

Oregon Behavioral Health Support Program

Frequently Asked Questions

Below are general questions and responses from the Oregon Behavioral Health Support Program (OBHSP) Provider Training webinar on June 25, 2020. If you have a question that is not addressed here, please email that question to: ORBHSupport@comagine.org.

Assessment Questions

What is your process for doing annual assessments?

Comagine Health will be contacting the provider(s), individual and/or guardian at 60 days prior to the redetermination date. The Independent and Qualified Agent (IQA) will be requesting documentation (please refer to the [CH-006 form](#)) in order to start the assessment process. The IQA's Program Coordinator (PC) and/or Behavioral Health Case Manager (BH CM) will follow up with the provider to schedule the face-to-face assessment after all documentation has been received. The IQA will also ask the providers to also submit Prior Authorization (PA) requests within MMIS.

The BH CM will complete the assessment packet [Level of Care Utilization System (LOCUS), Level of Service Inventory (LSI), Person-Centered Service Plan (PCSP)], make a determination regarding the PA and create the Plan of Care in MMIS. The Person-Centered Service Plan is the Medicaid Plan of Care per federal law. The County MH service plan can be used to implement the services and supports identified in the PCSP. The two should complement one another.

A key component of this contract is the ongoing monitoring conducted by Comagine Health. Through ongoing monitoring and communication, Comagine Health's case manager will be able to form a working relationship with the individual, the provider, and the individual's guardian/representative (as applicable). It is the expectation of the Oregon Health Authority (OHA) and a federal requirement that the individual's history, including the previous plan of care, be considered when assessing the individual and conducting person-centered service planning.

Federal law requires that assessments be completed by an IQA. Comagine Health is OHA's contracted IQA. Provider-completed assessments are not valid for the purposes of Medicaid-funded services and supports planning and claims reimbursements. A provider-completed assessment is a conflict of interest per federal law. [Please see 42 CFR 441.730\(b\)](#), specifically 441.730(b)(5), which states:

(b) Conflict of interest standards. The State must define conflict of interest standards that ensure the independence of individual and agency agents who conduct (whether as a service or an administrative activity) the independent evaluation of eligibility for State plan HCBS, who are responsible for the independent assessment of need for HCBS, or who are responsible for the development of the service plan. The conflict of interest standards apply to all individuals and entities, public or private. At a minimum, these agents must not be any of the following:

- (1) Related by blood or marriage to the individual, or to any paid caregiver of the individual.
- (2) Financially responsible for the individual.
- (3) Empowered to make financial or health-related decisions on behalf of the individual.
- (4) Holding financial interest, as defined in §411.354 of this chapter, in any entity that is paid to provide care for the individual.
- (5) Providers of State plan HCBS for the individual, or those who have an interest in or are employed by a provider of State plan HCBS for the individual, except when the State demonstrates that the only willing and qualified agent to perform independent assessments and develop person-centered service plans in a geographic area also provides HCBS, and the State devises conflict of interest protections including separation of agent and provider functions within provider entities, which are described in the State plan for medical assistance and approved by the Secretary, and individuals are provided with a clear and accessible alternative dispute resolution process.

Federal law requires specific signatures on the person-centered service plan. Please see [42 CFR 441.725\(b\)\(9\)](#).

LSI-Specific Questions

What is the LSI process and the IQA's role?

An accurate assessment cannot be completed without input from and collaboration with providers and clinicians. Comagine Health will review the documentation supplied by the provider in addition to interviewing the individual. Based on that information, Comagine Health will score the LSI.

The provider can share an LSI that they completed, but it will not be the LSI of record for determining rates. It will be considered as part of the documentation supplied by the provider. We understand that the provider might want to provide updated information about the levels of service being delivered; however, this information should be reflected in written documentation and delivered prior to the scoring of the LSI.

Per OHA, there are currently no plans to revise the LSI. However, the LSI is not the only tool used in assessing the individual. The individual assessment process also includes completing the LOCUS; reviewing necessary information; and consulting with the individual, individual's authorized representative (if applicable), and other persons identified by the individual result in the person-centered service plan. All these actions are required to adequately assess the needs of the individual. Comagine Health will conduct all these steps as part of the assessment process, as required by the approved Medicaid State Plan.

Prior Auths/Authorizations/Approvals

What is the IQA's role in the prior authorization process and what are the timelines?

Comagine Health reviews the documentation for medical necessity using Oregon Administrative Rules. We will process the request within 10 business days and enter the decision into MMIS within 30 days.

Will the IQA reviewer be identified and available for questions?

Case managers will review documentation accompanying the request for a prior authorization and complete an assessment packet that will determine whether the documentation supports the prior authorization request. Questions can be sent to Comagine Health through ORBHSupport@comagine.org.

Plan of Care

Who will complete the plan of care and how often will this occur?

A Comagine Health case manager will complete the plan of care annually, or if there is a change in individual's status lasting more than 30 days. A written notice of eligibility will be provided within 10 days of completion of the face-to-face assessment.

Comagine Health will complete reassessments within 30 days of any reassessment request.

Comagine Health cannot complete an assessment if all the required documentation is not supplied. If the Plan of Care expires, the provider can no longer bill for services. Retroactive billing cannot occur after 90 days have passed. If a Plan of Care is developed prior to 90 days after the expiration date, the provider can bill retroactively, and the new Plan of Care will start at the original expiration date. If the Plan of Care is completed after 90 days, the new, updated Plan of Care will take precedent, and provider will not be able to retroactively bill for services.

Billing

Who should we bill for services rendered in June?

Submission/claims are to be submitted into MMIS regardless of the IQA. Billing will always go to Medicaid/OHP. Kepro's documentation was sent to Comagine Health in June for continuity of care.

Timing

How long are authorizations for SRTF valid?

Approvals done at Oregon State Hospital are valid for 90 days. After discharge from the Oregon State Hospital, authorizations are valid for 90 days.

In community-based settings, SRTF reviews will be completed every 90 days. The IQA will contact the provider 30 days prior to the expiration date to complete a document review. The IQA will complete full assessment packet on an annual basis.

Forms

What is the new process for SPPC (State Plan Personal Services)/PCA 20?

The person requesting services must complete the Referral Request for Oregon Mental Health Benefit – Qualification Determination Behavioral Health Personal Care Attendant (BH PCA) CH-0010, which can be found on the [Comagine Health OBHSP website](#).

Where can I find your forms and educational videos?

The videos can be found on the [Comagine Health website](#).

General

Do providers need to contact Comagine Health to inform them who are in their facilities?

Weekly capacity reports should continue to be submitted to OHA at the following email address:
ABH.ResidentialCapacityReporting@dhsosha.state.or.us.

How will Comagine Health address cultural differences and needs?

Comagine Health is committed to hiring a diverse workforce and provides diversity and inclusion training.

Will Comagine Health be able to assist clients in accessing additional resources or have any role in the creation of more housing options (i.e., supported housing, etc.)?

The goal is for people to be as independent and integrated into the community as possible. To achieve this aim, Comagine Health is invested in robust person-centered service planning that takes into account appropriate services and supports for individuals to be successful.

As stated in the webinar, the individual is the driver of their person-centered services plan as well as the services and supports they receive. Comagine Health will work with the individual through the assessment and PCSP process to identify and address needs, goals, and desired outcomes. This will include goals that individuals have for greater independence and/or integration into the community, including transitions.

Comagine Health will regularly monitor to assure that the PCSP and services and supports are adequate to achieve their goals or desired outcomes, and that revisions occur when inadequate. Comagine Health will also collect and submit residential data to OHA on a routine basis. The IQA data will assist OHA in identifying where resources or funding are needed in the community.

How do you plan to assess people in SRTF under the Psychiatric Security Review Board (PSRB)? Will their stay continue to be able to be funded through Medicaid?

The current process will continue. Medicaid will continue to fund medically necessary services and supports for individuals, regardless of whether they are under the supervision of the PSRB.

Who do we talk to about concerns with these processes?

The Oregon Health Authority's contract administrator for IQA services and Comagine Health.

IQA Contract Administrator:

Alise Campbell, LCSW – ALISE.V.CAMPBELL@dhsosha.state.or.us

Comagine Health contact information:

- OBHSP Phone: 1-888-416-3184
- OBHSP Fax: 1-877-575-8309

- Mailing address:
 - Comagine Health – OBHSP
 - 650 NE Holladay St. Suite 1700
 - Portland, Oregon 97232
- General email, concerns, complaints and compliments, (secure email for any referrals or documentation with PHI) should be sent to: ORBHSupport@comagine.org