Comagine Health

Independent and Qualified Agent and Related Services

Provider Portal Quick Start Guide - Behavioral Health Residential Non-1915(i) Referral Submissions

This is a Quick Start Guide for Providers submitting a request for the Behavioral Health (BH) Non-1915(i) program via the Comagine Health Provider Portal (CHPP). No personal health information is used in this guide.

This guide is for the following submission types:

- Secured Residential Treatment Facility (SRTF)
- Young Adults in Transition (YAT)
- Individuals under 18 living in an Adult Foster Home (AFH), Intellectual and Developmental Disabilities (I/DD) Group Home, or I/DD AFH

Pre-requisites:

- Provider must have access to the CHPP.
  - See Oregon Behavioral Health Support Program Providers page for Provider Portal Registration steps.
- Individual must have a Member Profile established in CHPP.
  - The steps to confirm a member's profile or to request one be added are outlined below.
  - Individual must have active State Medicaid Mental Health Services (SMHS) eligibility.
    - If the individual does not have active Medicaid SMHS eligible. Contact ORBHSupport@Comagine.org, with "Provider Portal" in the subject line or call 888-416-3184, Option 2 for assistance for next steps with this process. Comagine Health, as the Independent and Qualified Agent (IQA), can assist with the 150% Federal Poverty Limit form and process.
- **For Secured Residential Treatment Facilities:** Individual must have received Medical Necessity/Medical Appropriateness Approval for the requested Plan of Care dates.
  - If Medical Necessity has not been requested or approved, refer to the **Medical Necessity Medical CHPP Provider Steps QSG** Oregon Behavioral Health Support Program Providers page.

The following steps will pertain to Initial, Annual Redetermination, or Change in Condition requests for BH Non-1915(i) Plan of Care (POC). These are defined as:

- **Initial:**
  - New admission/initial IQA assessment request.
  - Initial Non-1915(i) Eligibility Determination.
- **Annual Redetermination:**
  - Referral accepted no more than 60 days prior to the end of the current plan of care.
  - Annual Non-1915(i) Eligibility Redetermination.
  - POC date range is concurrent with the last POC approval, OR the request is received less than 90 days. from the end date of the last POC.

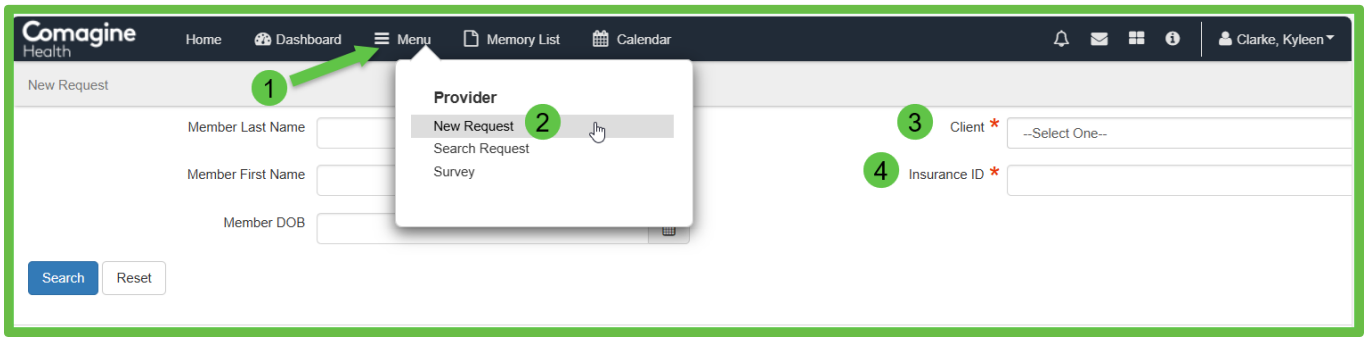
- Any request submitted more than 90 days after the last POC end date (and meant to be concurrent with previous POC approval period) is considered a Retro Authorization (note: Change in Web Note steps outlined later in this Quick Start Guide).

- **Change in Condition:**
  - Referral accepted after 30+ days of change in status.

Steps to Submit Referral Request

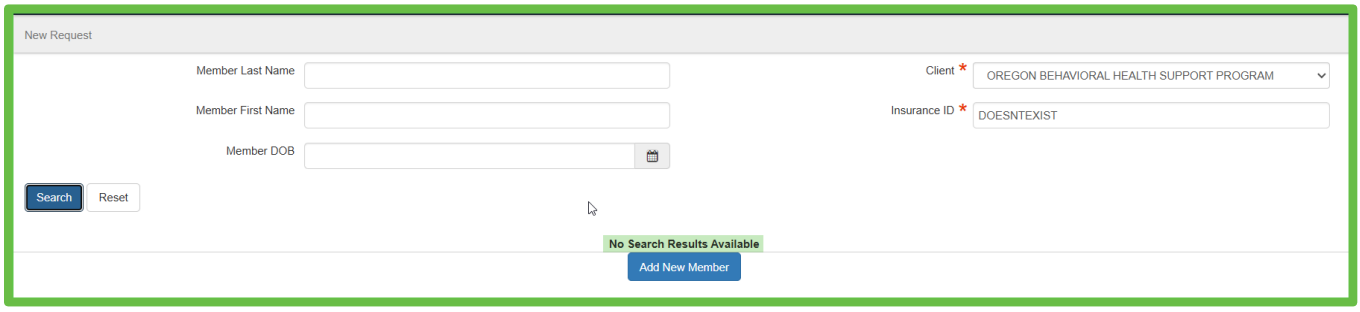
1. Sign into the CHPP with your Username and Password. If you have not been issued a Username and Password, contact ORBHSupport@Comagine.org, with "PORTAL" in the subject line, or call Comagine Health mainline 1-888-416-3184, Option 2.

1) Select **Menu**.
2) Select **New Request**.

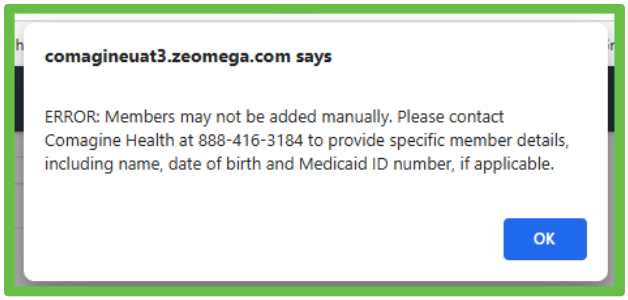


2. Search for individual using:

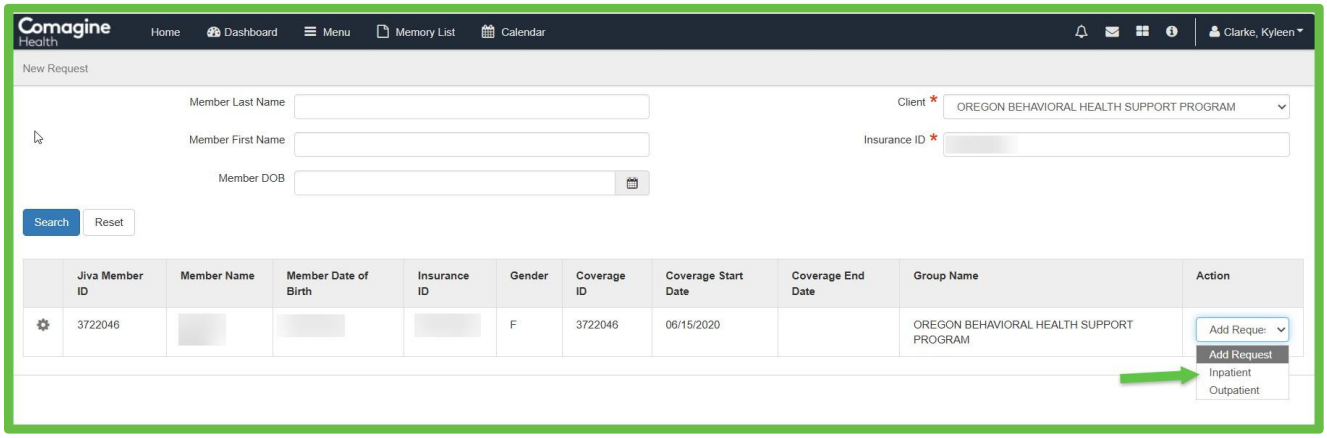
3) **Client –** choose **Oregon Behavioral Health Support Program.**
4) **Insurance ID –** enter the individual's **Medicaid ID number.**
5) Click **Search.**
6) If a search results in "No Search Results Available," the member will need to be added.



- Note: Providers cannot add a new member to the CHPP on their own. If **Add New Member** is selected, you will receive an alert (see screenshot below). If you need to add a new member, call Comagine Health at 1-888-416-3184 and select Option 2, or send a secure email to ORBHSupport@Comagine.org with "Provider Portal" in the subject line to request a member add.



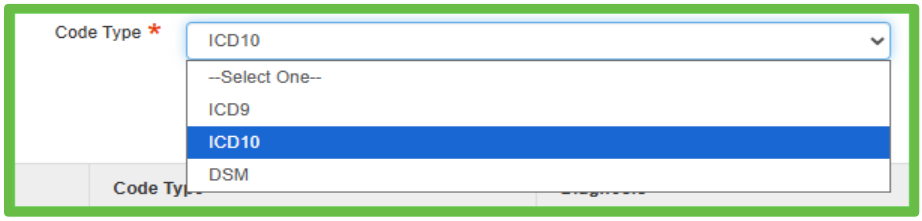
7) When the search returns results, verify the member's information – **Member Name, Date of Birth,** and **Insurance ID.**



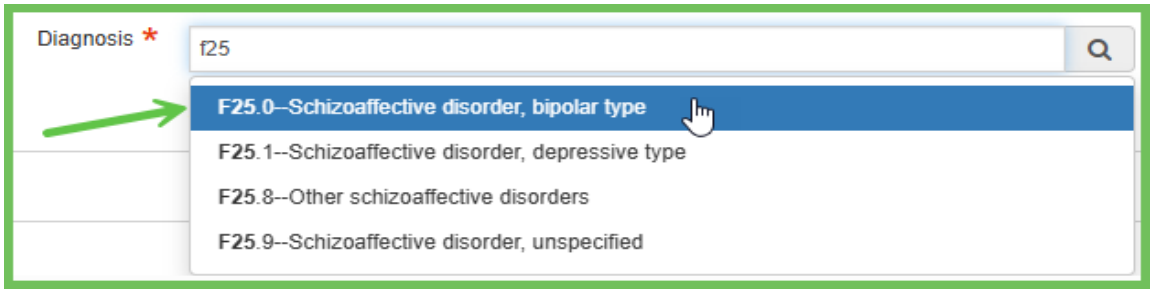
3. Under **Action**, select **Add Request** and choose **Inpatient** from the drop-down menu.
4. Enter the required **Episode Details:**
   - **Request Type:** Annual (*Use for all submission types*).
   - **Request Priority:** Non-Urgent.
   - **Admit Type:** Skip.
   - **Time Request:** Skip – defaults to 1 Day.
   - **Treatment Type:** BH Residential Non 1915i.
   - **Treatment Class:** Select appropriate placement, SRTF, YAT, or N/A for under 18 in an AFH or I/DD Group Home (field must be completed though no red asterisk present).



5. **Code Type:** Enter the code type of the primary diagnosis identified in the supporting documentation.
   - ICD10 auto-populates. From the drop-down menu select the appropriate code type - ICD10 or DSM.



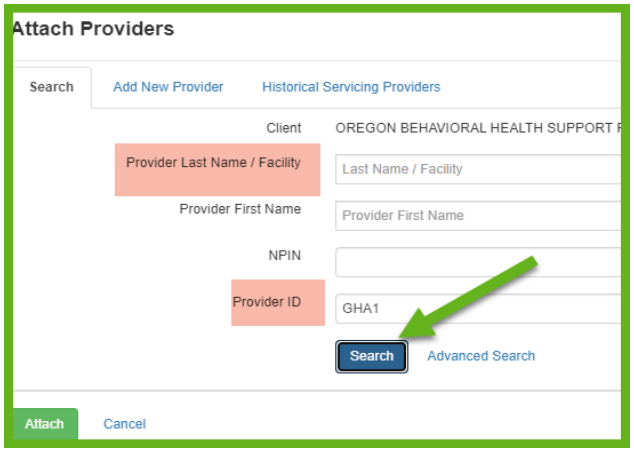
- Under the **Diagnosis** section, enter the primary diagnosis identified on the Mental Health Assessment.
  - Enter either numeric diagnosis code or start typing the name of the diagnosis, and a drop-down menu of choices will appear. Click on the appropriate choice to populate this field.



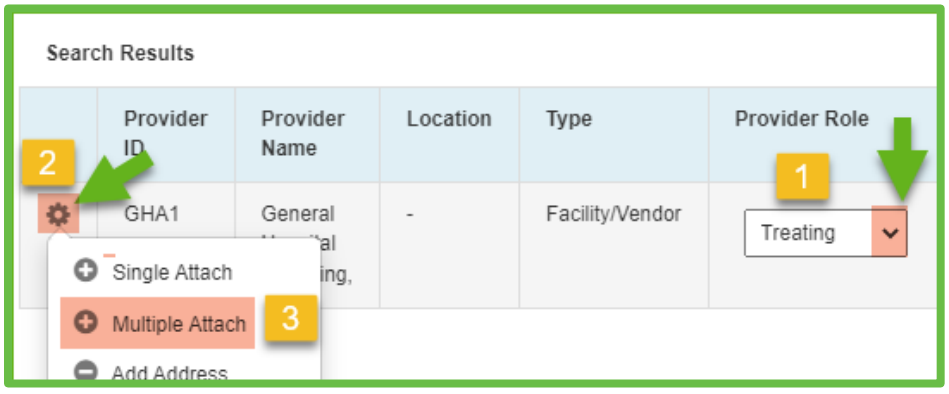
  - If multiple diagnoses entered, the primary diagnosis will be indicated with a gold star.

6. Under **Provider Details**

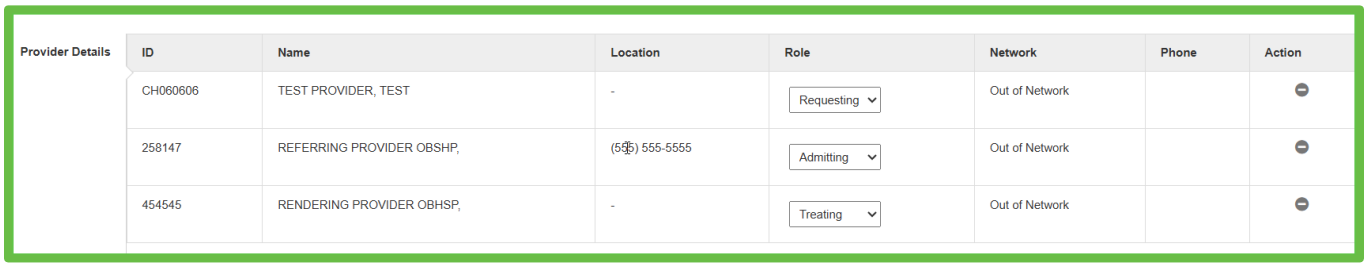
- Select the **paperclip icon**  to add yourself as a **Requesting Provider**.
  - This will attach you to the request as the **Requesting** provider. An **Admitting** provider (the referring provider – typically the county) and a **Treating** provider (the provider currently rendering services) must also be attached, using the steps below.
- Select **Attach Providers.**
- Enter **Provider ID number** (MCD number) or **Provider name** in the appropriate field (entering the Provider ID number is the preferred method).
- Click **Search**.



- Locate the correct provider under the **Search Results** (on the right side of the screen). Then complete the following steps:
  1) Review the **Provider Role** for the **Treating** and **Admitting** providers to ensure it is correct. If incorrect, click on the drop-down arrow to choose the appropriate **Provider Role** (either Treating or Admitting).
  2) Click the **gear icon** next to the Provider.
  3) Select **Multiple Attach**.



- From the same screen, enter the second **Provider ID number** or **Provider name** in the appropriate field and click **Search**.
- Locate the correct second provider under the **Search Results** (on the right side of screen).
- Repeat steps 1-3 above to enter the second provider.
- Select **Attach.**
- After this, there should be three (3) attached providers:
  REQUESTING – Submitting provider.
  ADMITTING – Referring provider, typically the county or the provider/facility.
  TREATING – Provider currently rendering services.



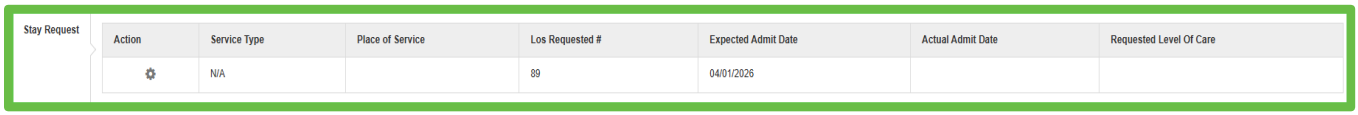
7. Under the **Stay Request** section, enter the following information:

- **Service Type:** N/A (skip).
- **Expected Admit Date:** Start date of Plan of Care for year being requested.
- **Place of Service:** Skip.
- **Actual Admit Date:** Skip.

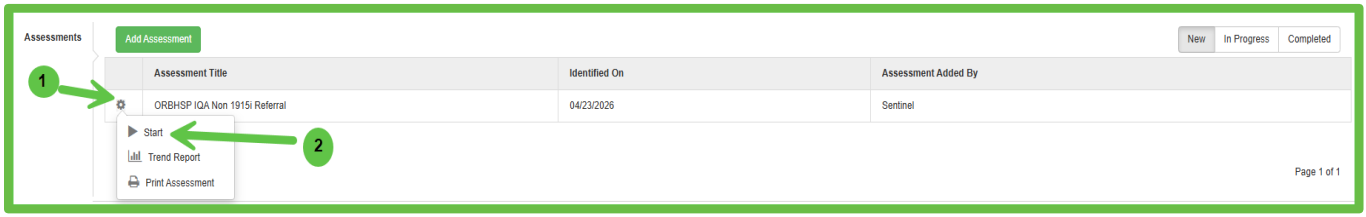
- **Requested Level of Care:** Skip.
- **LOS Requested:** 364 – for YAT home or facility. 89 – for SRTF facilities (Note: Jiva counts Day 1 as POC Start Date).
- **Is patient Discharged?:** Select No.
- When complete, click **Add.**



- After selecting **Add**, the page will update to reflect added stay request, as well as adding an Assessments section after Service Request.



8. The **Service Request** section can be skipped.
9. Complete the **Assessments** section:
   - If Assessment section is not visible, scroll back up to the **Stay Request** section and ensure you have clicked **Add.**
   - An assessment will auto populate according to Treatment Type selected earlier. **Do not select Add Assessment.**
     1) For BH Non 1915i Eligibility Determination, click on the **gear icon**  next to the **ORBHSP IQA Non 1915i Referral** assessment.
     2) Choose **Start** from the drop-down menu.



***The following are the questions and directions for completion of the ORBHSP IQA Non 1915(i) Referral assessment for* BH Residential Non 1915(i):**

Initial Question:

* **Is the individual under 21 or in a Secure Residential Treatment Facility (SRTF)?**
  - Yes – *If individual is under 21 or resides in a Secure Residential Treatment Facility continue with this referral assessment.*
  - No – *If individual is not under 21 or does not reside in Secure Residential Treatment Facility, delete this request and create a new referral with the appropriate treatment type and treatment class.*

***1. What is the reason for this BH Residential Non-1915(i) request?**

- **Initial**
  - New admission/initial IQA assessment request.
  - Initial Non 1915(i) Eligibility Determination.
- **Annual Redetermination**
  - Referral accepted no more than 60 days prior to end of current plan of care.
  - Annual Non 1915(i) Eligibility Redetermination.
  - POC date range is concurrent with the last POC approval, OR the request is received less than 90 days from the end date of the last POC.
  - Any request submitted more than 90 days after the last POC end date (and meant to be concurrent with previous POC approval period) is considered a Retro-Authorization (note: Change in Web Note steps outlined later in this Quick Start Guide).
- **Change in Condition**
  - Referral accepted after 30+ days of change in status.

***2. Select required documentation (*) to be uploaded with referral submission:**

- Mental Health Diagnosis Documentation signed by a QMHP or LPHA within 18 months*
- Mental/Behavioral Health Assessment
- Psychiatric Assessment
- Nursing Assessment
- Progress Notes
- Progress Notes Change in Condition/Status (supporting documentation for change with anticipated duration 30+ days)
- Legal Guardianship/Authorized Representative Documents (required if applicable)
- APD/DD License (for all APD/DD placements)
- Conditional Release/Community Evaluation for individuals involved with Psychiatric Security Review Board (PSRB).
- Risk Management Plan (for identified risks, i.e., suicide, choking, fall, elopement, etc.)
- Incident Reports
- Medication Administration Record (MAR)
- Nursing Delegation Form(s) CH-011 and supporting documentation
- Signed consent for Release of Information and Participation in the Oregon Behavioral Health Support Program (signed by guardian/authorized representative, if applicable)

***3. What is the County of Responsibility? Select the box next to the County of Responsibility.**

- Baker
- Benton
- Clackamas
- Clatsop
- Columbia
- Coos
- Crook
- Curry
- Deschutes
- Douglas
- Gilliam
- Grant
- Harney
- Hood River
- Jackson
- Jefferson
- Josephine
- Klamath
- Lake
- Lane
- Lincoln
- Linn
- Malheur
- Marion
- Morrow
- Multnomah
- Polk
- Sherman
- Tillamook
- Umatilla
- Union
- Wallowa
- Wasco
- Washington
- Wheeler
- Yamhill

***4. What is the managed care enrollment status? If individual has CCO select CCO box. If individual does not have CCO select box for FFS.**

- Coordinated Care Organization (CCO)

OR

- Fee for Service (FFS)

***5. What is the CCO of Responsibility?**

Select appropriate box for individual's CCO.

- If CCO was chosen in the above field, the CCO is required to be entered.

***6. Select Procedure Code:**

Select appropriate box for procedure code.

- T1020 (*If selected 6a. will appear*)
- S5141 (*If selected 6b. will appear*)

6a. Select Placement Setting: *T1020 options

Select appropriate T1020 facility/home the individual resides in:

- Secure Residential Treatment Class I
- Secure Residential Treatment Class II
- Young Adults in Transition Residential Treatment Home
- Young Adults in Transition Residential Treatment Facility
- Young Adults in Transition Secure Residential Treatment Facility

OR

***6b. Select Placement Setting: *S5141 options*.**

Select appropriate S5141 facility/home individual resides in:

- Adult Foster Home
- Intellectual and Developmental Disabilities Adult Foster Home
- Intellectual and Developmental Disabilities Group Home

***7. Select all applicable modifiers: At least one modifier must be selected.**

- HE - Mental Health Residential Program (when billed with T1020)
- HK - Fee For Service / Residential Facility Based Rate Requires Prior Authorization
- HW - 1915(i) Home and Community Based Habilitation Services
- TG - Mental Health Secure Residential Treatment Facility or Home (when billed with T1020)

***8. What is the original admit date for the current setting? Enter the original date individual admitted to facility/home.**

- Date of Admission to Residential Program.

***9. What is the current Legal Status?**

Select box next to current legal status.

- Voluntary
- Voluntary by Guardian
- Civil Commitment
- PSRB (*If PSRB is selected a questions 9a. – 9c. will appear. Enter PSRB Contact Information.*)
- Aid and Assist (*If Aid and Assist is selected questions 9d. – 9f. will appear. Enter Aid and Assist Contact Information.*)

***9a. PSRB Name:**

- Enter the name of the PSRB liaison in the box. Enter NA if unknown.

***9b. Email Address:**

- Enter the email address of the PSRB liaison in the box. Enter NA if unknown.

***9c. Phone Number (000-000-0000):**

- Enter the phone number for the PSRB liaison in the box. Enter NA if unknown.

***9d. Aid and Assist Name:**

- Enter the name of the Aid and Assist liaison name in the box. Enter NA if unknown.

***9e. Email Address:**

- Enter the email address for the Aid and Assist liaison in the box. Enter NA if unknown.

***9f. Phone Number (000-000-0000):**

- Enter the phone number for the Aid and Assist liaison in the box. Enter NA if unknown.

***10. Is there a Legal Guardian/Authorized Representative?**

- Yes: *Provide Authorized Representative/Legal Guardian information in boxes 10a-10e.*
  - If yes, ensure Guardianship documents are added to referral.
- No

***10a. Name:**

- Add the name of the Legal Guardian/Authorized Representative in the box. Enter NA if unknown.

***10b. Relationship to Individual:**

- Enter the relationship of the Legal Guardian/Authorized Representative to the individual in the box. Enter NA if unknown.

***10c. Address:**

- Enter address for Legal Guardian/Authorized Representative in the box. Enter NA if unknown.

***10d. Email Address:**

- Enter email address for Legal Guardian/Authorized Representative in the box. Enter NA if unknown.

***10e. Phone Number (000-000-0000):**

- Enter phone number for Legal Guardian/Authorized Representative in the box. Enter NA if unknown.

***11. Submitting Provider Contact Name:**

- Enter submitting provider contact name in box. Enter NA if unknown.

***12. Submitting Provider Email Address:**

- Enter submitting provider email address in box. Enter NA if unknown.

***13. Submitting Provider Phone Number (000-000-0000):**

- Enter submitting provider phone number in box. Enter NA if unknown.

14. Fax Number (000-000-0000):

- Enter submitting provider fax number in box.

***15. Treating/Rendering Provider Contact Name:**

- Enter Rendering provider contact name in box. Enter NA if unknown.

***16. Treating/Rendering Provider Email Address:**

- Enter Rendering provider email address in box. Enter NA if unknown.

***17. Treating/Rendering Provider Phone Number (000-000-0000):**

- Enter Rendering provider phone number in box. Enter NA if unknown.

18. Treating/Rendering Provider Fax Number (000-000-0000):

- Enter Rendering provider fax number in box.

***19. Is there a Care Coordinator (CC)? (Ex. ENCC, CCO/FFS Care Coordinator, Residential Specialist)**

- Yes: Provide ENCC information in boxes 19a – 19c.

***19a. CC Name:**

Enter CC name in the box. Enter NA if unknown.

***19b. CC Email Address:**

Enter the email address for the CC in the box. Enter NA if unknown.

***19c. CC Phone Number (000-000-0000):**

Enter the CC phone number in the box. Enter NA if unknown.

20. Is there an additional Care Coordinator (CC)?

- Yes: *Provide ENCC information in boxes 20a – 20c.*

20a. CC Name:

Enter name of CC in the box.

20b. CC Email Address:

Enter the email address for the CC in the box.

20c. CC Phone Number (000-000-0000):

Enter the CC phone number in the box.

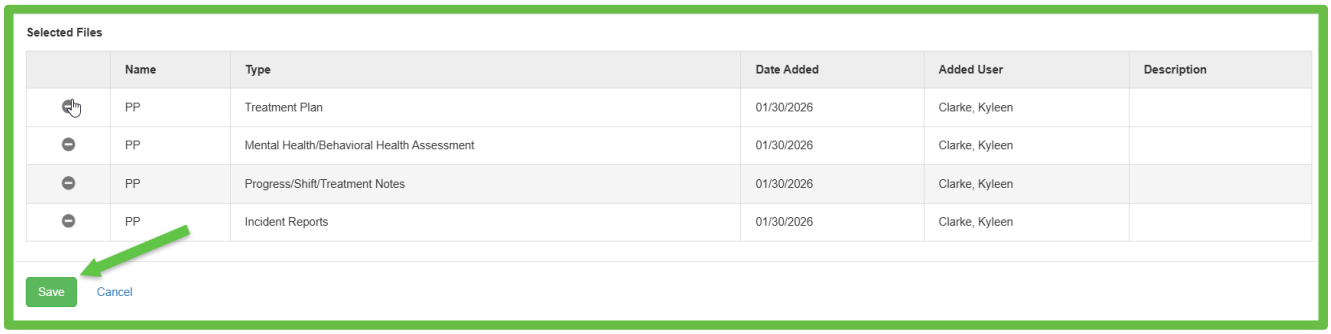
Select **Complete.**

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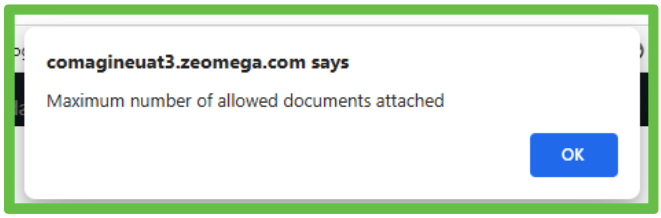
10. Attach **Documents**. Note: Recommended files be uploaded as PDF and no larger than 10 Mb (or 10,000 Kb).

- Select **Add Documents**. Enter the following:
  - **Document Title:** Individual's Initials.
  - **Document Type:** Select appropriate document type.
    - Example: Mental Health/Behavioral Health Assessment
  - **Document Description:** Skip.

- **Select Document:** Browse, and select the appropriate file.
- Click **Add.**
- Once all selected files are added, press **Save.**

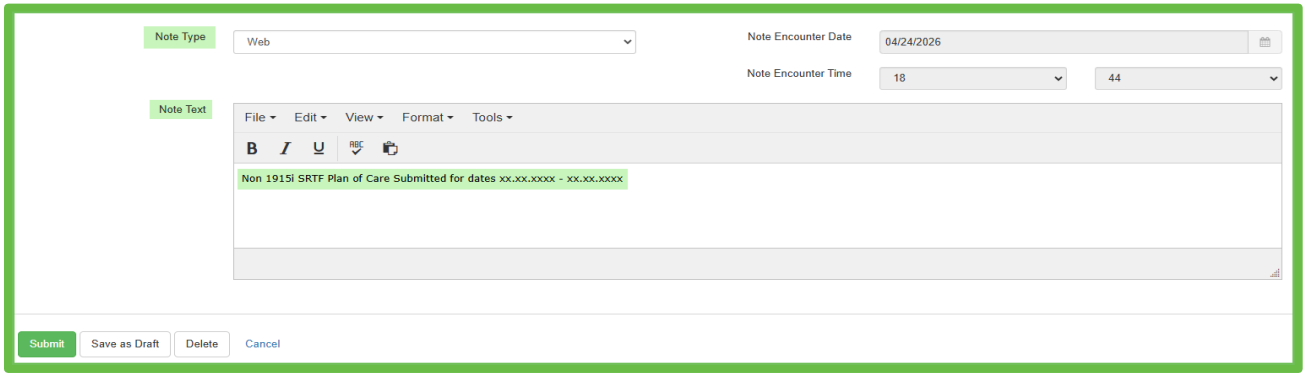


- Please note, you are only able to initially upload four (4) documents, as noted by alert (pictured below). How to upload additional documents is covered in later steps.



11. Enter the **Note Text** as follows:

- **Note Type:** Web (auto populates).
- **Note Encounter Date:** Skip (date auto populates).
- **Note Encounter Time:** Skip (auto populates).
- **Note Text:**
  - Example: *Non 1915i SRTF Plan of Care Submitted for dates xx.xx.xxxx - xx.xx.xxxx*.
  - Example: *Non 1915i YAT Plan of Care submitted for dates xx.xx.xxxx – xx.xx.xxxx.*



- Select **Submit**.

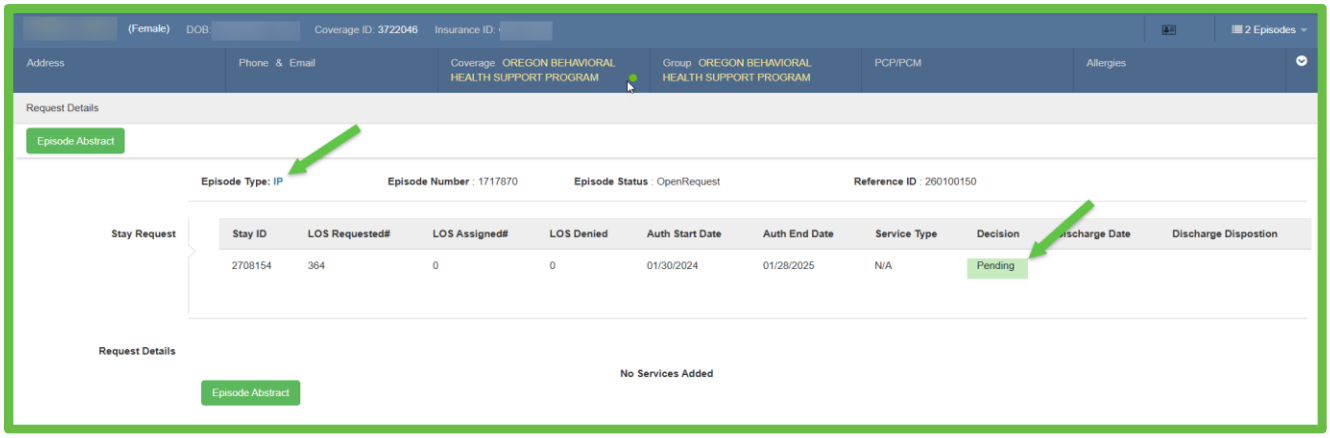


Congratulations! You have submitted a BH Residential Non-1915(i) Plan of Care referral via the CHPP.

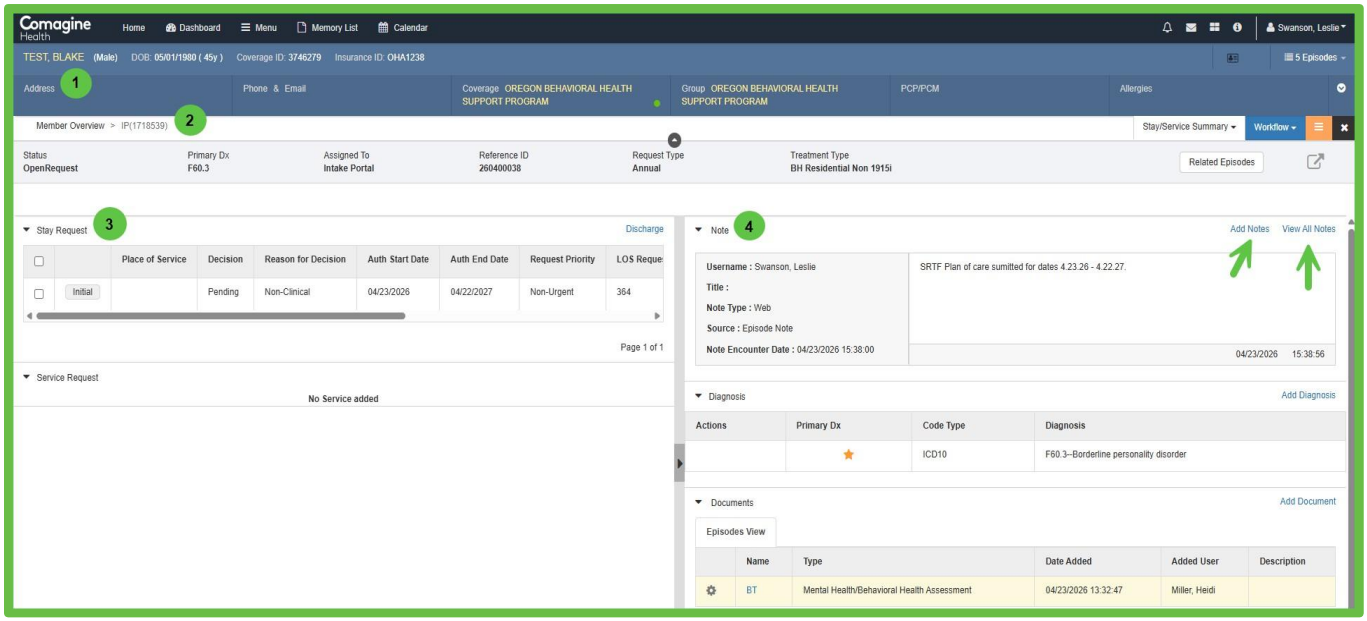
View Summary Page

A summary page will populate after submission.

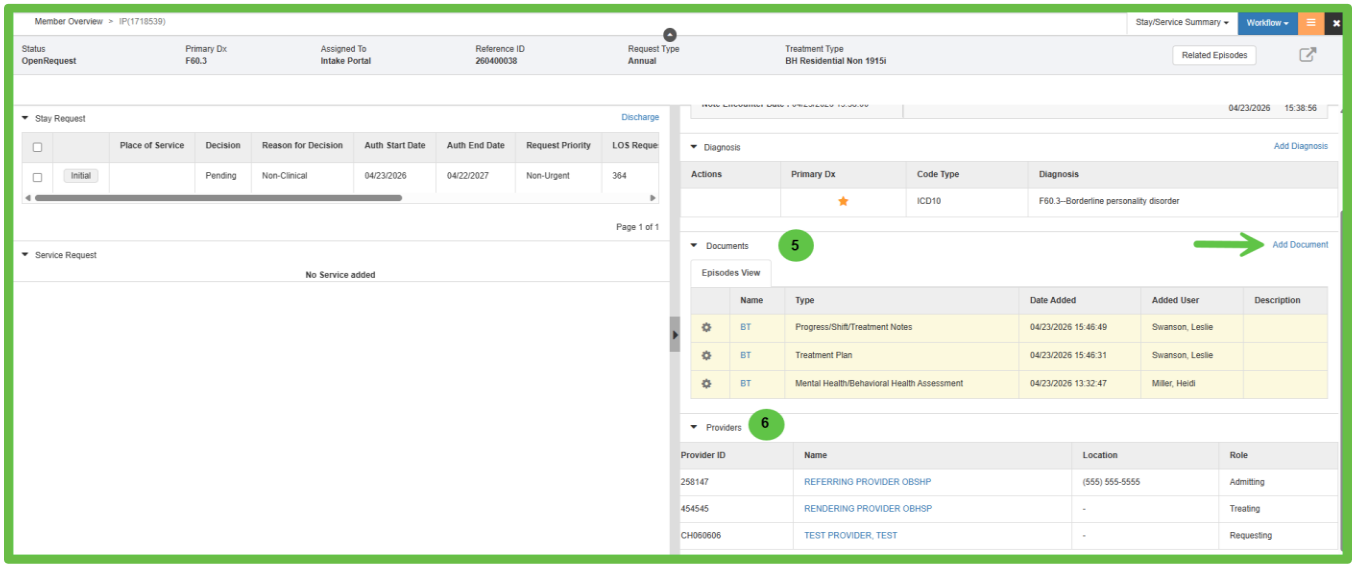
- Decision – **Pending** indicates this was submitted to Comagine Health.



- Select **IP** next to **Episode Type** to open individual's episode, where you can view the following:
  1) Individual's demographic information.
  2) **Jiva Episode Number –** Once a referral is submitted, the individual will have an episode number. If questions arise about individual's specific plan of care, this is an identifier Comagine Health may ask for.
  3) **Stay Request –** Captures the authorization dates according to the scope of work.
  4) **Note -** Web Notes that captures communication within Jiva between Comagine Health, Oregon Health Authority and Providers.
     - **View All Notes** – View of all web note communications.
     - **Add Notes** – Utilize for future communication with Comagine Health. Steps outlined later.



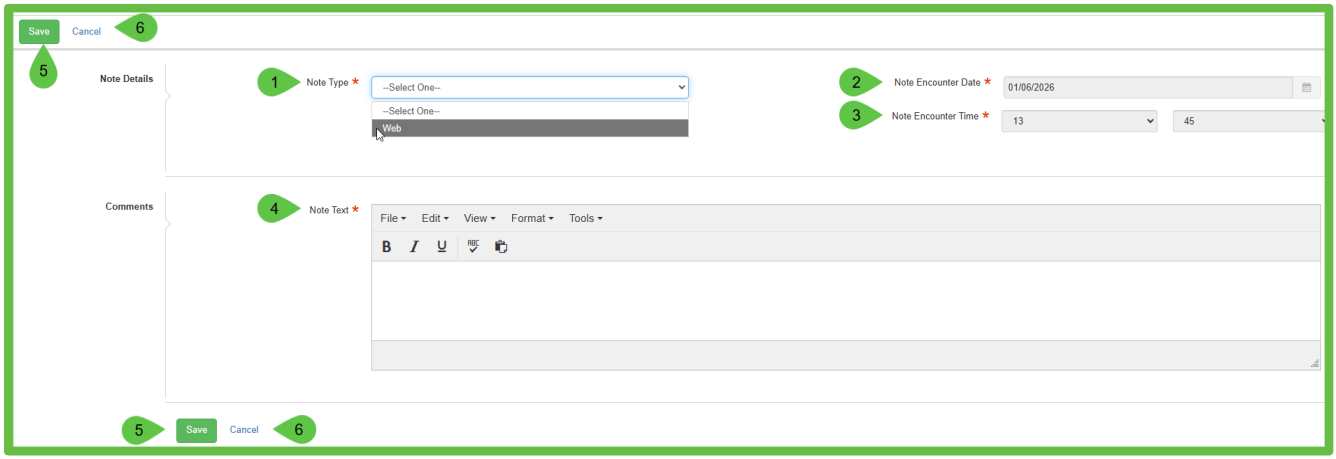
5) **Documents –** View of all documents that were submitted.
   - To add additional documents, select **Add Document** and follow steps previously completed for uploading a document.
6) **Providers –** Overview of providers attached to episode.



Web Notes

To send a Web Note to Comagine Health:

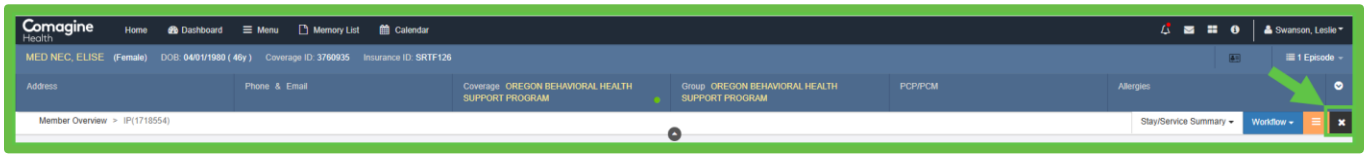
- Select **Add New Note**. Once this is selected, a note page will auto populate.



1) **Note Type –** Web Note will be the only option.
2) **Note Encounter Date –** Auto populates with today's date. Do not change.
3) **Note Encounter Time –** Auto populates. Do not change.
4) **Note Text –** Field to communicate Comagine Health.
5) **Save –** Two options to save the note. Saving the note sends it forward to Comagine Health.
6) **Cancel** - Two options to cancel the note. If **Cancel** is selected, a new note will need to be created.

- Complete the following fields.
  a. **Note type:** Web Note.
  b. **Note Text:** Communication for Comagine Health.
     - Example: Progress Notes submitted.
  c. Select **Save.**

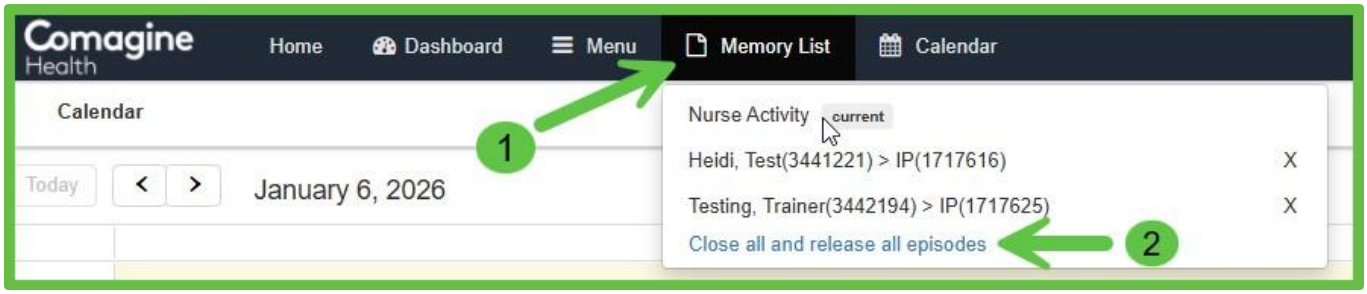
Once you are done with the submission or follow up in the episode you will **X** out of the episode. While you are in the episode, other parties (including Comagine Health) are unable to work in the episode.



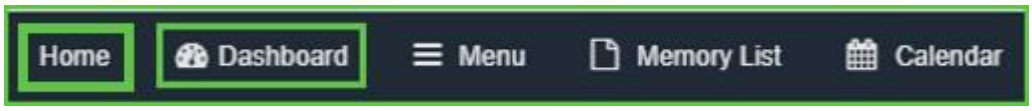
Memory List

Always remember to clear the Memory List. If an episode is in your **Memory List**, other parties (including Comagine Health) are unable to work in the episode.

1) Select **Memory List** from web page header. This will trigger a drop-down list of any episodes the user has opened.
2) Select **Close all and release all episodes.**



- To get back to your Dashboard at any point, select **Home** *then* **Dashboard** located on the top left of your screen.



Version Information

Version Number	Date Revised	Description	Author
1.0	5/4/2026	SRTF POC Revisions draft	Leslie Swanon/Heidi Miller
1.1	10/14/2026	Updated Required Documents	Leslie Swanson