

Action Request Transmittal Aging and People with Disabilities



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Number: APD-AR-21-037

Issue date: 7/9/2021

Topic: Mental Health

Due date:

Subject: Steps to refer individuals to behavioral health services

Applies to (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> All DHS employees | <input checked="" type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Types A and B | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input checked="" type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input checked="" type="checkbox"/> County DD program managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input checked="" type="checkbox"/> Support Service Brokerage Directors | <input checked="" type="checkbox"/> Other (<i>please specify</i>): Comagine Health |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Individuals with behavioral health (BH) needs (mental health conditions, problem gambling or substance abuse disorders) may be eligible for services and supports such as:

- Outpatient services: counseling, case management, psychiatry, psychology, skills training, peer supports, etc.
- Behavioral Health Personal Care Attendant (BH PCA) Services: equivalent to State Plan Personal Care (SPPC)
- 1915(i) Home and Community-Based Services (HCBS): mental health (MH) habilitative services delivered in a home-based or facility setting
- Other services specific to those with a severe and persistent mental illness

The Oregon Health Authority (OHA) contracts with the following entities to help individuals get the services they need:

- Coordinated Care Organizations (CCO): provide member assistance to locate outpatient providers and accepts referrals for intensive care coordination
- KEPRO and CareOregon Tribal Care Coordination: provide care coordination for fee-for-service (open card) individuals.

- Community Mental Health Programs (CMHP): Provide a variety of BH care services, including case management, care coordination, mental health assessments, group and individual counseling, etc.
- Comagine Health (OHA's Independent and Qualified Agent (IQA): Assesses for PCA and 1915(i) program eligibility and assists with PCA enrollment
 - 1915(i) eligibility determinations require a mental health assessment from a CMHP or other mental health provider.

A comparison chart for PCA vs home-based 1915(i) can be found online [here](#). 1915(i) services can also be provided in mental health facilities licensed by OHA.

Action required:

Use the tools found in this document to refer individuals with BH conditions for services and other supports for which they may be eligible. Please note: Although the CMHP or other BH providers typically make referrals to Comagine Health for 1915(i) and PCA eligibility determinations, Comagine Health can accept referrals from any source including Aging and People with Disabilities (APD), Area Agencies on Aging(AAA), County Developmental Disability Programs (CDDP) and Brokerages. See below for instructions.

For individuals that are interested in behavioral health care or who need a mental health assessment, please refer the individual to:

- The local [CMHP](#), or
- Their BH provider if the individual has one.

PCA Services: Individuals or staff may complete referral form [CH-O10](#) to Comagine Health for an eligibility determination. Please note: Staff or individuals may not have all the information requested on the referral. Complete as much information as possible when making the referral.

1915(i) Services: Referrals for individuals who need MH habilitation services in their own home or in a residential care setting (which includes those that were determined not eligible for services through APD/ODDS due to their primary needs are driven by MH conditions), require the following:

- MH assessment by the CMHP or a MH professional, and
- Referral to Comagine Health for a program eligibility determination using form [CH-006](#)
 - Staff may coordinate with the CMHP or MH professional who conducted the MH assessment to complete referral

Staff that need assistance with determining the most appropriate program to refer the individual to for a program eligibility determination or other related questions may contact [Comagine Health](#).

Reason for action:

A coordinated and collaborative effort between APD, AAA, ODDS and OHA service delivery systems is critical when working with an individual whose BH condition is identified as the primary driver for their service need.

- The CMHP is the main contact for referrals for behavioral health treatment and mental health assessments. However, other community based BH programs may be contacted.
- Comagine Health, determines an individual’s program service eligibility, conducts needs assessments, and creates person-centered service plans (PCSP) for the 1915(i) HCBS and PCA services. Comagine Health does not directly provide BH treatment or services.

OHA hopes that staff find the information in this transmittal, [referral guide](#) and [contact list](#) useful for determining where to refer individuals for services.

Field/stakeholder review: Yes No

If yes, reviewed by: APD/ODDS/OHA Leadership & Ops Review

If you have any questions about this action request, contact:

Contact(s): Medicaid Behavioral Health	
Phone:	Fax:
Email: FFS.BH@dhsoha.state.or.us	

Behavioral Health Referral Process for APD/AAA, CDDP and Brokerage Staff

Use this guide to identify steps to take for individuals with BH service needs:

- **At walk-in:** When an individual walks or calls into the local office.
- **At screening or intake:** During APD/AAA’s screening and intake process or the DD eligibility determination process.
- **After denial of APD or DD services:** Individual needs a referral for Medicaid BH services because they have been denied services through your agency. This includes APD/AAA denials referred to MAXIMUS for MED review.

Depending upon the individual’s needs, APD/AAA and DD workers, the local CMHP, Exceptional Needs Care Coordinators and the individual’s coordinated care organization (CCO) may choose to initiate an interdisciplinary team meeting for intensive care coordination purposes.

	Walk-In	Screening/Intake	Denial
<p>Is the individual currently seeing a BH professional and require additional BH care?</p> <ul style="list-style-type: none"> • If so, refer to their BH provider. • If not, refer to CMHP for BH services. 	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Does the individual have personal care ADL/IADL service needs based on a BH condition? If so, refer to Comagine Health for the following services:</p> <ul style="list-style-type: none"> • Personal Care Attendant (PCA) program referrals require the CH-010 form. 	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Has the individual has been diagnosed with Serious and Persistent Mental Illness (SPMI)? If so,</p> <ul style="list-style-type: none"> • Contact the local CMHP to request the individual be assessed for appropriate services and engage in care coordination. 	<input type="checkbox"/>	<input type="checkbox"/>	
<p>For APD/DD service denials due to BH drivers, local staff shall contact Comagine Health. Comagine Health will determine the form(s) to complete and if a referral to the local CMHP is required. If indicated, complete the following referrals:</p>			<input type="checkbox"/>

Walk-In Screening/Intake Denial

<ul style="list-style-type: none"> • Personal Care Attendant (PCA) program referrals require the CH-010 form. • Refer to CMHP for mental health (MH) assessment. • 1915(i) referrals require the CH-006 form and a MH assessment from the individual’s BH provider. <p>Provide the reason for denial and documentation supporting the need for BH services.</p>			
<p>Does the individual qualify for APD or DD services and need Behavior Support Services (BSS) or a Positive Behavior Support Plan (PBSP)?? If so:</p> <ul style="list-style-type: none"> • APD/AAA staff: Refer to Behavior Support Services. • CDDP and brokerage staff: Refer to Professional Behavior Services (page 26). 		<input type="checkbox"/>	
<p>Does the individual have OHP Plus and physical and BH needs requiring additional care coordination? If so,</p> <ul style="list-style-type: none"> • For CCO members, contact the CCO to request a referral for services. <p>For Fee-For-Service (Open Card) members, refer to CareOregon Tribal Care Coordination (for AI/AN members) or KEPRO (for other FFS members).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>For APD/AAA staff: If the individual is eligible for Long Term Services and Supports, do they need additional Behavioral Health supports? If so, refer to:</p> <ul style="list-style-type: none"> • Complex Case Team • Enhanced Care Outreach Services/ Enhanced Care Facilities • Special Needs Contracts 		<input type="checkbox"/>	

Referral Contacts for Medicaid Services

Entity	Contact Information
<p>APD/AAA Offices</p> <ul style="list-style-type: none"> • Medicaid Financial & Long-Term Care Services and Supports eligibility • SNAP 	<p>Contacts for local APD/AAA/ offices</p>
<p>CareOregon Tribal Care Coordination</p> <ul style="list-style-type: none"> • Care coordination for FFS AI/AN members • Case management for eligible services • Assistance for identifying a provider 	<p>24/7 Nurse Advice Line: 866-209-0905</p> <p>Referrals: sunowens@careoregon.org</p>
<p>Choice Model Coordinator: Local CMHP ENCC for all civil commitments (OHP & non-OHP):</p> <ul style="list-style-type: none"> • Discharged from OSH, • In mental health congregate / residential or • At risk of OSH admission 	<p>Contact the local CMHP and ask about how to make Choice referrals.</p>
<p>Comagine Health's Oregon Behavioral Health Support Program: Eligibility assessments and service authorizations for:</p> <ul style="list-style-type: none"> • 1915(i) • Personal Care Attendant (SPPC) 	<p>Phone: 888-416-3184</p> <p>Fax: 877-575-8309</p> <p>TTY/TDD: Dial 711, then phone number: 888-416-3184</p> <p>Email: ORBHSupport@comagine.org</p>
<p>Community Mental Health Programs (CMHPs): Local/county mental health programs for:</p> <ul style="list-style-type: none"> • Assessment • Behavioral health treatment, • Link with community supports 	<p>Contact List for CMHPs</p>
<p>Coordinated Care Organizations (CCOs):</p> <ul style="list-style-type: none"> • Regional/local OHP delivery system • Case management for eligible services • Assistance for identifying a provider 	<p>CCO Contact List</p> <p>CCO Coverage Map</p>
<p>KEPRO: OHP Fee-for-Service (FFS) care coordination</p> <ul style="list-style-type: none"> • Case management for eligible services, • Assistance for identifying a provider 	<p>24/7 Nurse Advice Line: 800-562-4620</p>
<p>Maximus: Mental or Emotional Disorder (MED) Review</p> <ul style="list-style-type: none"> • Reviews APD/AAA denials to assess 	<p>MED Review Team</p>

Entity	Contact Information
<p>whether service needs are related to physical or mental health</p>	
<p>CDDP and Brokerage Offices:</p> <ul style="list-style-type: none"> • Refer new individuals to the county office. • Refer other individuals to the previous ODDS county or brokerage office they worked with. 	<p>DD County Directory</p> <p>DD Brokerage Directory</p>
<p>Oregon Health Authority – Health Systems Division</p> <ul style="list-style-type: none"> • Assistance with policy or processes related to Medicaid. 	<p>FFS.BH@dhsoha.state.or.us for PCA or 1915(i) specific issues</p> <p>Medicaid.Programs@dhsoha.state.or.us for Medicaid program questions</p>