



**Date:** August 5, 2016

**To:** Community mental health programs  
Adult foster homes

**From:** Trevor Douglass, D.C., M.P.H.  
Provider Clinical Support manager, Health Systems Division

**Subject: New plan of care requests required for continued authorization of adult foster home services**

Most adult foster home plans of care that were approved by the Oregon Health Authority (OHA) for 2016 ended June 30. (The plan of care authorization notices that OHA sent to adult foster homes included this end date.)

If your authorization has ended, you cannot bill for services provided on or after July 1, 2016, until you obtain a new authorization. This letter is to remind you how to do this.

**If you already submitted a new plan of care request for services on or after July 1, 2016:**

No action is required on your part. Please allow KEPRO 10 business days to process your request. You also can check the [Plan of Care panel](#) of the Provider Web Portal at <https://www.or-medicaid.gov> for your authorization status.

**If you have not submitted a new plan of care request for services on or after July 1, 2016:**

**Adult foster homes (AFH):** Contact [your local community mental health program](#) (CMHP) for help submitting a new plan of care request. The member's case manager at the CMHP must submit a new plan of care request to KEPRO. KEPRO will accept requests for past dates of service.

If the request is approved, you will receive an authorization notice from OHA. It will show services approved at "system rate," with an authorization end date. You can bill for services only through the end date listed on the notice.

- **To bill OHA for the correct "system rate,"** refer to our [December 2015 letter](#) for reminders about 2016-2020 rates and how to bill OHA for AFH services at the appropriate rates.
- **To continue authorization after the end date on your notice from OHA,** contact your CMHP about a month before the current authorization ends. The member's case manager will contact KEPRO to submit a new plan of care request.

**Community mental health programs:** Submit a complete plan of care request to KEPRO that includes:

- Completed [Plan of Care Request](#) and [Level of Service Inventory](#) forms (available on [the KEPRO website](#)).
- A behavioral health assessment and service plan that meets the requirements described in OAR 309-019-0135 through 309-019-0140, or clinical information that supports medical justification for the services requested.

You will find more information about prior authorization in the most recent [Behavioral Health Services Administrative Rulebook](#) (available on the [OHP Behavioral Health rules and guidelines page](#)).

## Questions?

### Contact KEPRO about plan of care requests and service authorizations:

**Phone:** 1-844-658-1729

**Mail:** PO Box 2960

**Fax:** 1-844-673-8034

Tualatin, OR 97062

**Email:** [OR1915i@Kepro.com](mailto:OR1915i@Kepro.com).

### Contact the Provider Services Unit about billing for services approved under a current plan of care:

Email [dmap.providerservices@state.or.us](mailto:dmap.providerservices@state.or.us) or call 1-800-336-6016. We are available Monday through Friday, anytime between 8 a.m. and 5 p.m. (including lunch hours).

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.