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# Mental Health Adult Residential Standardized Rate Implementation

Effective July 1, 2019

Residential services Tier Overview for LTC Choice ENCCs  
by Michael Oyster

From the June 25, 2019 Webinar at:  
[https://www.oregon.gov/oha/HSD/OHP/Pages/MH-  
Rates.aspx](https://www.oregon.gov/oha/HSD/OHP/Pages/MH-Rates.aspx)

LTC Choice Meeting Discussion on 7/1/19



HEALTH SYSTEMS DIVISION  
Adult Mental Health Services

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# What we will cover today

1. Tier “Bricks” overview
2. Billing a retainer payment (formerly RSCP) and behavioral health contract changes for CMHPs and for providers
3. Review engagement and documentation requirements
4. Review criteria and requirements for Tier 5 intensive services requests
5. Update on Capacity reporting
6. Billing resources

# 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   |

### 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 1915i 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](mailto: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

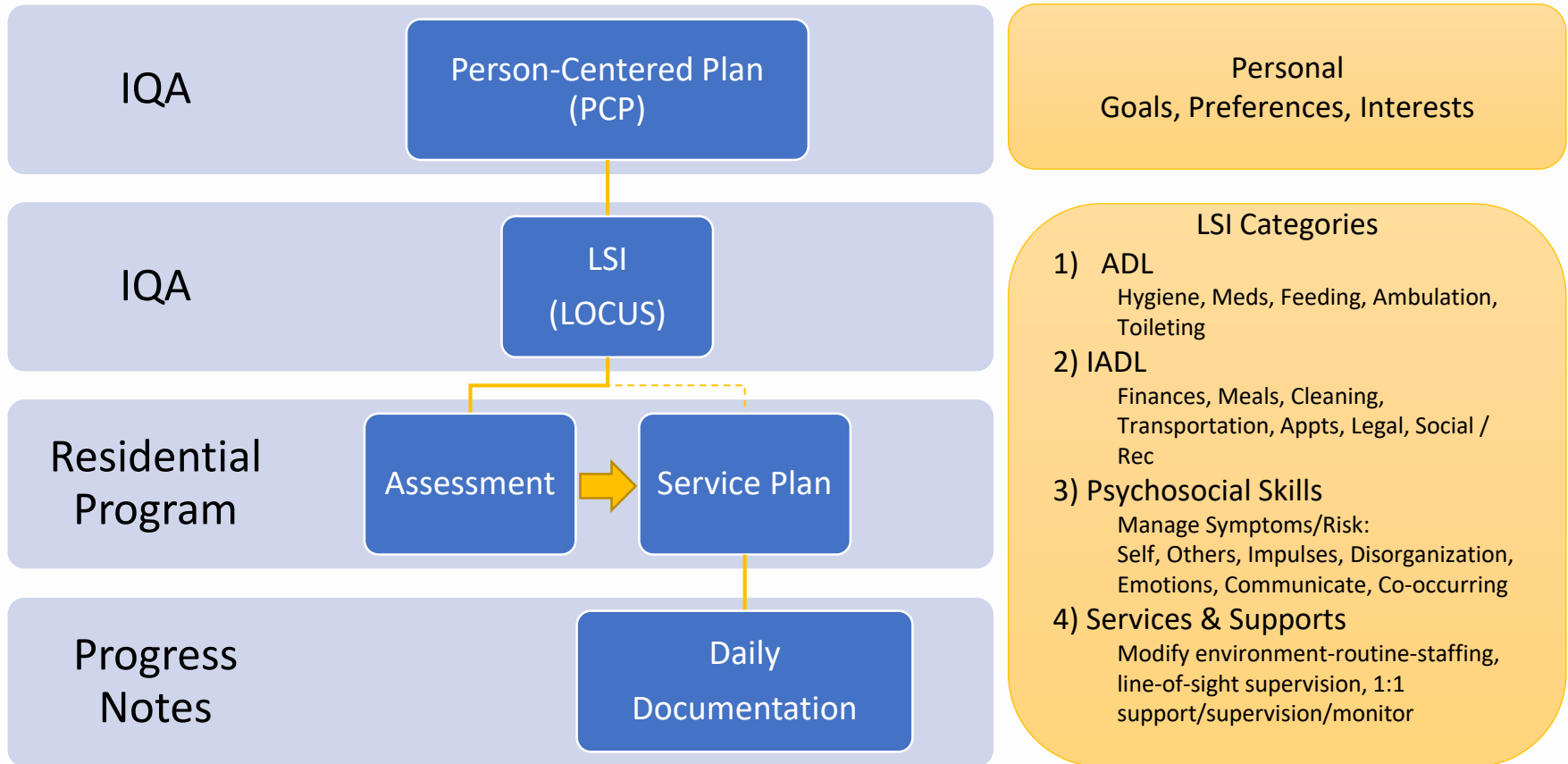
For non-Medicaid individuals:

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

# 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



## 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](mailto: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) was finalized on 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](http://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](mailto: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: **3.0 6-27-19**

# 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](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)

# 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](mailto: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](http://www.oregon.gov/oha/HSD/OHP/Pages/MH-Rates.aspx)