

Invoicing for MH Residential non-OHP eligible

SE 27, SE 28 and SE 34

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Health Systems Division



What's New...Invoicing in 19-21

- New process in which Contractors invoice HSD monthly for non-Medicaid eligible individual's personal care. Money is available in contracts through SE 27 (Young Adult Programs), SE 28 (Adult Programs), and SE 34 (Adult Foster Home residents), part C allocation, and is specific to each Contractor (County) and client populations served.
- Goals:
 - Eliminate CAR's completely for Service Payments and RSCP's
 - Eliminate cost of processing CAR's for HSD and Contractors
 - Increased timeliness of Payments

What we will cover today:

- How to prepare invoices for non-OHP eligible service payments
- The tools you will have following today's webinar sent via email:
 - Webinar Presentation
 - Retainer Payment Procedure
 - Retainer Payment Form
 - Invoice Instructions
 - Invoice Tracker Procedures-Instructions
- For ease of use we are in the process of creating Excel Workbooks with tiered rate structure for your program or programs in your Community these will be made available by July 15th. The new HSD Invoice Tracker Link will arrive with your Aug. 1 notification to invoice for July services.
- Things to think about between now and August 1st invoice cycle for July:
 - Do you have non-OHP eligible individuals in your residential programs now?
 - Preparing Providers to communicate reimbursement needs for non-OHP (your preference-they complete the workbook and sent to you, or do they send you an invoice and you as our contractor complete the workbook)
 - Technical Assistance needed for invoicing, access needed.

LSI Tier Structure

Standardized Rates (RTH/RTF/SRTF)

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5*
	Retainer	0-40	41-60	61-79	80+
*except for YAT and SRTF programs					

SE 27 part C

- For Contractors with licensed Young Adult Residential Treatment Homes we have allocated funding for 18 months in contract to serve the occasional non-OHP eligible individual as well as cover temporary hospitalizations or respite care for an individual out of the home which will no longer be called RSCP.
- Beginning 7/1/19 all prior authorized temporary absences will be referred to as Retainer Payments.

SE 28 part C (for residential)

- For Contractors with licensed Adult Residential Treatment Homes and Facilities (RTH, RTF, SRTF) we have allocated funding for 18 months in contract to serve the occasional non-OHP eligible individual as well as to cover temporary hospitalization or respite care for an individual out of the home which will no longer be called RSCP.
- Beginning 7/1/19 all prior authorized temporary absences will be referred to as Retainer Payments.

SE 28 part C

Workbook Example for Retainer Payment

Client Name	DOB	Residential Program	Tier 1 Rate	# of days	Total	PA Verified	Notes	Tier 1 Rates for Region
Jane Doe	8/14/1948	Home 2	\$76.68	10	\$766.80	Yes	Completed and approved Retainer Form attached	\$ 76.68
					\$0.00			
					\$0.00			
					\$0.00			
					\$766.80			

SE 28 Non-OHP Residential SE 28 Non-OHP Retainer Payments

SE 34 (AFH) part C

- For Contractors with licensed Adult Foster Homes for known non-OHP eligible individuals (for example the individuals affected by FPL last year) we have allocated funding for 18 months in contract for pass through.
- Reminder on AFH pass through.
 - If an AFH accepts an individual into their care and doesn't have Oregon Health Plan the CMHP needs to work out a sub-contract agreement with the AFH Provider.
 - We do not have another mechanism to support non-OHP eligible individuals in AFH's. Retainer payment doesn't apply to AFH's.

Retainer Payment Procedure in Draft

The Health Systems Division (HSD) is committed to ensuring residential providers receive payment for services provided. HSD may also pay a provider to temporarily hold for 30 days or less a bed for an individual admitted to acute/respice care pursuant to Oregon Administrative Rules 309-011-0110 through 309-011-0115.

Non-Medicaid Eligible Client or Absence for Legal Reasons		
Step	Responsible Party	Action
1.	Provider	<p>Within two business days following the acute/respice care admission of an individual in a community residential program or absence for legal reasons, or within two business days prior to the expiration of a previous approval:</p> <ul style="list-style-type: none"> • Complete the HSD RP form • Send the form via secure email to ABH.ResidentialCapacityReporting@dhsoha.state.or.us.
2.	Contracts Unit (FA)	Access all RP forms received in the ABH.ResidentialCapacityReporting@dhsoha.state.or.us inbox each business day.
3.	Contracts Unit (FA)	Within one business day review and determine approval/denial of the PA request.
4.	Contracts Unit (FA)	Within one business day email the approval/denial to the Provider.
5.	Provider	<p>Once the individual returns to the residential program, or at the expiration of the approved RP request:</p> <ul style="list-style-type: none"> • Complete the Client Status portion of the RP form along with an Invoice, and • Submit to your CMHP to request payment via the Invoice Tracker. <p>Or if you have a direct contract, then request payment via the invoice tracker.</p>
6.	CMHP	Receive and review RP form and Invoice.
7.	CMHP	Submit RP form and Invoice for payment via the invoice tracker.



RETAINER PAYMENT FORM

Request information

Date of request:	Contact name:	
Contact phone:	Contact email:	
Requested number of days:	Start date:	End date:

Provider information

County:	Provider agency:
Program name:	Licensing designation: <input type="checkbox"/> RTH <input type="checkbox"/> RTF <input type="checkbox"/> SRTF

Client information

Name:	
Oregon Medicaid ID (if client has Medicaid):	Date of birth:
Reason for absence:	
List dates and thoroughly describe the events leading to the absence:	
When is the individual expected to return to the program?	
What issues might cause a delay or require an alternate placement?	

For absences due to acute care or respite admission:

Date of admission:	Where admitted:
Medical reason for admission:	

For absences that exceed 30 days:

List the following details about the period previously approved by OHA: Services the client received: Total face-to-face contacts with client (list dates): Total consultations with providers/support system (list dates):
Please describe your transition plan for the client and progress towards completing the transition plan. Include any significant barriers to progress:
What alternatives have you considered?
What is the likelihood client will stay in place vs. needing another placement?
If you are seeking a new placement for the client, describe your progress with referrals and waitlists:
For non-PSRB clients: Describe the status of the wait list review with the client's CCO/ENCC to determine potential admissions in case the client does not return to the program:
How can OHA help to support your efforts?

Client status: Complete after the approved period ends.

<input type="checkbox"/> Returned to program. Return date:
<input type="checkbox"/> Not returning to program. Date of decision:

<i>For Oregon Health Authority use only:</i>		
Date received:	Date reviewed:	Reviewer name:
HSD decision:		
<input type="checkbox"/> Additional information needed:		
<input type="checkbox"/> Request denied. Reason for denial:		
<input type="checkbox"/> Request approved. Date(s) approved: From Thru . Total days approved:		
Reviewer's signature:	Signature date:	

Retainer Payment Form

(Only applies to RTH/RTF/SRTF)



HEALTHSYSTEMSDIVISION

Kate Brown, Governor



INVOICE#: BA19211001

RBASE Contract #: 159157

Submitted by: Mary Smith

Contractor: Raker

Phone #: 541-999-1111

Email: Mary.Smith@SN^&*

SE #	Fund #	Provider	Billing Period	Description	Amount
26	804				\$
27	804	Home 1	July 2019	Personal Care and Retainer Payments	\$ 16,723.93
28	804	Home 2 Home 3	July 2019	Personal Care and Retainer Payments	\$ 14,446.51
				Security Subtotal	\$
30	804			Supervision Subtotal	
34	804	AFH Home 23	July 2019	Personal Care Payment	\$ 2427.00
36	804				\$

If you have any questions, please contact Kelly Knight at 503-945-5959 or Kelly.c.knight@state.or.us |

If you need this invoice in an alternate format, please call 503-945-5763 (Voice) or 800-375-2883 (TTY)

An Equal Opportunity Employer

Invoice Form Example

Questions?

Adult Behavioral Health:

Elaine Sweet, Adult Behavioral Health Program Manager

elaine.sweet@dhsoha.state.or.us

Retainer Payment Technical Assistance:

Carmen Armendariz, Contracts Fiscal Analyst

carmen.armendariz@dhsoha.state.or.us

Invoice Tracker Technical Assistance:

Kelly Knight, Non-Medicaid Service Payment Coordinator

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