
Mental Health Adult Residential Standardized Rate Implementation

Updates on retainer payment & on capacity reporting; Rate
determination process & Tier 5 intensive services requests

July 25, 2019



HEALTH SYSTEMS DIVISION
Adult Mental Health Services

What we will cover today

- Retainer Payment
- Capacity reporting
- Rate determination process
- Tier 5 intensive services requests

Update: Retainer Payments MMIS search

Home Claims Managed Care POC **Prior Authorization** Provider Recipient Reference TPL Site EDMS Help

home **search** information related data

Prior Authorization Search

Prior Authorization

Provider ID [Search]

Diagnosis [Search]

Reviewer [Search]

Route To Clerk [Search]

Current ID [Search]

Division

Analyst [Search]

Assignment Code **x1**

Emergency

Records

2x

Search Results

PA Number	Line Item	Authorized Eff. Date	Authorized End Date	Assignment Code	Provider	Service Provider	Service Code	Service Code Thru	Status x3	Current ID	Emergency	NDC Label
2019182011	01	0	0	HSD-MH RETAINER	1558606384 NPI	1558606384 NPI	T2033		Withdraw	BAB4972B	R	

- Select HSD-MH RETAINER PAYMENT in the Assignment Code
- Click on the Search button
- Your Search Results will show the PA Status

Retainer Payment Notes

- Check PA status in MMIS a day or two after you submit.
- If PA status is still “Evaluation” open the PA and read External Text section. You may see “Retainer Payment (RP) form not attached” which should prompt you to attach the RP form.
- If the RP form is incomplete, then the status will be changed to “Information Received” and you must review the External Text.
- If PA is complete and we are waiting for the client to return, then the status will be changed to “Ready for Review”
- If PA is a duplicate the status will be changed to “Withdrawn” and you will have to go back in to the original PA and update the original PA

Retainer Payments - REMINDERS

- In the Base Information section for the Division field select “HSD-MH Retainer Payment” from the drop-down selections.
- Do not add any Diagnosis Codes in the Base Information section, otherwise the PA cannot be approved.
- In the Line Item section enter all modifiers that apply to the home/facility.
- Once the PA is Approved then you can submit a claim for payment*
*.MMIS Claims & Reference not yet in PRODUCTION as of 7/24/19

Update: Capacity reporting

- All sites to report roster, LSI and disposition **weekly** to ABH Residential Capacity Reporting
ABH.ResidentialCapacityReporting@dhsoha.state.or.us
- Review template corrections & instructions
 - Using drop-down lists when provided
 - “Enter” means to type info, “Select” means to use drop-down list
 - Do not edit lists or change them but do give us feedback
 - **Every client should be included: Resident on Tab 1 and Referrals/Wait List on Tab 2 for each residential setting**
 - Be looking for new versions beginning with: **5.0 July 2019**

Capacity template 5.0 July 2019

REPORTING DATE	LAST NAME	FIRST NAME	MIDDLE INITIAL	DOB	MEDICAID ID	HOME CCO

Tab 1 - Directions | Tab 2 - Residential Capacity | **Tab 3 - Waitlists and Refe ...** +

Next with Capacity Reporting

- Assumption that reported residents reflects empty beds:
 - 10 bed licensed capacity but 8 residents reported = 2 empty beds on day of weekly report
- Who and why providers are not submitting weekly capacity reporting?
- Work through secure submission issues
- Must submit in excel, not PDF to ABH.ResidentialCapacityReporting@dhsoha.state.or.us

LSI – Domain 1 ADL Tasks

For each domain, please rate the type of support the member requires to perform or practice the skill.

Domain 1: ADL tasks		Assistance and training to perform skill	Support and training to practice skill	Prompts or supervision to practice skill	Practices skill independently (N/A)
1	Maintain personal hygiene	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
2	Self-manage medication	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
3	Use and maintain adaptive or medical devices including catheter (change, clean, empty)	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
4	Feed self	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
5	Ambulate and transfer	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>
6	Use toilet and care for bowl and bladder	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>
7	Delegated nursing tasks (see OAR 411-034-0010)	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>
Subtotal					
Domain 1 Total					

LSI – Domain 2 IADL tasks

Domain 2: IADL tasks		Assistance and training to perform skill	Support and training to practice skill	Prompts or supervision to practice skill	Practices skill independently (N/A)
8	Manage finances and budget	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
9	Plan and prepare meals	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
10	Clean and maintain residence	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
11	Independently access transportation	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
12	Manage and attend medical or health appointments	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
13	Maintain compliance with court or legal requirements	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
14	Plan and participate in social, recreational or community activities	2 <input type="radio"/>	1 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
Subtotal					
Domain 2 Total					

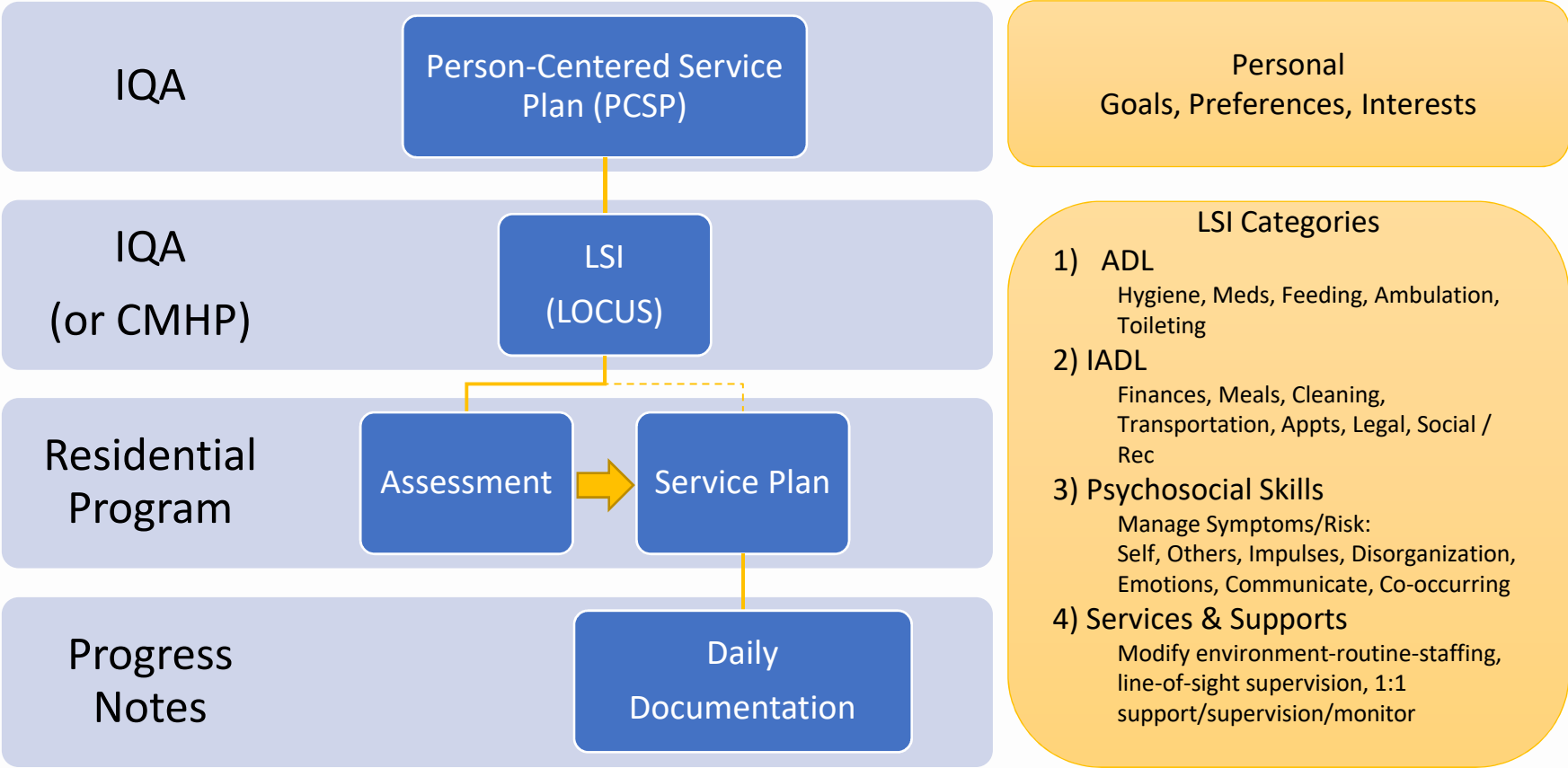
LSI: Domain 3 – Psychosocial skills

Domain 3: Psychosocial skills		Assistance and training to perform skill	Support and training to practice skill	Prompts or supervision to practice skill	Practices skill independently (N/A)
15	Manage symptoms that pose a physical risk to self	6 <input type="radio"/>	5 <input type="radio"/>	4 <input type="radio"/>	0 <input type="radio"/>
16	Manage symptoms that pose a physical risk to others	6 <input type="radio"/>	5 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>
17	Manage symptoms that reduce ability to control impulses	6 <input type="radio"/>	5 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>
18	Manage symptoms of delusional or disorganized thinking	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>
19	Manage symptoms of emotional excess	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>
20	Communicate effectively with others	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
21	Manage comorbid or co-occurring condition	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>
Subtotal					
Domain 3 Total					

LSI: Domain 4 - Person-centered services & supports

Domain 4: <i>Person-centered services and supports</i>		Number of hours required daily:			
		16-24	15-8	0-7	None
22	Modify physical environment, program routine or staffing pattern	6 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>
23	Provide line of sight supervision in milieu or community	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
24	Provide 1:1 support, supervision and monitoring	6 <input type="radio"/>	5 <input type="radio"/>	4 <input type="radio"/>	0 <input type="radio"/>
Subtotal					

The Golden Thread



Tier 5 Intensive Services Requests

- LSI 80+
- Complex Needs Not Captured by LSI
 - High Risk Individuals
 - Assaultive History
 - Fall Risk
 - Impulsivity
 - Intensive Medical treatments/Therapies
 - Cognitive Issues

Criteria

- Intensive Services Based on Medical Needs
 - At least 1:1 full assistance to:
 - Use and maintain adaptive or medical devices
 - Assistance with catheter/ostomy care
 - Delegated nursing tasks
 - Feeding
 - Mobility, transfers, or repositioning
 - Toileting, bowel or bladder care

Criteria-Cont.

- Intensive services based on behavioral/psychiatric/cognitive needs
 - 1:1 supervision in excess of 7 hours/day
 - More than 1:1 supervision to maintain community safety
 - Communication deficits requiring substantial intervention
 - Documented pattern of decompensation without proposed intensive supports

Required Documentation

- Most recent LSI and LOCUS
- Current Treatment Plan
- Current Person Centered Service Plan
- Current Mental Health Assessment
- Current History and Physical (for rate requests based on medical needs)
- Current Risk Assessment (if applicable)
- Relevant Incident Reports

Required Documentation – cont'd

- Last 60 days' Worth of Progress Notes
- One Page Explanation of How the Proposed Services Meet Needs in PCSP
- One Page Synopsis from CMHP/Choice Contractor Affirming the Need for the Proposed Services
- Completed Intensive Services Rate Determination Request Form

Submit to MentalHealth.ResidentialTransition@dhsosha.state.or.us.

IQA & LSI hierarchy during July-December implementation & IQA transition

HCBS & 1915i requires independent assessment = IQA LSI & PCSP

- Prior to standardized rates IQA & CMHP/Provider LSIs generally within 3 points per third party analysis

During July-December implementation and 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

Referrals

- OHA expectation that providers review referrals with or without LSIs.
- Do not reject referrals based upon lack of LSI.
- For referrals without LSI, request IQA to perform LSI & PCSP.

Adult Mental Health Residential Treatment rate standardization

RESOURCES

Residential Plan of Care

Home Contact Us Directory Search Clients Account Claims Eligibility Trade Files Prior Authorization Providers **POC** Help

home **search**

POC Search ? ^

From Date To Date

Client ID

Service Code:
Procedure code T1020

Dollars: Individual's per diem rate

Search Results

Client Name	Service	Mod 1	Mod 2	Mod 3	Mod 4	Effective Date	End Date	Balance Units	Balance Dollars	Status
	Personal care ser per diem	HK				01/01/2019	12/31/2019	365	\$230.00	Active

Detail ? ^

Service Auth Number	Service Code Type SPC	Units 1
Referring Provider ID	Service Code T1020	Unit Qualifier SERVICE
Referring Provider Name	Service Description Personal care ser per di	Frequency DAILY
Rendering Provider ID	Modifier 1 HK	Dollars \$230.00
Rendering Provider Name	Modifier 2	Payment Method Pay Unit Fee Price
Client ID	Modifier 3	Status ACTIVE
Client Name	Modifier 4	Notice Date
Benefit Plan State Medicaid Mental Health Services	Effective Date 01/01/2019	Appeal Indicator N
	End Date 12/31/2019	Used Units 0
	Close Reason	Used Dollars \$0.00
		Balance Units 365
		Balance Dollars \$230.00

Client Liability

*** No rows found ***

Dates approved for this Plan of Care. Only bill for dates of service on or between the **Effective date** and **End date**.

How to bill at the individual's per diem rate:

- OHA will update POCs with the appropriate rate for the resident's acuity tier (based on the resident's LSI score).
 - Tier 2: LSI 40 or below
 - Tier 3: LSI 41-60
 - Tier 4: LSI 61 and above
- The table below shows how to bill for Tier 3 and Tier 2 individuals for July 2019 at the per diem rate (refer to the POC for the rate).

Roster	LSI	Tier	Per diem rate	From Date of Service	Thru Date of Service	Units	Total Billed
Individual 1	43	3	\$246.80	7/1/2019	7/31/2019	31	\$7,650.80
Individual 2	38	2	\$160.07	7/1/2019	7/31/2019	31	\$4,962.17

Daily documentation of engagement

- Note activities related to individual's PCSP and treatment plan
- Direct care “active engagement”: the explicit direct care staff work in **Active Engagement Hours** provided by direct care staff work to support personal care and habilitation including ADLs and IADLs.
 - (i) Active engagement may include individual or small group staff providing habilitation services.
 - (ii) Staff engagement may occur before, during or after an individual's ADL and IADL activities, and may include engagement about offsite activities.
- **Supervision Hours** includes the shared hours overseeing patients' general activities throughout the day.
 - Supervision Hours are shared and relatively passive compared to engagement.

Billing resources

- **For detailed instructions on how to complete a web portal claim,** view the [Professional Billing Instructions](#) posted at:
 - The OHP Billing Tips page at www.oregon.gov/OHA/HSD/OHP/Pages/Billing.aspx or
 - The Behavioral Health provider guidelines page at www.oregon.gov/OHA/HSD/OHP/Pages/Policy-BHS.aspx.
- **If you need help with billing or resolving claims,** contact Provider Services:
 - Phone: 800-336-6016
 - Email: DMAP.ProviderServices@dhsoha.state.or.us

Rules (OARs) for July 1

- All recent OHP rulemaking notices are posted at www.oregon.gov/OHA/HSD/OHP/Pages/Rule-Notices.aspx.

For more information

Questions?

Email:

- MentalHealth.ResidentialTransition@dhsoha.state.or.us.

Website:

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