Flexible Services Overview and Procedure

Per OAR 410-141-3000 (38), flexible services are cost-effective services offered to an individual member to supplement covered benefits. Flexible services lack traditional billing or encounter codes, are not encounterable, and may not be reported for utilization purposes.
In accordance with OAR 410-141-3150, the following criteria must be met for the use of flexible services by Contracted Providers.

Requirements for Flexible Services

- Items and services requested must not be otherwise Medicaid reimbursable.
- No other funding source is available to cover the cost of the service or item (e.g. AMHI, ENCC).
- All flexible services and supports must be related to a treatment goal and documented in the Member's treatment plan or medical record.
- Flexible services must be designed to improve health quality; increase the likelihood of desired health outcomes in a manner that can be objectively measured and produce verifiable results and achievements; and be based on evidence-based medicine, widely accepted best clinical practice, and/or criteria issued by acreditation bodies, recognized professional medical associations, government agencies, or other national health care quality organizations.

The treatment plan must clearly identify the current clinical justification (i.e. behavioral issue, psychosocial stressor, and/or functional impairment including intervention to address goal) for the use of flexible services and explain how the specific service or item will address/ameliorate the identified issue/stressor/impairment.

Providers should contact the Member's assigned Behavioral Health Plan to request authorization for flexible services, as described below.

Flexible Services Grievance Requirements

Flex fund outcomes are subject to the grievance provisions of OAR 410-141-3260 and 410-141-3261.

Members, their representatives, and Providers will receive a written outcome regarding flex fund requests. The written outcome shall inform the Member, their representative and Provider of the Member's right to file a grievance in response to the outcome. The Member may file the grievance orally or in writing with either the Behavioral Health Plan Partner, Health

Share, or OHA. Members have no appeal or hearing rights in regard to a flexible services outcome.

Procedures for Accessing Flexible Services by Member County

Clackamas County

Providers with a Flexible Services Contract

Providers who have a Flexible Services Contract with Clackamas County should submit an invoice by the 10th of the month following the month flexible services were provided. The invoice shall include the Member OHP ID number, date of service, the total amount for each service provided and the total amount due for all flexible services provided during the month. Invoices with back-up shall be submitted electronically to BHAP@clackamas.us. Designate the Providers name in the subject of the e-mail. Within thirty (30) calendar days after the receipt of the bill, Clackamas County shall pay the amount requested to the Provider.

Providers without a Flexible Services Contract

A Provider who does not hold a Flexible Services Contract with Clackamas County, but who is serving a Health Share/Clackamas County Member, should contact supervisors at the following phone numbers to access flexible funding for the Member:

- Adults: 503-742-5348
- Children: 503-742-5937
- Substance Use Providers: 503-742-5968

Multnomah County

All flexible service requests require pre-approval by Multnomah Behavioral Health, as described below.

Flexible Service Pre-Approval Process:

Pre-Approval Process for Adult Members:

Providers should submit a flexible service pre-approval request form via **secure encrypted email** to: mbh.flex.requests@multco.us.

Providers will receive communication from mbh.flex.requests@multco.us which indicates whether the request was approved, denied, or if further information is needed to clarify request.

Pre-Approval for Child Members:

If the Member is receiving Care Coordination or Wraparound Services from Multnomah County, contact the Multnomah Care Coordinator or Multnomah Wraparound worker to inquire about the availability of flexible services. The Care Coordinator or Wraparound worker will submit the request to the Flexible Services Committee for review. If the flexible service request is

approved, the Care Coordinator or Wraparound worker will facilitate the process of procuring approved requests via CLARA. If the request is denied, the requestor will be given an explanation as to why to flexible service request was denied.

OR

If the Child Member is *not* enrolled with Care Coordination or Wraparound, the Provider should follow the process described above for Adult Members and submit requests directly to: mbh.flex.requests@multco.us

Washington County

- Flexible services are allocated through a Washington County flexible services contract with specific Provider agencies. The Provider must seek reimbursement for those expenses through invoices to Washington County.
- Flexible services are allocated based on the number of Members in each service area, historical allocations, and specific funding awards.
- Providers without a flexible services contract who have Authorization to treat Health Share Washington County Members should contact the following supervisors to access flexible services for those Members:
    - Adults: (503) 846-4574
    - Children: (503) 846-3161