Mental Health Adult Residential Standardized Rate Implementation

Effective July 1, 2019

Residential services billing
Retainer payment prior authorization process
Engagement & documentation
Requests for individuals requiring intensive services
Capacity reporting

June 25, 2019 Webinar

Oregon Health Authority

HEALTH SYSTEMS DIVISION
Adult Mental Health Services

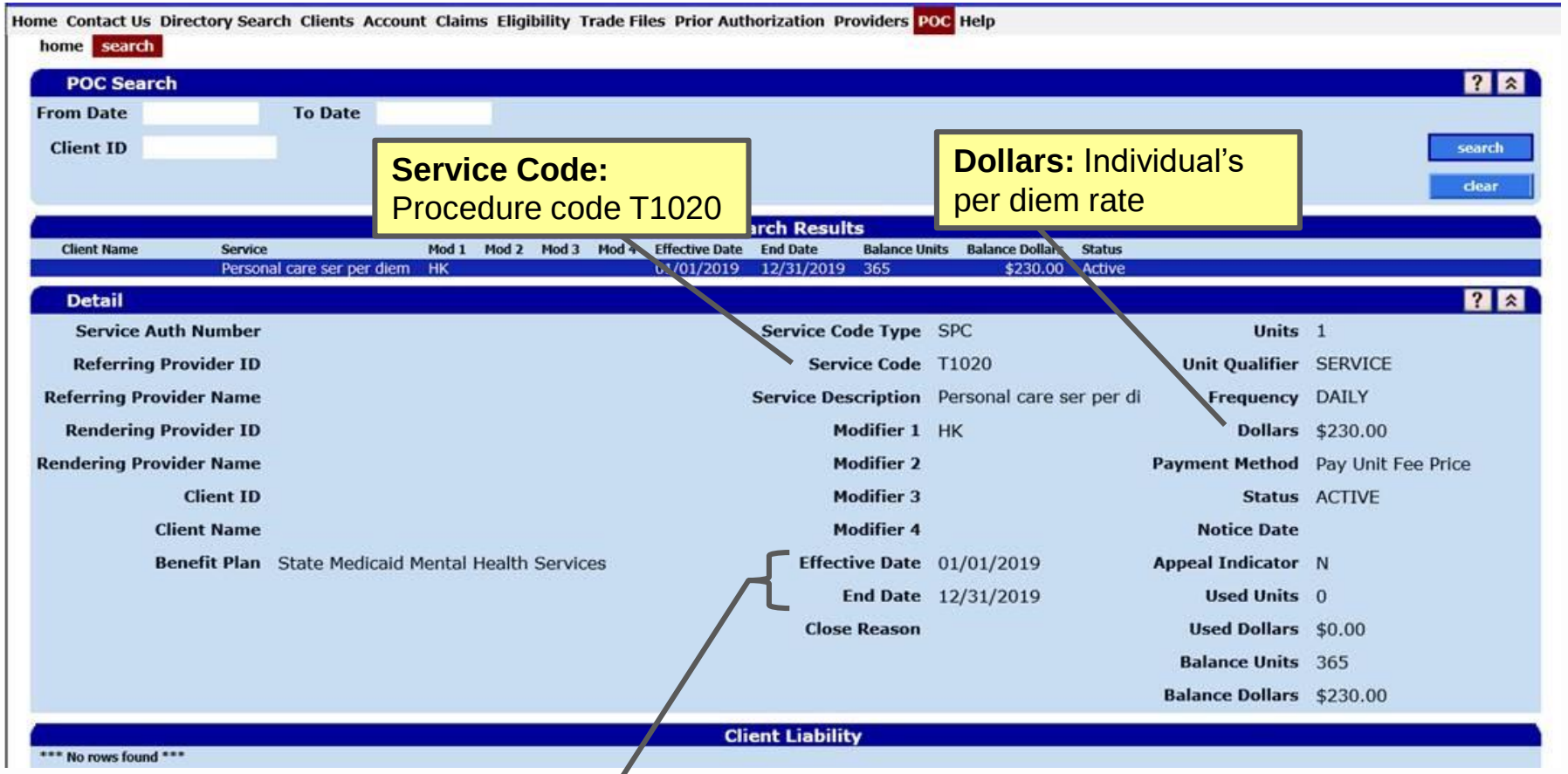
What we will cover today

1. Review billing for residential services (T1020) with the new standardized rates based upon individual acuity (LSI by IQA or by CMHP in interim) - How to determine the per diem rate
2. Review phase-out of bundled rehabilitation services (H2013, H2016, H2018) to request authorization and bill individual service codes.
3. Billing a retainer payment (formerly RSCP) for 0-30 days of medical or psychiatric related absence for treatment or hospitalization (T2033)
4. Behavioral Health contract changes for CMHPs and for providers
5. Review engagement and documentation requirements
6. Review criteria and requirements for Tier 5 intensive services requests
7. Update on capacity reporting

1. Review billing residential services (T1020) with the new standardized rates based upon individual acuity

- For Medicaid-eligible individuals:
  - Bill OHA for direct care once per day using code T1020 at the **rate approved on the individual's current, approved Plan of Care**.
  - Before billing, make sure the resident is still eligible for Medicaid and has a current, approved Plan of Care (see next slide to view the Plan of Care panel).
- For non-Medicaid individuals:
  - Invoice the CMHP at the standardized rates.
- Individual acuity (LSI by IQA or by CMHP in interim)

Residential Plan of Care



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:

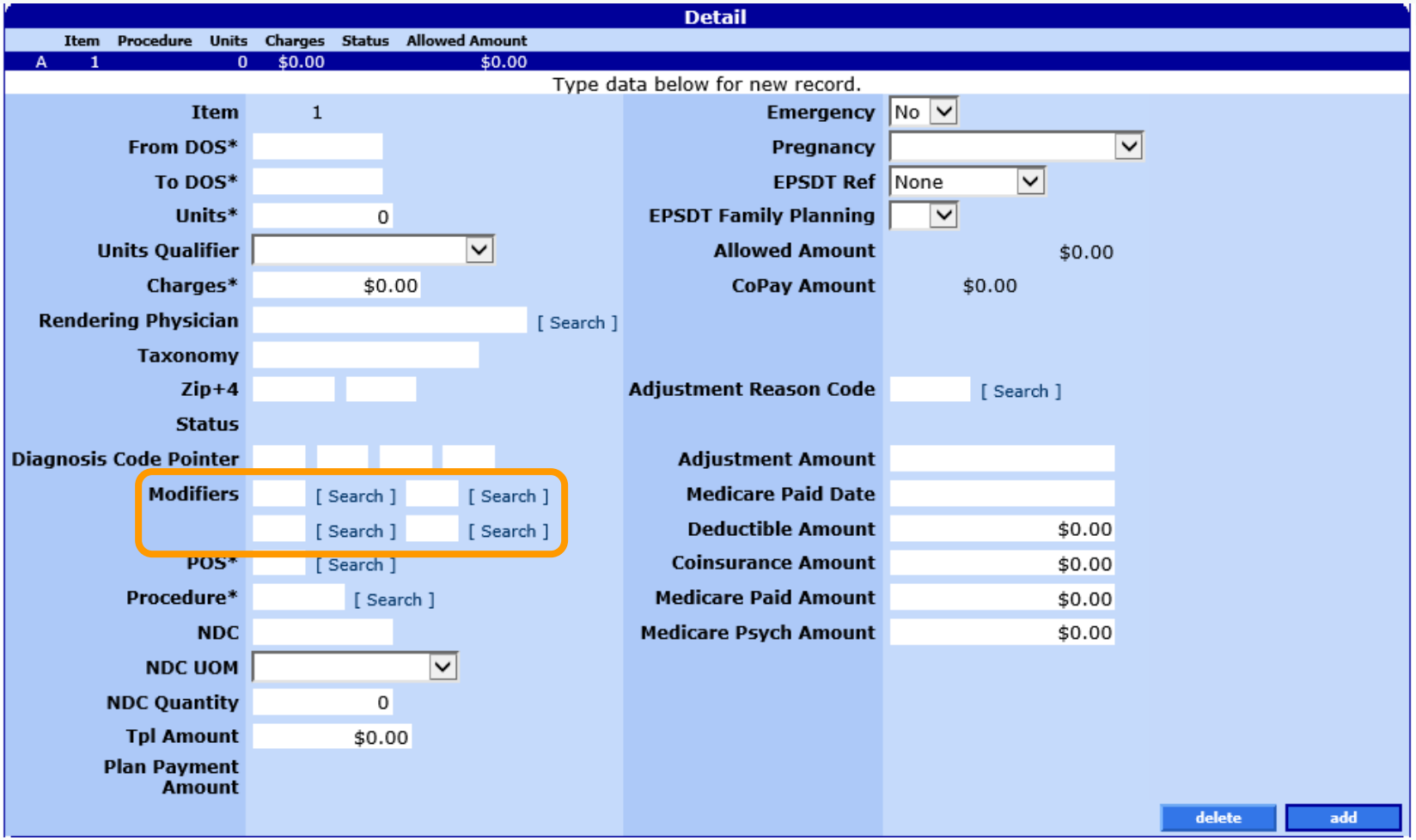
- OHA & KePRO are updating POCs with the appropriate rate for the resident's acuity tier (based on the resident's LSI score).
  - Tier 2: LSI 40 or below
  - Tier 3: LSI 41-60
  - Tier 4: LSI 61-79
  - Tier 5: LSI 80+ (except SRTF and YAT programs in which rates are separately adjusted for additional staffing so Tier 5 is N/A)

  The example 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

Modifiers

- Please use the appropriate procedure code modifiers when requesting services and submitting claims.
  - **HK**: For all services provided in OHA-licensed residential treatment programs use as modifier 1 on the claim.
  - **HE**: For services provided in non-secure settings licensed for 6-16 individuals use as modifier 2 on the claim.
  - **TG**: For services provided in any setting licensed as secure, use as modifier 2 on the claim.
  - **HW**: For services provided to 1915(i) HCBS individuals use as modifier 3 (when reported with HE) or modifier 2 (when reported with HK only).



Modifiers

Enter modifiers from left to right on the Provider Web Portal claim form.

2. Billing for rehabilitation services

- OHA is changing billing to phase out the bundled rehabilitation services (H2013, H2016, H2018)
  - For bundled rehabilitation PAs approved Jan.-April 2019, OHA instructed KePRO to let the six-month service authorization expire before requiring individual service PAs
  - **For PAs for dates of service (DOS) July 1, 2019 forward, individual service codes are required.**
  - Refer to the Behavioral Health Fee Schedule for billing codes https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx

  This billing change does not affect Enhanced Care Services (ECS) for individuals in DHS long-term care settings.

3. How to bill Retainer Payments for Medicaid-eligible individuals

- For 0-30 day temporary absences for medical or psychiatric reasons for treatment or hospitalization:
  - Submit a prior authorization request using Provider Web Portal, for code T2033 with HK modifier, and HW modifier if individual is 1915(i) eligible. Specify the required number of days and attach all required documentation.
  - OHA will review ("ready for review" status), and if approved, you can then bill T2033 for the approved days at your facility's Tier 1 per diem rate.
  - If you don't know how to submit Web Portal requests, email MentalHealth.ResidentialTransition@dhsoha.state.or.us to get training slides about the Provider Web Portal process.

How to bill Retainer Payments for non-Medicaid covered absences

For temporary absences for legal jurisdiction reasons:

- Contact your local CMHP to invoice at the Tier 1 rate.

For non-Medicaid individuals:

- Contact your local CMHP to invoice at the Tier 1 rate.

4. Behavioral Health contract changes for CMHPs & for providers

- 18-month duration to align to calendar year with proportional funding for same services level (except Aid & Assist)
- Adult Mental Health Residential services related service elements (residential rates and slots in SE 20 rent subsidy, SE 26, 27, 28) funding is moved to Medicaid with rate standardization.
- Part C invoicing replaces CARs for non-OHP (Medicaid) covered services

5. Residential Treatment Services: Engagement & Documentation

- Direct care "active engagement": the explicit direct care staff work in mental health residential treatment facility or home to support personal care and habilitation for an individual's ADLs and instrumental activities of daily living. Active engagement may include individual or small group staff providing habilitation services. This active engagement excludes an individual's rehabilitation treatment and services.
- Licensed/certified staff performing rehabilitative treatment: the implementation of an individualized care plan developed under and supervised by a physician and other qualified mental health professionals that prescribes specific therapies and activities for rehabilitation.

Engagement vs. Supervision Hours

- **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.

Individual acuity & average hours of engagement

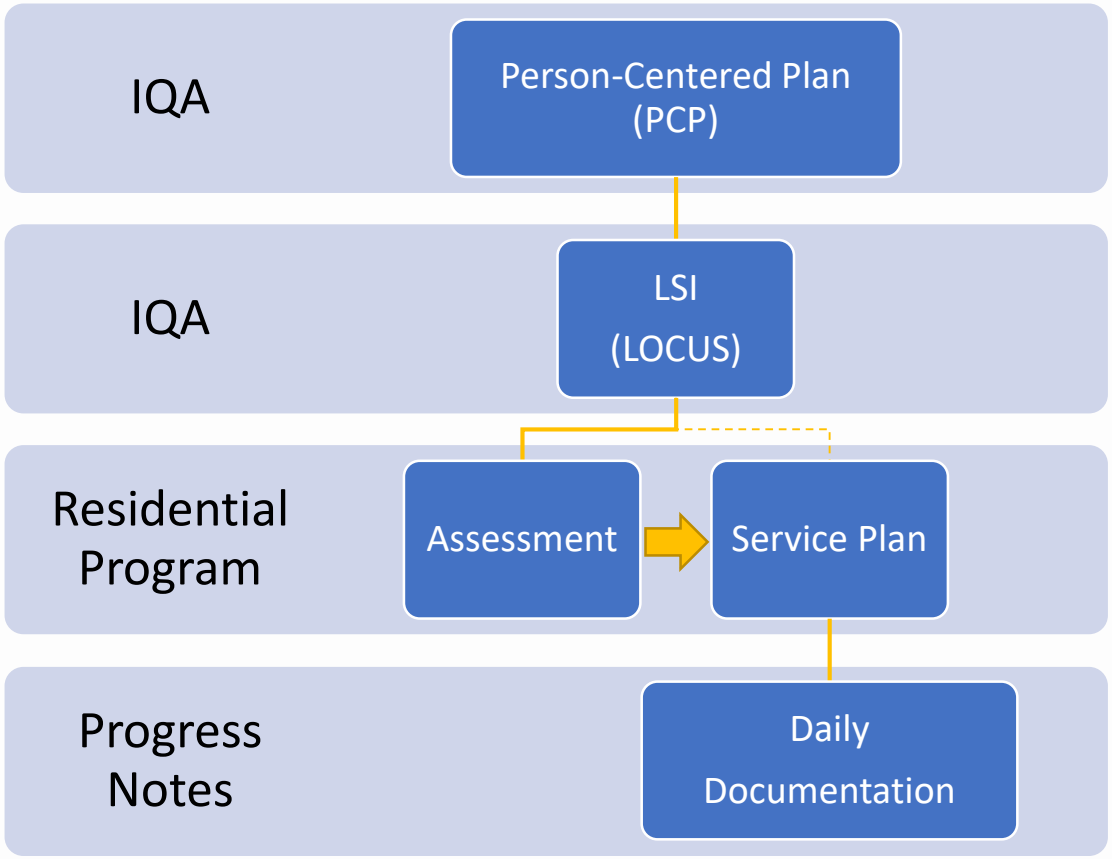
- Individual acuity used to determine allocation of active engagement and supervision hours in a billable day to foster a person-centered system supported by HCBS requirements:

  (a) Low level of need individuals may receive an average of three hours of active engagement daily.

  (b) Medium level of need individuals may receive an average of five hours of active engagement daily.

  (c) High level of need individuals may receive an average of seven hours of active engagement daily.

The Golden Thread



Personal
Goals, Preferences, Interests

LSI Categories

1) ADL
   Hygiene, Meds, Feeding, Ambulation, Toileting
2) IADL
   Finances, Meals, Cleaning, Transportation, Appts, Legal, Social / Rec
3) Psychosocial Skills
   Manage Symptoms/Risk: Self, Others, Impulses, Disorganization, Emotions, Communicate, Co-occurring
4) Services & Supports
   Modify environment-routine-staffing, line-of-sight supervision, 1:1 support/supervision/monitor

6. Permanent rule (410-172-0705) with Tier 5 Intensive Services criteria & requirements

- Permanent rule to include requirements to allow individuals with LSI scores lower than 80 to possibly qualify for Tier 5 based upon severity, intensity, frequency and duration of individual's documented care needs meeting criteria, to be reviewed by OHA and the Independent and Qualified Agent.
- Tier 5 average engagement hours are 10 hours per day with assumption of frequent monitoring and redirection based upon intensive services needs.
- Submit Intensive services request and documentation secure email to Mental Health Residential Transition MentalHealth.ResidentialTransition@dhsoha.state.or.us

Tier 5 Intensive services request documentation requirements

- Most recent LSI and LOCUS ;
- Current treatment plan, Person-Centered Service Plan (PCSP) and mental health assessment;
- A one-page synopsis from the provider explaining how the proposed services meet the needs identified in the PCSP;
- A one-page synopsis from the CMHP affirming the need for intensive services;
- Current history and physical (for exceptional service rate requests based on medical needs);
- Current risk assessment (if applicable);
- Relevant incident reports; and
- Last 60 days' worth of progress notes.

Administrative Rules

- The Residential rate standardization rule (410-172-0705) is being finalized and made permanent by June 28, 2019 including Tier 5 criteria and requirements.
- FYI - OHA has filed a Notice of Proposed Rulemaking for the new Home and Community Based rules (Division 173) rule.
  - For details, see the rulemaking notice: https://www.oregon.gov/oha/HSD/OHP/Policies/
  - All recent OHP rulemaking notices are posted at www.oregon.gov/OHA/HSD/OHP/Pages/Rule-Notices.aspx.

7. Capacity reporting - Update

- Weekly all providers report facility specific roster and LSI changes (new admits, LSI changes, transfers, discharges) or no changes to ABH.ResidentialCapacityReporting@dhsoha.state.or.us

- Review template & 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, both resident and those being referred, for each residential setting
  - Be looking for new versions beginning with: **2.0 6-7-19**

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

Next steps: July-December 2019

July 2019

- Contracts for non-Medicaid only invoicing
- Technical assistance on engagement, documentation
- Monthly check-ins going forward

July-Dec 2019

- Technical Assistance:
  - Provider Calls
  - Site visits start in Aug-Sept.
  - Best practice sessions

For more information

Questions?

Email:

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

Website:

OHA has posted a new provider notice about billing rehabilitation services at www.oregon.gov/oha/HSD/OHP/Pages/MH-Rates.aspx