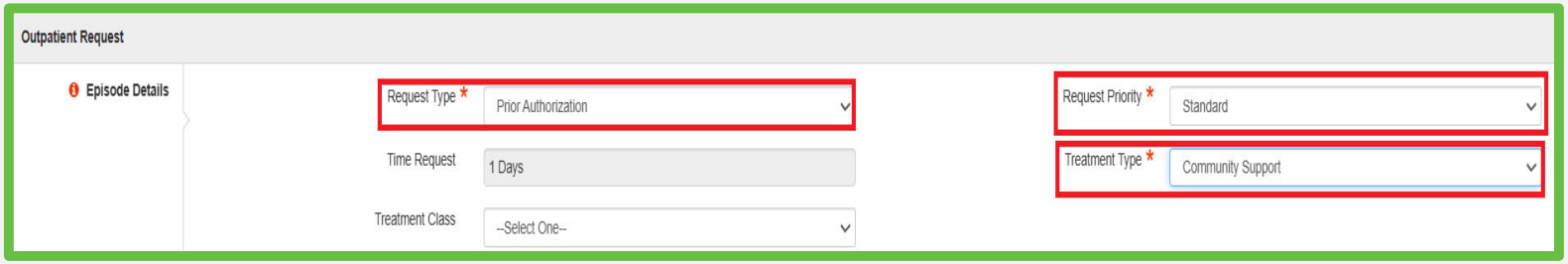
A. **Request Type***: Enter **Prior Authorization**.

B. **Time Request**: Does not need to be filled in, automatically populates to 1 day.

C. **Treatment Class**: Select **N/A** (this field MUST be completed even though an asterisk is not present).

D. **Request Priority***: Will auto-populate with **Standard**.

E. **Treatment Type***: Select **Community Support**



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Submit a New Request

Continued

- Enter Diagnosis

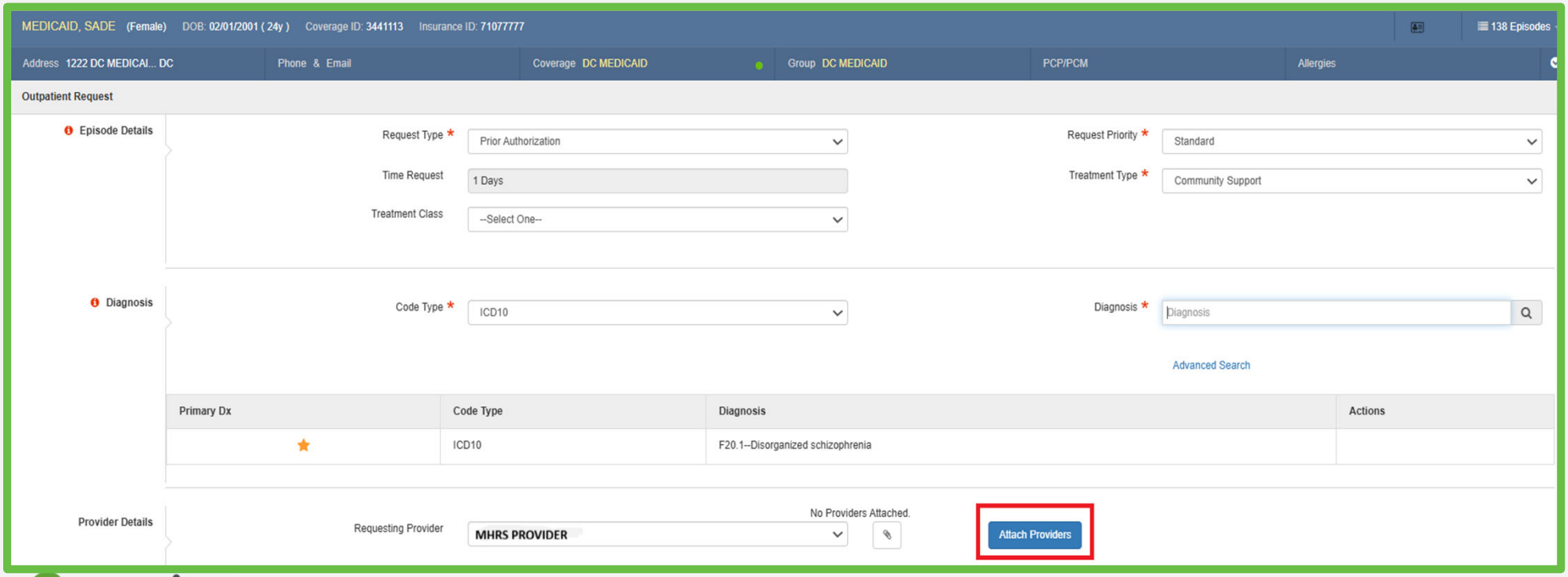


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Submit a New Request

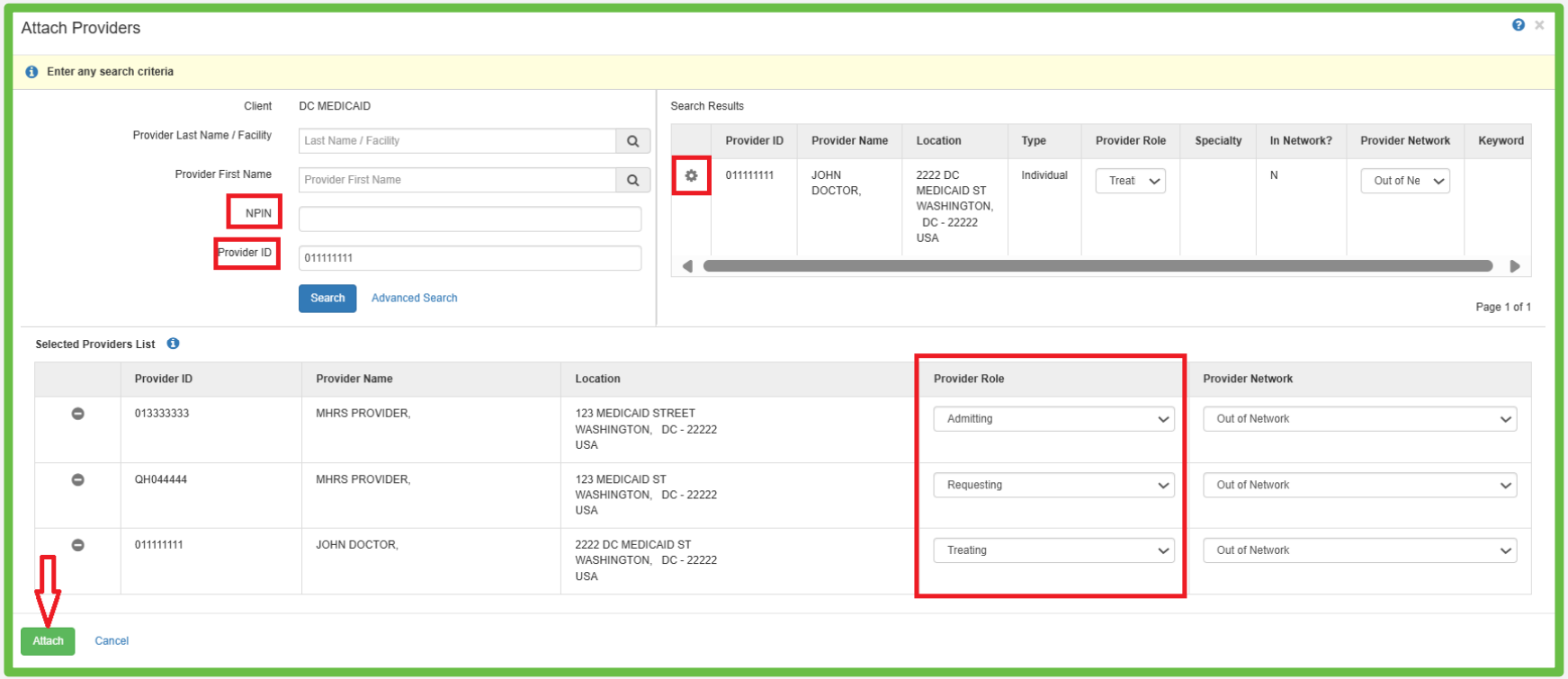
Continued

- Attach Providers to Episode



Steps to Add Providers

- Use Search or Advanced Search to find providers

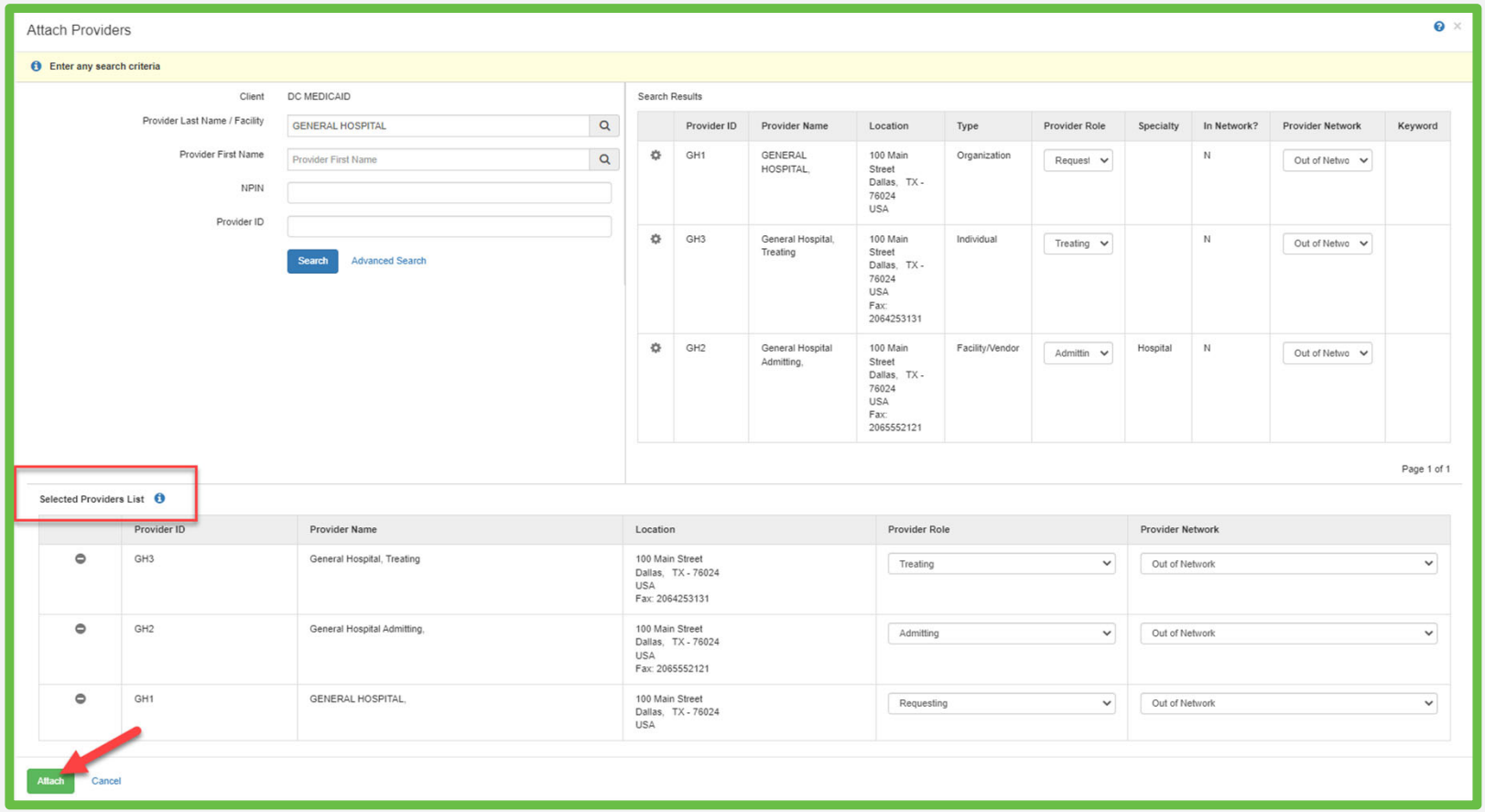


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Steps to Add Provider

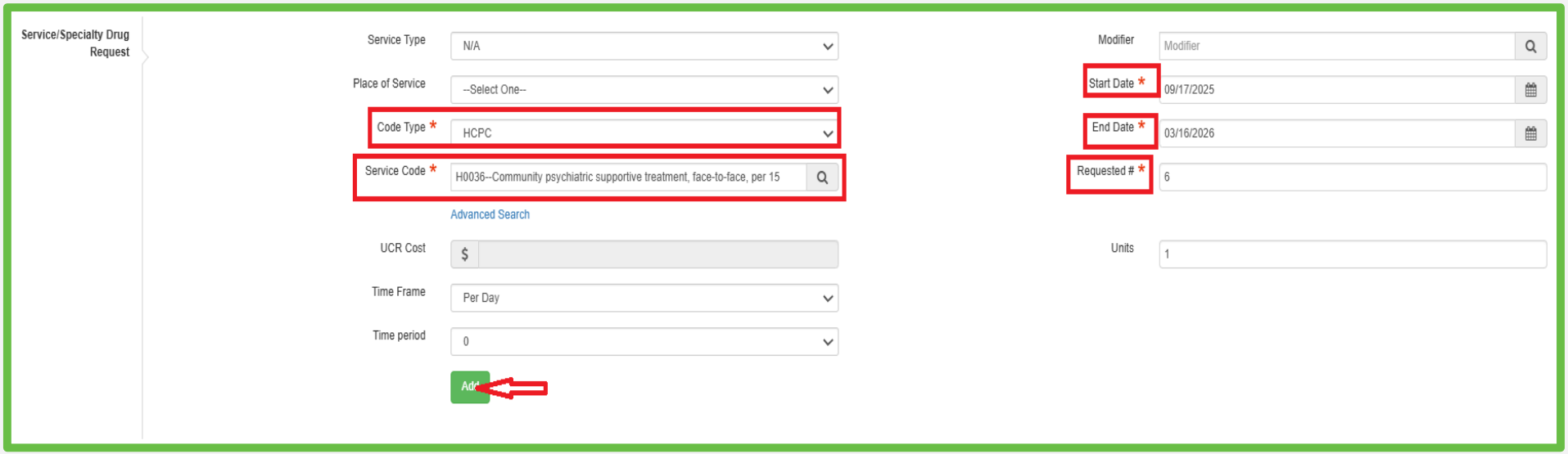
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- Admitting, Treating, and Requesting providers must be attached



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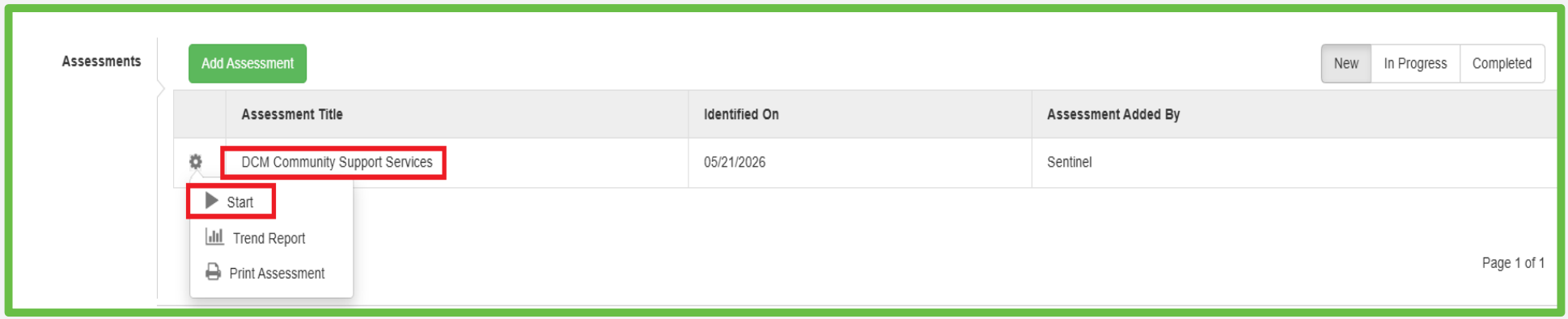
Add a Service Request



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Assessments

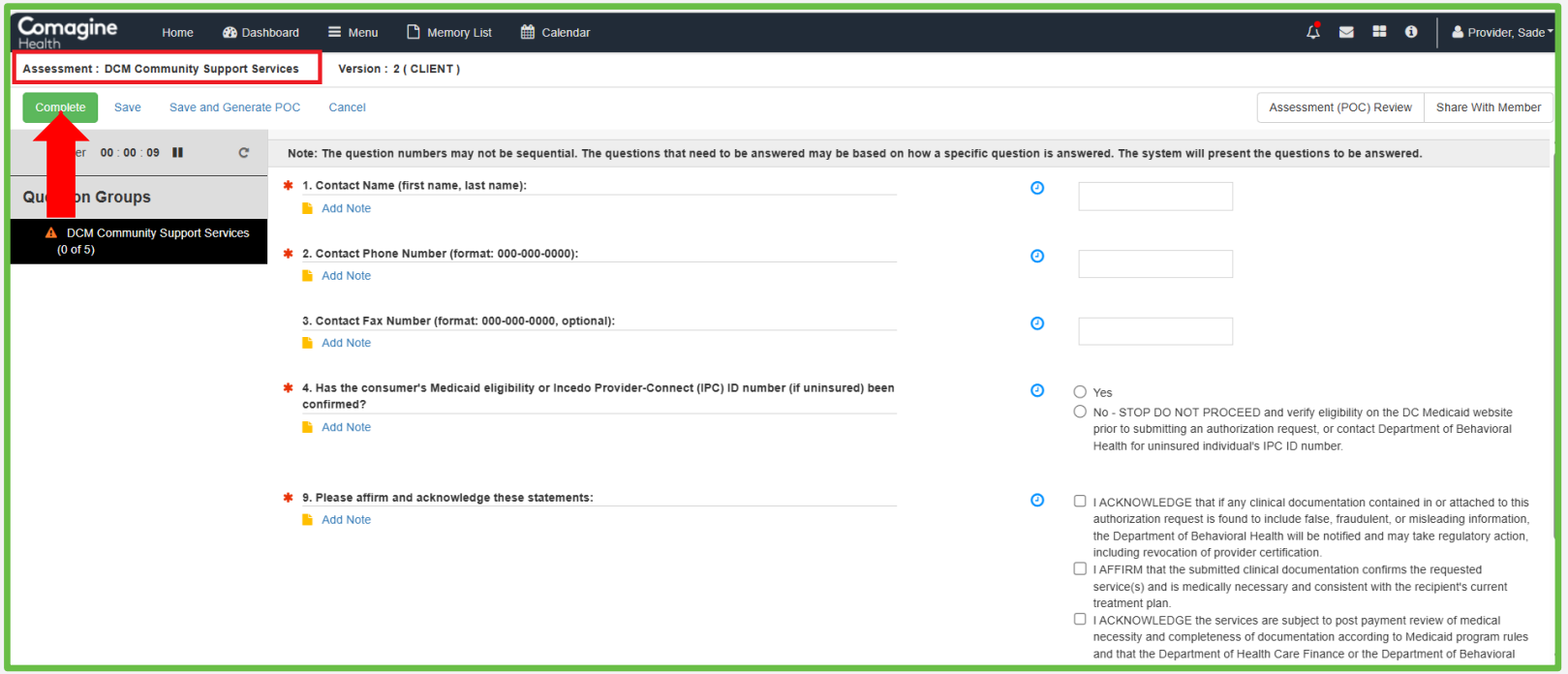
- Select the gear and click **Start** to complete the **DCM Community Support Services** (mandatory process to save and submit)



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DCM Community Support Assessment

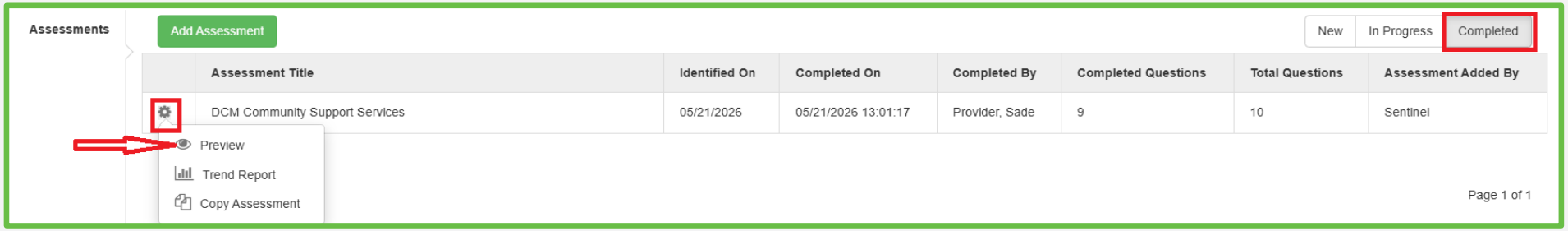
- Answer the assessment questions
- Always select **Complete** when finished with an assessment and not just Save



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Preview Assessment

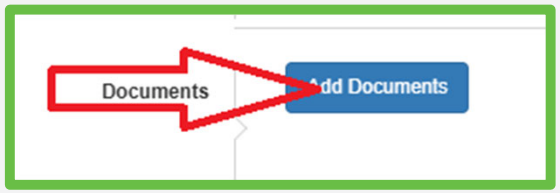
- You can review the completed or in progress assessments by clicking on the **gear** and selecting **Preview**.
- The tab on the right-hand side also needs to be selected – either **completed** or **in progress**.



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Adding Documents

- Click on the **Add Documents** button.
- Please only use PDF or DOC files; TIFF files will not be accepted.



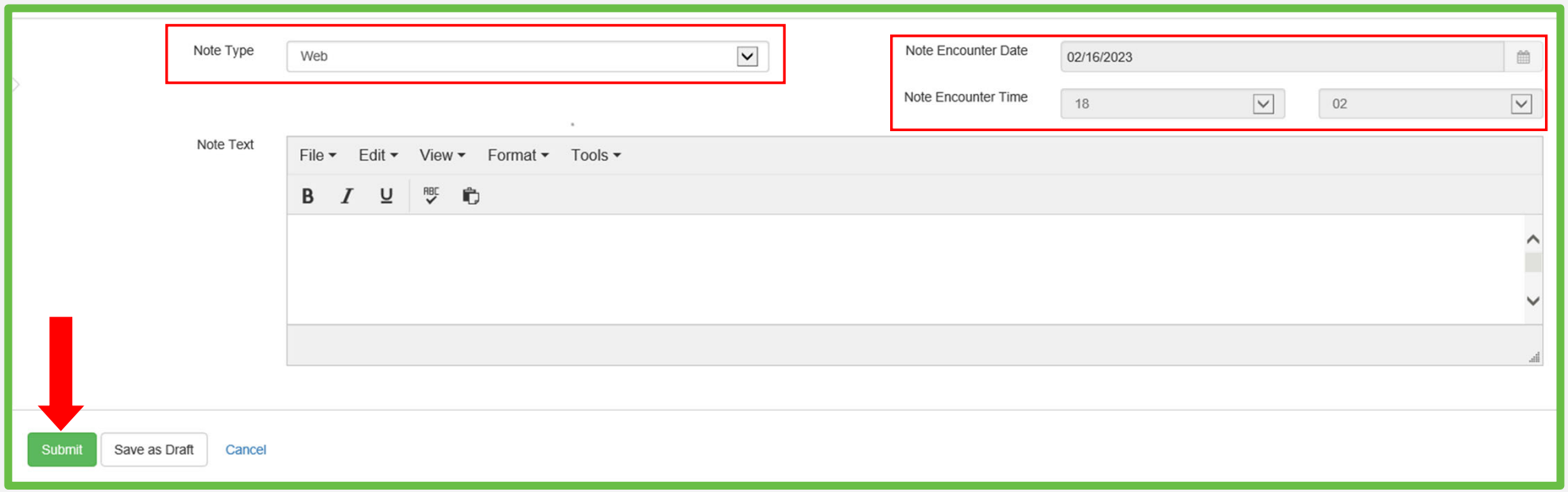


	Name	Type	Date Added	Added User	Description
⚙	DLA 20		07/09/2025	Provider, Sade	
⚙	Assessment		07/09/2025	Provider, Sade	

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Notes

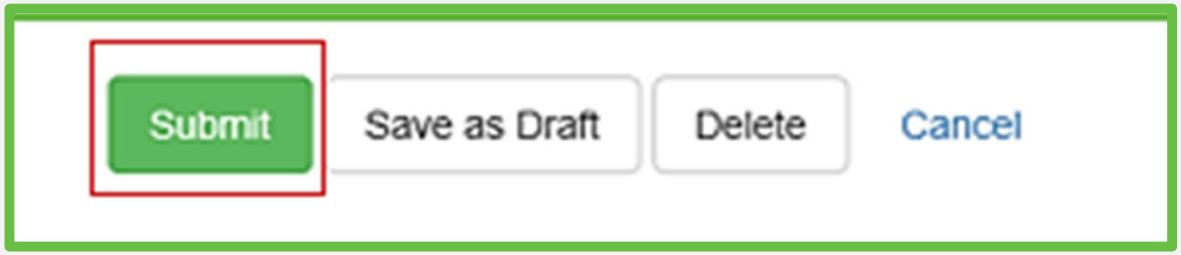
- **Note Type**: Auto Populates to **Web**
- **Note Text**: Add notes according to the request (i.e., additional information submitted)
- **Note Encounter**: Auto Populates the date
- **Note Encounter Time**: Auto-populates the time



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Submit or Save as Draft

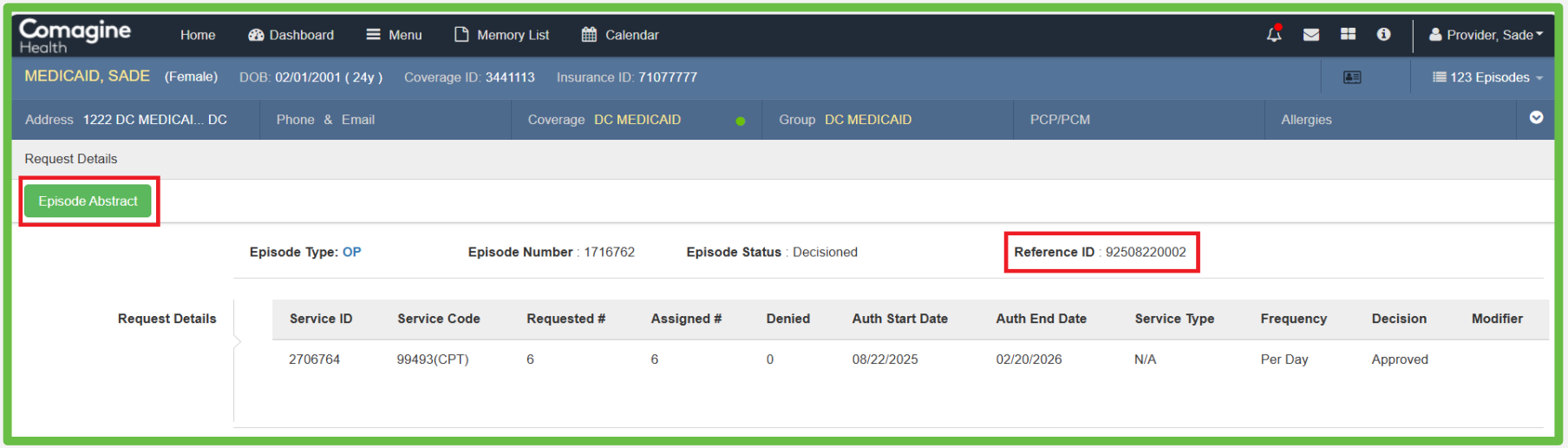
- **Submit**: Episode will be submitted to Comagine Health
- **Save as Draft**: Episode will not submit to Comagine Health but will be saved for later submission and can be edited
- **Delete**: The request will be deleted



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Reference ID

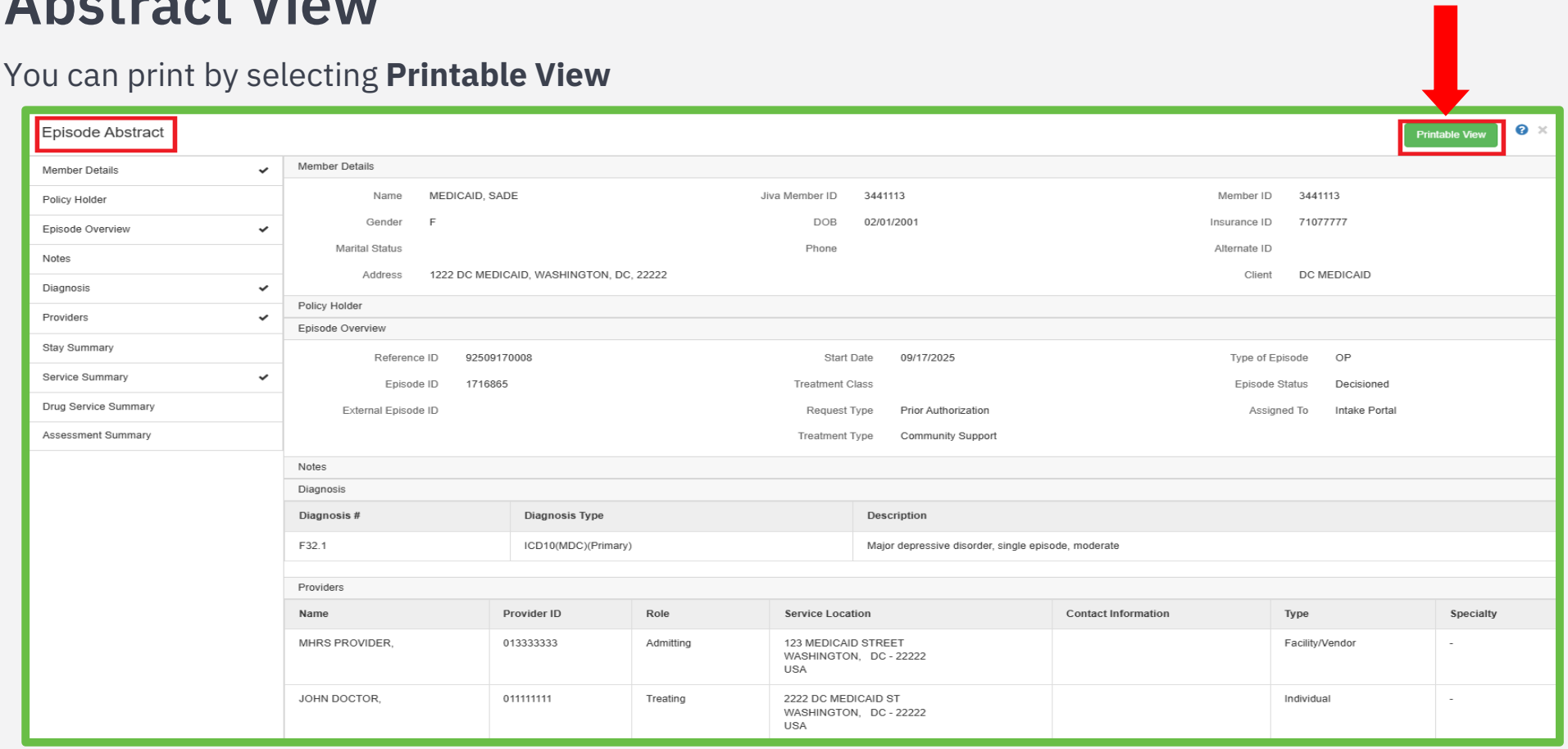
- Make a note of the CHPP Reference ID number for your records to locate the episode faster
- The reference ID will become a prior authorization number on an approved request
- Selecting **Episode Abstract** allows you to review what was submitted; however, you cannot edit from here



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Abstract View

You can print by selecting **Printable View**



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Provider Resources

- CHPP User Guide
- CHPP Administrator Guide
- CHPP Quick Start Guide – Community Support Services Review Authorizations
- CHPP Training Webinars (recording and slides)
- CHPP Registration Packet
- Copy of the qualifying diagnosis list (under Provider Notifications)

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- Questions



Type your questions in the chat

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Thank you!

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