



Independent and Qualified Agent Services Provided by KEPRO in Oregon

KEPRO provides the following Independent and Qualified Agent (IQA) Services in Oregon (as of July 1, 2016):

- 1) **Conflict-Free Case Management (CFCM)**
- 2) **1915(i) Benefit Eligibility Determinations**
- 3) **Medical Appropriateness Reviews**
- 4) **Treatment Episode Monitoring**

These services will be provided to:

- o Medicaid-eligible individuals in the state of Oregon who are fee-for-service (FFS) and need assistance accessing behavioral health services.
- o Individuals residing at Oregon State Hospital who have been determined as ready to transition (RTT).
- o Medicaid members who are currently residing in an OHA-funded licensed level of care and have been determined to no longer need that setting in order to receive appropriate services and supports.

1) **Conflict-Free Case Management**

KEPRO will coordinate care for identified Medicaid recipients who are enrolled FFS and who present as needing assistance to access appropriate behavioral health services. For each member in this population, KEPRO will conduct a face-to-face evaluation and prepare a person-centered services and supports plan for use by providers.

Oregon State Hospital (OSH):

KEPRO will plan and coordinate the timely transition of individuals residing OSH who have been determined to no longer require hospital level of care and who have been placed on the ready to transition (RTT) list.

For each person transitioned from OSH, a hospital-to-community transition plan, in the form of a written person-centered services and supports plan, will be developed by KEPRO. Each plan-of-care will meet the defined standards for assessment and person-centered planning.

The plan of care will be provided to the person and the contracted community entity responsible for coordination of care for the person prior to transition allowing for appropriate time necessary to implement the plan.

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Licensed Treatment Programs:

KEPRO will plan and coordinate the transition of individuals residing in a level of care funded by OHA who have been determined as able to receive appropriate services and supports in a more integrated community setting.

For each person transitioned from a licensed level of care to a more integrated community setting (licensed or non-licensed), a community transition plan, in the form of a written person-centered services and supports plan, will be developed by KEPRO. Each plan-of-care will meet the defined standards for assessment and person-centered planning.

2) 1915(i) Benefit Eligibility Determinations

- o KEPRO will make the clinical determination that the individual meets the eligibility criteria set forth under State Plan Needs-based Home- and Community-Based Services (HCBS) Eligibility Criteria.
- o KEPRO receives 1915(i) Benefit eligibility determination requests and reviews the necessary clinical information submitted by a staff employed by the Community Mental Health Program (CMHP) or their subcontractor to make the 1915(i) eligibility determination.
- o Appropriate information may include assessment, service plan, plan-of-care, Level of Care Utilization System (LOCUS), Level of Service Inventory (LSI) or other relevant documentation.

3) Medical Appropriateness Reviews

- o KEPRO will conduct a quality assurance review on each request to ensure the required documentation has been submitted and the documentation meets the requirements defined in Oregon Administrative Rules (OAR).
- o KEPRO will make the clinical determination that requested services are medically appropriate to treat the identified condition.

4) Treatment Episode Monitoring

KEPRO will monitor and review approved services to determine if services are provided in accordance with applicable OAR and services meet criteria for quality and medical appropriateness. KEPRO completes this through onsite face-to-face meetings, document review or data analysis.