

## Comparison Chart for Medicaid Behavioral Health Adult In-Home Services

The Oregon Health Authority (OHA) provides this chart to help providers and Community Mental Health Programs determine the appropriate behavioral health in-home services to request for Medicaid-eligible clients. If you have questions, please email [FFS.BH@dhsosha.state.or.us](mailto:FFS.BH@dhsosha.state.or.us).

	Medicaid State Plan Personal Care Attendant Services (PCA)	1915(i) Home and Community-Based Services (HCBS) Home-Based Habilitation	Behavioral Habilitation
<b>Primary Function</b>	To support individuals wanting to live independently by assisting with or performing Activities of Daily Living (ADLs) and Instrumental ADLs (IADLs) for the individual.  Services are not intended to provide the individual's family respite from providing natural supports (such as routine care provided by a child's parent or guardian).	To maintain, develop or improve independent living skills, socialization skills and self-advocacy skills in Activities of Daily Living (ADLs) and Instrumental ADLs (IADLs) by assisting the individual with activities.	To maintain, learn or improve skills and functioning in Activities of Daily Living (ADLs) and Instrumental ADLs (IADLs) by assisting with or performing activities for the individual.
<b>Service Locations</b>	This document provides information for services in an individual's own or family home		
<b>Length of Service</b>	Limited to 270 hours per year (approx. 20 hours per month) as authorized in the individual's service plan.  More hours may be requested for exceptional needs for hands-on care or direct supervision.	Based on the services and supports identified in the individual's Person-Centered Service Plan.	
<b>Contact for Services</b>	Comagine Health authorizes services on behalf of OHA. <a href="https://comagine.org/program/oregon-behavioral-health-support/providers">https://comagine.org/program/oregon-behavioral-health-support/providers</a>		
<b>Who Can Provide the Service?</b>	A Medicaid-enrolled Personal Care Attendant who: <ul style="list-style-type: none"> <li>• Is at least 18 years old</li> <li>• Meets the provider enrollment criteria described in <a href="#">Oregon Administrative Rule (OAR) chapter 418 division 020</a>.</li> </ul>	A Medicaid-enrolled: <ul style="list-style-type: none"> <li>• Qualified Mental Health Professional (QMHP)</li> <li>• Qualified Mental Health Associate (QMHA)</li> <li>• Recovery Assistant (RA)</li> <li>• Certified Peer Support Specialist (PSS)</li> <li>• Mental Health Intern</li> </ul>	
<b>Billing</b>	Electronic Visit Verification Wage Information: <a href="https://ohccworkforce.org/benefits/competitive-wages/">https://ohccworkforce.org/benefits/competitive-wages/</a>	MMIS with code H0046 Rate information: <a href="https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx">https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx</a>	
<b>OARs</b>	<a href="#">410-172-0775 to 0840</a>	<a href="#">410-173-0050</a> to <a href="#">410-173-0055</a>	<a href="#">410-173-0060</a> to <a href="#">410-173-0065</a>

## Comparison Chart for Medicaid Behavioral Health Adult In-Home Services

	Medicaid State Plan Personal Care Attendant Services (PCA)	1915(i) Home and Community-Based Services (HCBS) Home-Based Habilitation Behavioral Habilitation
Eligibility Criteria (all must apply)	<p><input type="checkbox"/> Needs help with <b>one or more of the following personal care services</b> as defined in <a href="#">410-172-0780</a> due to a behavioral health condition or disability:</p> <ul style="list-style-type: none"> <li>• ADLs include: eating, bathing, dressing, toileting, maintaining continence, and transferring – including mobility and repositioning.</li> <li>• IADLs include: personal hygiene, light housework, laundry, meal preparation, transportation, shopping, use of telephone or other electronic communication devices, medication assistance, maintenance of medical equipment, money management and delegated nursing tasks.</li> </ul>	<p><input type="checkbox"/> Twenty-one years of age or older</p> <p><input type="checkbox"/> Diagnosed with a chronic mental illness as defined in <a href="#">ORS 426.495(1)(c)(B)</a></p> <p><input type="checkbox"/> Needs help to perform <b>at least two IADLs</b> due to symptoms of a mental health condition:</p> <ul style="list-style-type: none"> <li>• IADLs are self-management activities performed on a day-to-day basis that are not essential to basic self-care and independent living.</li> <li>• These include but are not limited to: <ul style="list-style-type: none"> <li>○ Housekeeping, including laundry</li> <li>○ Shopping</li> <li>○ Transportation</li> <li>○ Medication management</li> <li>○ Meal preparation</li> </ul> </li> </ul> <p><input type="checkbox"/> Needs provision of one or more 1915(i) services at least every 30 days.</p>
Disqualifying Criteria (one must apply)	<p><input type="checkbox"/> Receives personal care services from:</p> <ul style="list-style-type: none"> <li>• A licensed 24-hour residential adult foster home as defined in <a href="#">ORS 443.705</a>, or</li> <li>• A residential treatment home or facility as defined in <a href="#">ORS 443.400</a>.</li> </ul> <p><input type="checkbox"/> Is in a prison, hospital, sub-acute care facility, nursing facility, or other medical institution.</p> <p><input type="checkbox"/> Needs are being met by a natural support.</p> <p><input type="checkbox"/> Needs are being met under other duplicate Medicaid-funded home and community-based options.</p>	<p><input type="checkbox"/> Receives duplicate services as delivered through Medicare, other Medicaid programs or services or other private insurance.</p> <p><input type="checkbox"/> Receives the same services as delivered in an OHA licensed adult foster home or residential treatment facility.</p>

## Comparison Chart for Medicaid Behavioral Health Adult In-Home Services

	Medicaid State Plan Personal Care Attendant Services (PCA)	1915(i) Home and Community-Based Services (HCBS) Home-Based Habilitation	Behavioral Habilitation
Primary Services	<p>Authorizes hands-on assistance, cueing, and direct supervision with personal care services as outlined in OAR <a href="#">410-172-0780</a> and described above when any of the services are essential to the individual’s health, safety, and welfare.</p> <p>Ensures state plan personal care services support and augment independence, empowerment, dignity and human potential through the provision of flexible, efficient and suitable services to eligible adults and children.</p> <p>Provides essential personal care services that enable an individual to move into or remain in their own home.</p> <p>Are provided directly to an eligible individual and are not meant to provide respite or other services to an individual’s natural support system.</p>	<p>Help or support with:</p> <ul style="list-style-type: none"> <li>• ADLs<sup>1</sup></li> <li>• IADLs</li> <li>• Accessing and navigating the greater community to the same degree as individuals who do not access 1915(i) HCBS.</li> </ul> <p>Back-up plans to:</p> <ul style="list-style-type: none"> <li>• Mitigate health and safety risks</li> <li>• Identify procedures to follow when the primary provider is unable to deliver approved services</li> </ul>	<p>Help or support with:</p> <ul style="list-style-type: none"> <li>• ADLs</li> <li>• IADLs</li> </ul> <p>Evidence-based or evidence-informed practices for:</p> <ul style="list-style-type: none"> <li>• Mental health supports</li> <li>• Training and education</li> <li>• Psychosocial skills</li> <li>• Mental health therapies (individual, group, family, etc.)</li> </ul>

<sup>1</sup> **ADLs** are personal and functional activities that are essential for health, safety and continued wellbeing. These include:

- Eating
- Dressing/grooming
- Bathing/personal hygiene
- Mobility (ambulation and transfer)
- Cognition (use information, make decisions)
- Elimination (toileting, bowel, and bladder management)