

APD Behavior Support Services Local Office Guide

Referrals and Authorizations

Please continue to use existing referral procedures and processes by completing form SDS 313 Request for Behavior Support Services. An initial 40 hours can be authorized by the case manager. Additional 40 hours may be approved by the local office management for ongoing service delivery. Request for more than 80 hours of service must be reviewed and approved by Central Office, please email those requests via email: APD.BehaviorSupportServices@odhsosha.oregon.gov.

MMIS Plan of Care

When a BSS referral has been accepted, a Plan of Care (POC) will need to be set up in MMIS. Please use the following process to set-up the POC:

- **Rendering Provider Number:** BSS provider numbers are listed on the contact list or by clicking [Search].
- **Authorizing Entity:** Your Branch number (select from the drop down)
- **Benefit Plan:** Aged and Physically Disabled or State Plan K Services for APD (depending on service plan)
- **Service Code Type:** Procedure Code
- **Service Code:** H2019
- **Effective Date:** Should be the date the BSS Referral was accepted by the Provider.
- **End Date:** The End Date on DHR SELG screen and MMIS Benefit plan end date.
 - o The POC Line Item must match the service plan in CAPS, this includes:
 - Creating a new POC Line Item when a new assessment and service plan have been created.
 - Matching the dates and reducing the units in the POC Line Item to the service plan authorized.
- **Units: 160 (maximum authorized by local offices)**
 - o 160 units is the equivalent to 40 hours based on the unit qualifier.
 - o If there is a break in the POC Line Item, to align with CAPS, the units must be adjusted and carried over to the new POC.
 - o For example, provider is authorized 160 units, they have used 10 units in the current POC Line Item. You create a new POC, due to a new CAPS, enter 150 units in the Units field.
 - o Each POC Line Item must be reduced by the number of units previously used. Used Units are displayed under the Status field.
- **Unit Qualifier:** 15-Minutes
- **Frequency:** Yearly
- **Payment Method:** Pay System Price
- **Status:** A - Active
- **Save**

For assistance with establishing a Plan of Care, reference the Workday training or refer to the following MMIS Desk Manuals: <https://www.oregon.gov/odhs/providers-partners/seniors-disabilities/Pages/guides-manuals.aspx#mmis>

Independent Choices Program (ICP)

ICP participants are eligible for BSS, however, due to coding edits MMIS does not allow POCs to be entered for ICP participants. Staff must follow the steps below to ensure BSS providers are paid for services rendered:

- The referral process to BSS providers is the same. But the local office must inform the provider that they will be unable to bill through the MMIS system and must submit an invoice for services rendered to your local office for processing.
- When invoices are received from the BSS provider, local office staff must forward the invoice via email to ICP.SPD@odhsoha.oregon.gov
- The email must include the following:
 - A copy of the invoice
 - The dates of service for BSS services rendered
 - The ICP participant's name
 - The ICP participant's prime number
 - The BSS company's Medicaid provider number