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# Mental Health Adult Residential Standardized Rate Implementation

Updates on retainer payment, MMIS

Question & Answer session

August 27, 2019



HEALTH SYSTEMS DIVISION  
Adult Mental Health Services

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# What we will cover today

- Update: MMIS Plan of Care, rates, claims
- Update: Retainer Payment
- Update: Capacity reporting
- Update: Rate determination process & Lessons to date
- Questions and Response via chat function

# Update: MMIS

## Plan of care, rates, claims 1

Provider Id and NPI should be same as T1020 at facility level

Providers not able to see POC beyond 6/30/19 with new rates

- Note on chat if you are still having this issue

# Update: MMIS

## Plan of care, rates, claims 2

Providers seeing old rate pre July 1, instead of new standardized tiered rate.

- Working with providers and KePRO on these individually
- Pulling data on all active POCs to systematically identify individual POCs impacted to work with KePRO & providers to correct
- To correct (a) will ask provider to void old rate claims for July 1-present dates of service, (b) have KePRO correct the rates, (c) then advise the provider to rebill – this can all be accomplished within a few days before a weekly MMIS financial cycle .
- Note on chat if you have old rates still paying.

# Update: Retainer Payment

## **NEW** Notes 1

- Kudos for learning the PA process.
  - RSCP timelines carried over to retainer payment.
  - Same process and timelines, except 2 business days instead of 48 hours.
  - Any days prior to 2 business days will not be approved if submitted late.
- Problem: Duplicate PAs
  - when updating, or updating RP form, attach to the same PA
- Problem: Incomplete RP submission. Must attach RP form

# Update: Retainer Payment

## **NEW** Notes 2

- Different Status:
  - Withdraw = cancelled.
  - Evaluation = not yet reviewed.
  - Information received = incomplete;.
  - Ready to review = awaiting individual's return date, or extension request.
- Use the modifiers – same modifiers as T1020 (see slide 8)
- Provider Id (Facility specific) and NPI should be same as T1020

# Update: Retainer Payment

## **NEW** Notes 3

- When individual returns, fill out page 2, date returned and upload RP form to the same PA.
- When is client determined to not be coming back?

# 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).



# 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 <b>X3</b>	Current ID	Emergency	NDC Label
<a href="#">2019182011</a>	01	0	0	HSD-MH RETAINER	<a href="#">1558606384</a> NPI	<a href="#">1558606384</a> NPI	<a href="#">T2033</a>		Withdraw	<a href="#">BAB4972B</a>	R	

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

# Invoicing – Service payments for non-OHP

- Provide the same documentation as Medicaid (OAR 410-173-0045)
- Incomplete requests being returned or denied
- No more Contract Amendment Requests (CARs)

(Enter) DEPARTMENT (ALL CAPS)  
(Enter) Division or Office (Mixed Case)

# Update: Capacity reporting

- All sites to report roster, LSI and disposition **weekly** to ABH Residential Capacity Reporting
  - Must submit in excel, not PDF to [ABH.ResidentialCapacityReporting@dhsoha.state.or.us](mailto:ABH.ResidentialCapacityReporting@dhsoha.state.or.us)
- Review template corrections & instructions
  - **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: version **5.5 September 2019 with additional provider feedback on disposition**

# 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.

# 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

# Update: Rate Review process & Lessons to date

- Additional discussions with individual providers about examples for the LSI Domains, examples of Domain 1 ADLs, Domain 2 IADLs, etc
- OHA staff is annotating the LSI manual for adult and young adult examples to post to the Rate Standardization website  
<https://www.oregon.gov/oha/HSD/OHP/Pages/MH-Rates.aspx>
- Lesson from joint OHA-KePRO-provider discussion: Domain 1 nurse delegation cannot be rated without documentation of the RN delegation.

# Questions and Response by chat

- Note Q&A compilation in final review to post to website
- Will post LSI manual, and add example version when completed
- Next webinar September 30, 2019.
- OHA initiating regional technical assistance visits
  - Washington County 9/5/19
  - Eastern Oregon – October TBD
  - Southern Oregon - October TBD
  - Willamette Valley TBD

(Enter) DEPARTMENT (ALL CAPS)  
(Enter) Division or Office (Mixed Case)

# LSI – Domain 1 ADL Tasks

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

<b>Domain 1: ADL tasks</b>		<b>Assistance and training to perform skill</b>	<b>Support and training to practice skill</b>	<b>Prompts or supervision to practice skill</b>	<b>Practices skill independently (N/A)</b>
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"/>
<b>Subtotal</b>					
<b>Domain 1 Total</b>					



# LSI – Domain 2 IADL tasks

<b>Domain 2: IADL tasks</b>		<b>Assistance and training to perform skill</b>	<b>Support and training to practice skill</b>	<b>Prompts or supervision to practice skill</b>	<b>Practices skill independently (N/A)</b>
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"/>
<b>Subtotal</b>					
<b>Domain 2 Total</b>					

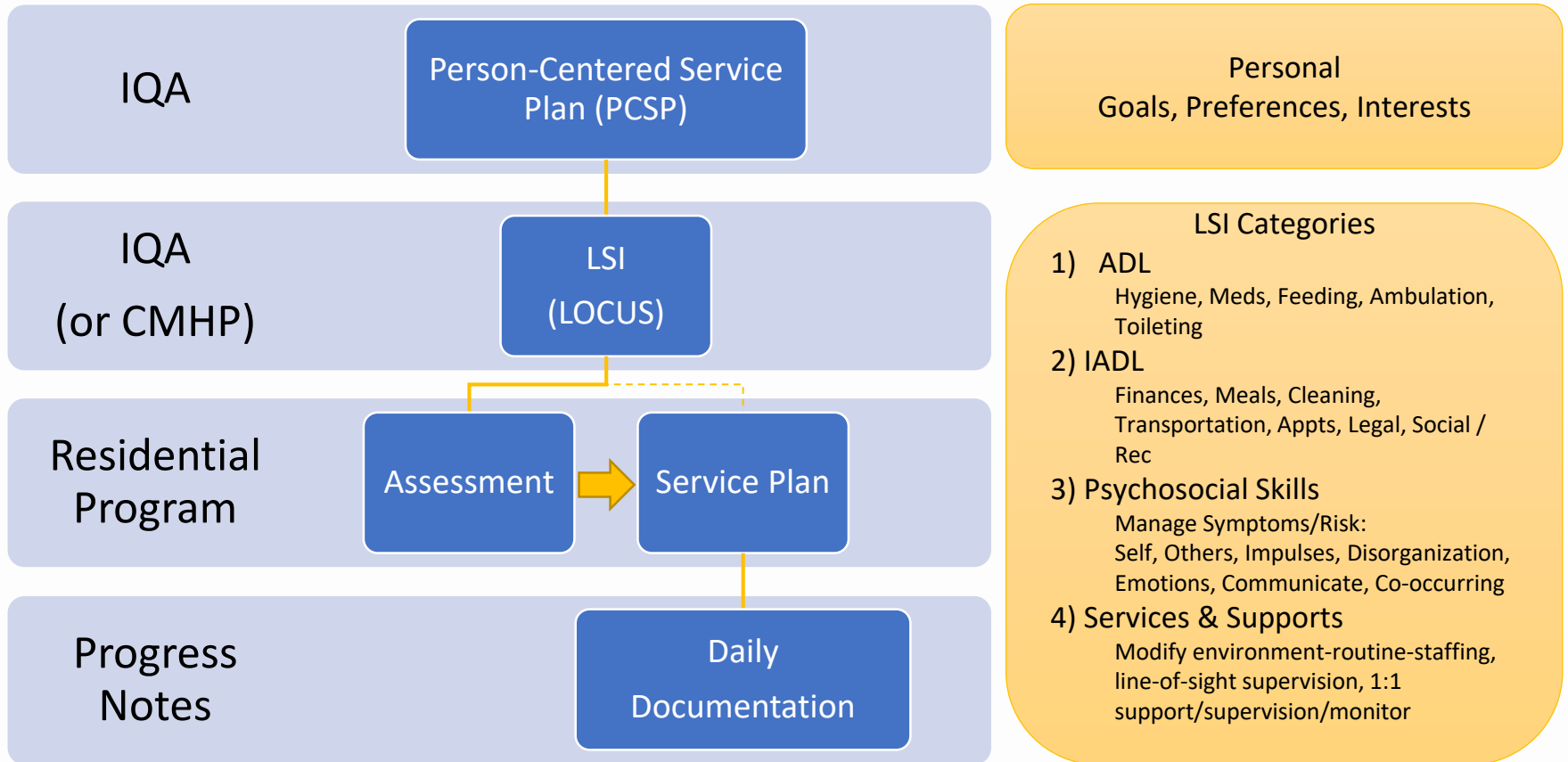
# LSI: Domain 3 – Psychosocial skills

<b>Domain 3: Psychosocial skills</b>		<b>Assistance and training to perform skill</b>	<b>Support and training to practice skill</b>	<b>Prompts or supervision to practice skill</b>	<b>Practices skill independently (N/A)</b>
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"/>
<b>Subtotal</b>					
<b>Domain 3 Total</b>					

# 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"/>
<b>Subtotal</b>					

# The Golden Thread



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** ? ⬆

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

# 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).



# 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 <b>X3</b>	Current ID	Emergency	NDC Label
<a href="#">2019182011</a>	01	0	0	HSD-MH RETAINER	<a href="#">1558606384</a> NPI	<a href="#">1558606384</a> NPI	<a href="#">T2033</a>		Withdraw	<a href="#">BAB4972B</a>	R	

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

# Provider Web Portal View

**InterChange** Government Health Portfolio **MMIS PROVIDER PORTAL** Session valid through: Tue Aug 27 2019 8:54:28 AM Tuesday, August 27, 2019

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

home search **new**

Base Information

Provider XXXXXXXX MCD

**Base Information** ?

Client ID*	<input type="text"/> [ Search ]	PA Assignment*	<input type="text"/> ▼
Last Name		Special Considerations*	No ▼
First Name, MI		Referring Provider ID	<input type="text"/> [ Search ]
Date of Birth		Attachments*	No ▼
Vendor Patient Account Number	<input type="text"/>	Clerk	

-Diagnosis Code- Select row below to update -or- type data below to add.  
\*\*\* No rows found \*\*\*

Diagnosis Number	<input type="text"/>	Diagnosis Code	<input type="text"/> [ Search ]
Diagnosis Name			

delete add

next

(Enter) DEPARTMENT (ALL CAPS)  
(Enter) Division or Office (Mixed Case)

# Retainer Payment - Reminders

- 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

(Enter) DEPARTMENT (ALL CAPS)  
(Enter) Division or Office (Mixed Case)

# 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

# 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 PSCP
- 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@dhsoha.state.or.us](mailto:MentalHealth.ResidentialTransition@dhsoha.state.or.us).

# 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](http://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](http://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](mailto:DMAP.ProviderServices@dhsoha.state.or.us)

# 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:

- [MentalHealth.ResidentialTransition@dhsoha.state.or.us](mailto:MentalHealth.ResidentialTransition@dhsoha.state.or.us).

## Website:

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