

Action Request Transmittal Aging and People with Disabilities



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Number: APD-AR-23-032

Issue date: 10/20/2023

Topic: Long Term Care

Due date:

Subject: Behavior Support Services

Applies to (check all that apply):

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

Action required:

This AR provides information regarding Behavior Support Services (BSS) authorization of services. Case managers can authorize up to 40 hours for the initial assessment, service planning and follow up. These services must be entered in the MMIS Plan of Care (POC) with a frequency of yearly and POC units adjusted to match the service plan.

Review the updated Behavior Support Services (BSS) Local Office Guide located at: http://www.dhs.state.or.us/spd/tools/cm/behavior_ss/behavior%20support%20services.htm

Additional 40 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@odhsoha.oregon.gov.

Reason for action: Clarification with the process of entering the MMIS Plan of Care to ensure accuracy with BSS provider billing.

Field/stakeholder review: Yes No

If yes, reviewed by: APD Policy & Ops Review

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

Contact(s): Sarah Hansen	
Phone: 971-600-7239	Fax:
Email: sarah.l.hansen@odhs.oregon.gov	

APD Behavior Support Services Local Office Guide

Referrals:

Please continue to use existing referral procedures and processes by completing form SDS 313 Request for Behavior Support Services.

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 or 40 hours (maximum authorized)**
 - 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 iLearn training or refer to the following MMIS Desk Manuals:

<http://www.dhs.state.or.us/spd/tools/mmis/index.htm.pdf>

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