
Management of Medicaid-Funded Home & Community-Based Behavioral Health Services

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Agenda

Overview of the current system:

- Design
 - Role/function of the Independent Qualified Agent (IQA)
- Audit and identified opportunities for improvement
- Next steps

Home & Community-Based Services (HCBS) under §1915(i)

- Medicaid policy has evolved over the last twenty years to better support options for people of all ages with disabilities and/or chronic health conditions to live in their homes and communities.
- Goal is to minimize reliance on institutions and maximize community integration in the most cost-effective manner.
- OHA provides HCBS for Oregonians who experience chronic mental illness and need support for daily living. 2,201 people were served by the program in 2022.



Home & Community-Based Services (HCBS) under §1915(i)

Examples of types of services:

- Home-based habilitation services:
 - Help with activities of daily living
 - Accessing & navigating the community,
 - Improving socialization & self-advocacy skills
 - Behavioral supports
- Psychosocial Rehabilitation
 - Help with medication
 - Individual, group, & family therapy



Independent Qualified Agent

OHA is required by federal law to contract with an IQA to provide independent assessments and person-centered services planning for 1915i eligible individuals.

IQA responsibilities include but are not limited to:

- Fee-for-service behavioral health service prior authorizations
- Utilization review
- 1915(i) HCBS State Plan Option eligibility determinations/redeterminations,
- Functional needs assessments, and person-centered service planning.

Comagine Health was named as OHA's new IQA effective July 1, 2020.

Summary of Key Audit Findings & Recommendations

In 2023, OHA's Medicaid Director requested an internal audit to identify opportunities to strengthen oversight, process transparency, and improve overall function and quality of the Comagine contract.

The audit was submitted to OHA in October 2023, and identified four areas for improvement.

1. Establish more clear processes for Secure Residential Treatment Facility (SRTF) denial determinations and ensure compliance with billing requirements.
2. Establish clear and transparent appeal processes for service providers
3. Strengthen oversight of IQA documentation
4. Increase outreach for programs that provide care to individuals in their homes, targeting underserved communities currently lacking access to mental health services.

Audit Response Plan

OHA developed and submitted an ***Audit Response Plan***, which organized the 15 recommendations into six major areas of contract administration improvement. These six areas include detailed action steps and timelines for addressing the recommendations.

1. Level of Service determination processes
2. Secure Residential Treatment Facilities (SRTF) Processes
3. Contract Administration & Oversight
4. Personal Care Attendants
5. Appeal Processes for Providers
6. Outreach Efforts Promoting Long-Term Services & Supports

Area # 1: Level of Service Determination Processes

ACTION	INTENDED OUTCOME
<ul style="list-style-type: none">• Contract with outside firm to identify better alternatives to current assessment tools• Engage broad partner groups to inform selection of new tools	More accurate and comprehensive level of service determinations for clients

Area # 2: Secure Residential Treatment Facilities (SRTF) Processes

ACTION	INTENDED OUTCOME
<ul style="list-style-type: none">• Require resumption of assessments for individuals in SRTFs that ensure safe transition plans where necessary• Develop clear expectations in contract and rule, and verify compliance through random and scheduled audits	<ul style="list-style-type: none">• Clients receive the appropriate level of care across the continuum• Those in need of a different level of care are transitioned safely

Area #3: Contract Administration & Oversight

ACTION	INTENDED OUTCOME
<ul style="list-style-type: none">• Hired additional staff• Identify instances of incorrect billing & require IQA to document their internal quality assurance system• Review all information to ensure plans of care entered appropriately into the Medicaid Management Information System (MMIS)	<ul style="list-style-type: none">• Assessments & supporting documentation consistently provided• Services are billed at the correct rate based on medical appropriateness

Area # 4: Personal Care Attendants

ACTION	INTENDED OUTCOME
<ul style="list-style-type: none">• Implement new tool-Personal Care Assessment & Planning System (PCAPS), effective 11/1/23• Modify process for issuing <i>Notices of Planned Action</i> for personal care attendants, and implement OHA review of all such notices	<ul style="list-style-type: none">• Clients receive personal care attendant services based on accurate assessments.• Clients receive <i>Notices of Planned Action</i> that are consistent, objective, and adequately supported by evidence

Area # 5: Appeal Processes for Providers

ACTION	INTENDED OUTCOME
<ul style="list-style-type: none">• Clarify levels of review and train providers• Ensure transparency and accessibility for Rate Review Committee process• Establish monitoring & quality assurance process	Providers have consistent processes and the ability to contest IQA or agency decisions

Area # 6: Outreach Efforts Promoting Long-Term Services & Supports

ACTION	INTENDED OUTCOME
<p>Update public-facing webpages with:</p> <ul style="list-style-type: none"> • Hearings and administrative review process information • Processes for requesting additional supports & services • Data utilization dashboard • Links to training videos, documents, and resources 	<p>OHA builds solutions with community partners to better identify and serve Oregonians eligible for HCBS</p>

Questions/Discussion?