Community & Provider Services ▪ 2421 Lancaster Drive NE ▪ Salem, OR 97305
Phone (503) 585-4977 ▪ Fax (503) 361-2782 ▪ TTY/TTD (503) 588-5400

FREQUENTLY ASKED QUESTIONS
DOCUMENTATION & BILLING

The information contained on this page is intended to aid Providers with their interpretation and implication of Oregon Administrative Rules (OARs). The information does not absolve a Provider from future Centers for Medicaid and Medicare Services (CMS) findings.

1. **Does OAR 309-032-0545 require the development of a crisis plan for all adult clients or just during the course of an actual mental health crisis?**

Historically, the Crisis Services rules addressing the need for an 'initial crisis plan' (see below) has referred to a brief plan for services to be delivered "to help the individual effectively manage his/her mental health crisis." We have interpreted this to be used for individuals who have not been enrolled for services, and hence, have not had a mental health assessment to justify a treatment plan. The interpretation to use a crisis plan as a 'pro-active plan' to address crises is encouraged, but we would also suggest the use of a 'mental health declaration' process. Lastly, any services provided should be reflected in the treatment plan, after an assessment is completed. So, a 'crisis response plan' could be embedded in a treatment plan, or it could be a 'stand alone' plan for providing crisis services as defined below:

> *309-032-0545: Adult Mental Health Services*
> (1) In accordance with ORS 426 and ORS 430 the following services shall be provided:
> (a) Crisis services shall be readily available and include the following:
> (A) 24 hours, seven days per week telephone or face-to-face screening to determine a person's need for immediate community mental health services; and
> (B) Development of a written initial crisis plan which includes a provisional diagnosis and a brief description of the services necessary to help the individual effectively manage his/her mental health crisis.

It is also important to note that for clients who are identified as diagnosed with a serious mental illness in accordance with ORS 426.500(3), case management services shall be made available and include "assistance in helping the consumer complete and update a personal crisis plan or a declaration for mental health treatment with the consumer's participation and informed consent" (OAR 309-032-0545(2)(b)).

2. **Within a 24-hour crisis plan, what is considered incomplete?**

Please see #1 for additional information. If the crisis plan is missing any of the following OAR requirements, provisional diagnosis and brief description of services necessary to help the individual effectively manage his/her MH crisis, it may be considered incomplete.

3. **What is the definition of severe and persistent mental illness (SPMI)?**

Oregon Revised Statue (ORS) and Oregon Administrative Rule (OAR) define SPMI as:

- *ORS 426.495: Definitions for ORS 426.490 to 426.500, unless context requires otherwise*
  (c) "Person with a chronic mental illness" means an individual who is:
  (A) Eighteen years of age or older; and
  (B) Diagnosed by a psychiatrist, a licensed clinical psychologist or a nonmedical examiner certified by the Department of Human Services as having chronic schizophrenia, a chronic major affective disorder, a chronic paranoid disorder or another chronic psychotic mental disorder other than those caused by substance abuse.

- *OAR 309-032-0535(23): Persons Diagnosed with Serious Mental Illness means an individual who is:*
  (a) Diagnosed by a QMHP as suffering from a chronic mental disorder as defined by ORS 426.495(2), which includes, but is not limited to, conditions such as schizophrenia, serious affective and paranoid disorders, and other disorders which manifest symptoms that are not solely a result of mental retardation or other developmental disabilities, epilepsy, drug abuse, or alcoholism; which continue for more than one year, or on the basis of a specific diagnosis, are likely to continue for more than one year; and
  (b) Is impaired to an extent which substantially limits the person's consistent functioning in one or more of the following areas:
  (A) Home environment: independently attending to shelter needs, personal hygiene, nutritional needs and home maintenance;
  (B) Community negotiation: independently and appropriately utilizing community resources for shopping, recreation and other needs;
  (C) Social relations: establishing and maintaining supportive relationships;
  (D) Vocational: maintaining employment sufficient to meet personal living expenses or engaging in other age appropriate activities.

4. Is there a billable mental health code that allows for consultation to a family or others?

Yes, an agency can use 90887: Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient. The definition of this code is:

> *The clinician interprets the results of a patient's psychiatric and medical examinations and procedures, as well as other pertinent recorded data, and spends time explaining the patient's condition to family members and other responsible parties involved with the patient's care and well-being. Advice is also given as to how family members can best assist the patient.*

In addition, the MHOs have additional comments on use of this code:

Interpretation or explanation of psychiatric or other medical exams and procedures, or other accumulated data to family or other persons, or advising them how to assist patient. Used when the treatment of the patient may require explanations to the family, employers, or other involved persons for their support in the therapy process. This may include the reporting of examinations, procedures and other accumulated data. May include phone calls.

5. **Can we somehow bill for the hour or more that it might take a therapist to do a thorough comprehensive MHA but no direct contact occurs?**

You can bill for the update to the MHA by using H0031, however the code description is very specific in stating that there must be an interview, implying direct contact. In addition, you can only bill this once; regardless of the length of time it takes to update the MHA.

6. **How will you look at secondary authorization documentation? If it is absent, who gets assessed with the cost, if you plan to do that?**

The Secondary Agency is responsible for maintaining a copy of the current MHA, Treatment Plan, Secondary Authorization Referral Form, and all progress notes for services rendered within their clinical record. If the Secondary Agency is missing the MHA, Treatment Plan, or Secondary Referral Form, CAPS may allow additional time for the agency to obtain the missing documentation. If the documentation cannot be obtained or progress notes are not present for services rendered, the agency may be required to payback monies received.

7. **Will you attach money to a note that shows down coding?**

If the service provided does not fit the code description billed the agency would have the option to re-process the claim using the appropriate code. If the agency does not re-process the claim(s) using the appropriate code(s) all funds received for the service would need to be refunded.

8. **How would you explain the difference between the two different consultation codes?**

We are using the MHO Code Guide as the basis for distinguishing the use of the codes 90882: Environmental Manipulation and 90887: Consultation with Family. The Guide identifies the following:

90882: Environmental Manipulation
The clinician uses this code to report work done with agencies, employers, or institutions on a psychiatric patient's behalf in order to achieve environmental changes and interventions for managing the patient's medical condition.

Tips: Medical management on a psychiatric patient's behalf with agencies, employers, or institutions. May include phone calls.

90887: Consultation with Family
The clinician interprets the results of a patient's psychiatric an medical examinations and procedures, as well as other pertinent recorded data, and spends time explaining the patient's condition to family members and other responsible parties involved with the patient's care and well-being. Advice is also given as to how family members can best assist the patient.

Tips: Interpretation or explanation of psychiatric or other medical exams and procedures, or other accumulated data to family or other persons, or advising them how to assist patient. Used when the treatment of the patient may require explanations to the family, employers, or other involved persons for their support in the therapy process. This may include the reporting of examinations, procedures and other accumulated data. May include phone calls.

9. Are agencies required to offer a Declaration of Mental Health to children as well as adults?

The OAR (309-016-0005(20)) identifies that the Declaration of Mental Health is for people aged 18 and older. Using this definition, a Declaration would not need to be offered to children.

10. Can family therapy without the client present be conducted over the phone?

Family therapy without the client present can be delivered telephonically. The documentation to support this is found at http://www.oregon.gov/DHS/mentalhealth/publications/codebooks/rates2008mh.pdf.

11. What is considered incomplete documentation?

If an MHA, Treatment Plan, or progress notes are missing any of the elements required by Oregon Administrative Rule, the item would be considered incomplete.

12. If a provider provides a service telephonically working out of clinic, can this service be billed as out of clinic?

A telephonic service is not considered an out of clinic service, regardless of the physical location of the provider when the call was made.

13. What are the requirements for signing MHA and Treatment Plans?

Mental Health Assessments

- The initial mental health assessment requires the signature of the QMHP completing the assessment.

- The comprehensive (also called update) mental health assessment requires the signature of an LMP and the practitioner completing the assessment if different than the LMP.

Treatment Plan

- The initial treatment plan requires the signature of a physician or other licensed practitioner and the person completing the treatment if different. Oregon currently recognizes psychologists licensed by the State Board of Psychologist, nurse practitioners registered by the State Board of Nursing, or clinical social workers licensed by the State Board of Clinical Social Workers as practitioners meeting the definition of other licensed practitioners (ORS 430.010(4)(a)).
- All treatment plan updates require the signature of an LMP.

To qualify as a LMP, the person must meet the following (as directed by OAR 309-016-0005(36)):

(1) Holds at least one of the following educational degrees and valid licensures:
(a) Physician licensed to practice in the State of Oregon;
(b) Nurse Practitioner licensed to practice in the State of Oregon; or
(c) Physician's Assistant licensed to practice in the State of Oregon.
(2) Whose training, experience and competence demonstrates the ability to conduct a Comprehensive Mental Health Assessment and provide medication management.

14. What are the minimum required elements for an annual MHA (aka update)?

Our review team is interpreting the Oregon Administrative Rules such that 309-016-0080 must be met in addition to the respective adult and child rules (see below).

- **Medicaid 309-016-0080(3)**
  Conduct a complete Comprehensive Mental Health Assessment for all clients receiving continual rehabilitative mental health services for more than one year from date of enrollment. The Comprehensive Mental Health Assessment shall be completed by a QMHP and reviewed and approved, in writing, at least annually by the LMP. The Comprehensive Mental Health Assessment will:
  (a) Include the following treatment domains:
  (A) Cognitive;
  (B) Family;
  (C) Substance Abuse;
  (D) Emotional;
  (E) Behavioral;
  (F) Developmental;
  (G) Social;
  (H) Physical health/medical care;
  (I) Nutritional;
  (J) School or vocational;

(K) Cultural; and
(L) Legal.
(b) Conclude with a completed DSM five axes diagnosis followed by a clinical formulation and a revised Treatment Plan.

- **Adult 309-032-0575(1)(h)**
  The mental health assessment shall be updated annually to include, at a minimum, the changes in the consumer's mental status, social support system, level of functioning, and shall document the consumer's participation in treatment planning.

- **Child 309-032-0960(14)**
  (14) "Comprehensive mental health assessment" means a mental status exam and a biopsychosocial evaluation of a child's functioning in the following domains: emotional, cognitive, family, developmental, behavioral, social, physical, nutritional, school or vocational, substance abuse, cultural and legal…concludes with a completed DSM five axes diagnosis followed by a clinical formulation…the comprehensive mental health assessment is revised and updated annually.

- **Child 309-032-1010(1)**
  (1) A comprehensive mental health assessment shall be provided for:
  (a) Children with a severe and persistent mental disorder for whom Service Coordination Plans have been developed and who receive Clinical Services Coordination; and
  (b) Children who remain in service for at least one year.