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# Mental Health Adult Residential Standardized Rate Implementation

Updates and  
Question & Answer session  
November 19, 2019



HEALTH SYSTEMS DIVISION  
Adult Mental Health Services

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# What we will cover today

- IQA LSI effective dates
- For new/initial 1915i eligibility assessment request to IQA.
- Deschutes site visit feedback on documentation
- IQA transition update & upcoming developments: OHA revising PCSP; to engage providers and OCBH to standardize treatment plans to be able to measure outcomes
- Retainer payment policies

# IQA LSI effective date

- IQA may provide a **DRAFT courtesy** copy the day of assessment, which is not final.
- To be effective FINAL IQA LSI requires the PCSP be signed by individual.
- Per HCBS rules 410-173-0025(1)(g) states "Include strategies for resolving disagreement within the process, including clear conflict of interest guidelines for all planning participants"
- During the transition period for year one rate standardization implementation and the Independent Qualified Agent (IQA) transition, OHA will continue to monitor and review variances of individual's care needs, their treatment plan and the LSI and PCSP.

# Request for Initial assessment and Reassessment

- Initial assessment requests must be requested through the IQA.
- Reassessment requests for an individual who already receives services will only be considered when:
  - The individual receiving services requests an updated assessment;
  - There have been significant changes to the individuals functioning; or
  - The reassessment is a yearly scheduled reassessment

# Deschutes regional site visit - feedback

- Documentation can be at different levels including
  - Shift change notes, service notes and summaries
  - EHR notes and time tracking
- Engagement documentation should align with the golden thread to show progress on the individual's goals
  - Person-Centered Service Plan
  - Program and outpatient provider assessments
  - Program and outpatient provider service plans
  - Program progress notes through
  - Shift change notes, service notes and summaries

# IQA transition - update

- OHA is in contract negotiations with the 2<sup>nd</sup> proposer.
- During contract negotiations and transition to the new IQA, KEPRO continues as the IQA.
- OHA has hired the FFS Medical & Behavioral Health IQA contract administrator: Alise Campbell.
- OHA will proceed with system improvements such as the revised PCSP and standardized treatment plan with KEPRO as OHA also transitions to the new IQA.

# IQA & LSI hierarchy during year one implementation & IQA transition

**HCBS & 1915i requires independent assessment through the IQA and includes a person-centered service plan**

During IQA transition:

A. IQA LSI if available

B. County/CMHP LSI by QMHP if IQA LSI not available

C. If IQA & County/CMHP cannot do LSI timely, then County/CMHP can temporarily delegate to provider QMHP or equivalent, only with County review and sign-off of assessment

# Retainer payment policies & procedures

- Requests for general fund (non-Medicaid eligible) retainer payments must be complete, made timely and submitted to [ABH.ResidentialCapacityReporting@dhsoha.state.or.us](mailto:ABH.ResidentialCapacityReporting@dhsoha.state.or.us).
- Requests for Medicaid eligible retainer payments must be created through the Prior Authorization process in MMIS.
- All requests for retainer payment must be received complete by the Behavioral Health Residential Rate Review Committee within two business days of the first day of the absence.
- Requests outside of the two-business day timeframe may not be authorized.
- All requests for Medicaid eligible retainer payments for leave of absence must address goals, needs, and objectives identified on the person-centered service plan.



# Retainer payment policies & procedures

- Prior Authorizations in “Information Received” status over 30 days will be **withdrawn**,
- Prior Authorizations without a complete Retainer Payment form attached will be **withdrawn** and not processed for payment.
- Claims submitted on the same day for a Retainer Payment (T2033) and Residential Payment of Personal Care (T1020) are considered duplicative and will not be authorized.
- Request for general fund retainer payments for absconded, missing, or unknown location of an individual will be approved for no more than 72-hours.
- Questions submitted to [ABH.ResidentialCapacityReporting@dhsosha.state.or.us](mailto:ABH.ResidentialCapacityReporting@dhsosha.state.or.us). must include the prior authorization number for the Retainer Payment request in question.

# Crisis Respite & Retainer payment requests

- Requests for Retainer Payment for Crisis-Respite within the individual's residential setting will not be approved when crisis-respite is approved in the individual's current residential setting;
- OHA considers crisis-respite services in the individual's residential setting a disqualifying event for retainer payments, because this service occurs within the individual's residential setting, in which the individual does not leave the residential setting

# Retainer payment requests & eviction notice

Requests for retainer payment in conjunction with an eviction notice may not be approved:

- Providers requesting retainer payment who have served the client an eviction notice are not subject to receiving a retainer payment.
- Providers who are actively trying to remediate an individual's behavioral health manifestations prior to eviction or placement outside of the residential setting may consider a right to remedy prior to an eviction notice.

# For more information

## Questions?

All recent OHP rulemaking notices are posted at  
[www.oregon.gov/OHA/HSD/OHP/Pages/Rule-Notices.aspx](http://www.oregon.gov/OHA/HSD/OHP/Pages/Rule-Notices.aspx)

## Email:

- ABH Residential Capacity Reporting  
[ABH.ResidentialCapacityReporting@dhsoha.state.or.us](mailto:ABH.ResidentialCapacityReporting@dhsoha.state.or.us)
- Specify in Subject Title: Retainer; Capacity; Intensive Services; Question

## Website:

- <https://www.oregon.gov/oha/HSD/OHP/Pages/MH-Rates.aspx>