



Multnomah Other Eligibility and Enrollment

Multnomah Other provides funding for Substance Use Disorder (SUD) services with specific contracted providers. To receive funding, those seeking services must meet the eligibility criteria and enroll as a Multnomah Other member. Please note that though Multnomah Other operates much like an insurance carrier, Multnomah Other is not an insurance plan.

Eligibility Requirements

Substance User Disorder Treatment Services

All members who will receive **treatment services** must meet the following eligibility requirements:

- A Multnomah County resident
- **AND** at or below 200% Federal Poverty
- **AND** at least one of the following:
 - Currently or will soon be applying for OHP if eligible – the Multnomah Other contracted provider applying for funds should be assisting the member to apply for OHP if they have not applied at the time of enrollment but are planning to apply. Any services provided on a date when the member had OHP coverage should be billed to OHP (including retro-active coverage).
 - Have Medicare
 - Members whose sole insurance coverage is Medicare Part A are eligible for all Multnomah Other covered treatment services.
 - Medicare Part B covered **Non-MAT** members are eligible for any Multnomah Other treatment services not covered by Medicare
 - Medicare Part B covered **MAT members** are not eligible for treatment services unless the service is not covered by Medicare's bundled payment OTP benefit. Medicare Part B covered clients needing MAT services should be referred to any eligible OTP MAT provider.
 - Unable to obtain Insurance
 - Underinsured – e.g. unable to afford co-pays/deductible, has reached the maximum benefit allowed under their plan, there are no in-network providers available (e.g. distance to in-network provider creates a transportation burden), etc.

Eligibility is granted for terms of **60 day** increments for treatment services. Eligibility for Recovery Support Services would also be included during the eligibility for treatment services.

Recovery Support Services Only

Multnomah Other also has funds available for **support services** (i.e. their treatment services are covered by insurance, but certain recovery support services are not eligible). Members must meet the following eligibility requirements:

- A Multnomah County resident (*except Dependent Child Room and Board)
- AND at or below 200% Federal Poverty Guidelines

Support Services include but not limited to: Child Care while a parent/guardian receives treatment services; Skills Training – Individual and Group; and Interpretation Services.

Eligibility is granted for the duration of support services, unless the client becomes ineligible (their income is over 200% of federal poverty guidelines or they move outside of Multnomah County).

*Residence in Multnomah County is not required for Dependent Child Room and Board in a SUD Residential Treatment Facility while a parent/guardian undergoes treatment in the facility. Members who reside outside of Multnomah County, are receiving SUD Residential Treatment at a facility located in Multnomah County, and have full-time custody or need reunification with dependent child(ren) are eligible for Child Room and Board through Multnomah Other. All other Recovery Support Services require the member be a Multnomah County resident.

Enrolling a Member

To enroll a member into Multnomah Other, verify that they are not already an active Multnomah Other member and that they meet the eligibility criteria above. Multnomah Other eligibility can be verified in CIM.

If a member has not been assigned eligibility in CIM, complete a new client request form. The [Multnomah County Addiction Services: New Client Request form](#) can be found at: <https://goo.gl/forms/sQ6vmmHFrgHxwv4X2>

A link is also found on the AD Provider website: <https://multco.us/mhas/addiction-provider-resources>

The following information is required to complete the new client request form:

- Submitter contact information
- Program Type (e.g. Adult Outpatient, Residential, etc.)
- Enrollment Date
- Member's Legal Name
- Member Date of Birth
- Member's Legal Gender (M/F)
- Agency MOTS Provider Number
- Member's MOTS Client Case Number
- Member's Address
- Member Race and Ethnicity

Please note: the submitter should have access to Multnomah Other members in CIM. If the submitter does not have access to Multnomah Other in CIM, they may not receive notification that the member was enrolled in CIM.

New member information will be submitted to PH Tech 1-2 times weekly for assignment of a member ID (AKA 'Z number') and entry into CIM. The process to enroll a member can take up to 2 weeks to complete. If the member is not in CIM 2 weeks after the submission of the new client request form, contact billing.multother@multco.us – be sure to indicate when the form was submitted.

Documenting Eligibility

Multnomah County residency: The client's physical address should be recorded in their chart as well as provided on their [Multnomah Other New Client Request](#) form. If the member is homeless, please document in their chart where they spend the majority of their nights (e.g. Laurelhurst Park, Portland Rescue Mission, etc.) and submit their address as 'Homeless' on the new client form. The member's

address should never be listed as the agency office or a treatment facility. Members who are not Multnomah County residents and receiving Child Room and Board while in a SUD Residential Treatment facility should document why the member is receiving treatment in Multnomah County (e.g. culturally specific program, needed a reasonable accommodation, etc.)

Proof of Income: At a minimum the sources and amounts of income for the member and any household members (those who share expenses or are dependents) should be maintained in the member chart. A copy of the member's proof of income (e.g. paycheck stubs, Social Security Benefits letter, etc.) should be kept in the chart. If the member has made a reasonable effort to obtain documentation but is unable to provide copies, the provider should document why the member is unable to provide documentation and the member's efforts to obtain documentation. Agencies may use either their own internal forms to document income (provided they collect all necessary data), or they may elect to use forms provided by Multnomah Other. Forms can be found on the AD Provider website: <https://multco.us/mhas/addiction-provider-resources>

Insurability: Providers are required to regularly confirm the member's insurance eligibility and benefits. Providers must make every reasonable effort to verify the member's insurance coverage and benefits, including reviewing eligibility information in the Medicaid Management Information System (MMIS): <https://www.or-medicaid.gov/PRODPORTAL/Account/Secure%20Site/tabid/63/Default.aspx>. Insurance status should be kept in the member chart, including the member's eligibility for coverage and any available benefits from health insurance (including the source and policy number). Documentation regarding how they meet insurance eligibility criteria should also be kept in the client chart:

- Underinsured (high deductibles, exceeded benefit, no in-network providers, etc.): please note the specific reasons that a member is underinsured (e.g. their deductible is 15% of their income, the distance to the closest in-network provider creates an access burden, etc.)
- Unable to obtain insurance
- Medicare coverage: please note in which parts of Medicare the member is enrolled (e.g. Part B)

If the provider has made every reasonable effort to obtain documentation but is unable, the provider should document why and the efforts to obtain documentation.

Agencies may use either their own internal forms to document insurance status (as long as they collect all necessary data), or they may elect to use forms provided by Multnomah Other. Forms can be found on the AD Provider website: <https://multco.us/mhas/addiction-provider-resources>

Continued Eligibility (Every 60 Days)

If a member continues to need Multnomah Other funding for **treatment services** after the initial 60 day period, their eligibility must be recertified at every 60 day interval. Complete the re-certification section of the *Eligibility for Indigent Services Funding* form found on the AD Provider website (<https://multco.us/mhas/addiction-provider-resources>). Providers may choose to use Agency provided forms as long as those forms contain all of the information listed on the re-certification section of the *Eligibility for Indigent Services Funding* form.

A copy of the form(s) must be kept in the patient chart AND attached to the authorization in CIM. Please note that failure to attach the form to the authorization in CIM may result in the repayment of claims linked to the authorization. A client signature is **not** required to attach the form to the authorization in CIM; if a client signature is unavailable, document how the information was obtained and why the client was unavailable for signature. For example, client verbally confirmed information on the phone and was

seen at a different location or client was unavailable but the client's case manager confirmed their income.

Providers should make every reasonable effort to verify the member has attempted to obtain insurance, verify that the member continues to meet income, and resides in Multnomah County. In the rare case that a provider is unable to obtain verification but believes the member continues to meet eligibility the provider may attach documentation detailing all the attempts to gather this information in place of the form. Please note that if the documentation reflects a minimal attempt to collect the information this may result in the reversal of any approved claims linked to the authorization.

Members only receiving **recovery support services** (their treatment services are funded through another carrier) do not need to complete the re-certification section of the *Eligibility for Indigent Services Funding* form. Best practice is to confirm the member's income level and county of residence at regular intervals to determine that the member remains eligible.

Provider Transfer or Break In Treatment

Eligibility is verified every 60 days for members receiving treatment services. If a member transfers providers, the new provider must re-certify eligibility at the end of the period (the form should be attached to the new authorization for the new provider). The provider may substitute intake forms that document eligibility instead of the re-certification section of the *Eligibility for Indigent Services Funding* form if desired.

If a member has a break in service for less than 60 days, this will be considered the same episode. The member must re-verify eligibility and complete the re-certification section of the *Eligibility for Indigent Services Funding* form and attach it to the new authorization and the client chart.

If a member has a break in service for more than 60 days, this will be considered a different episode of treatment. Any CIM authorizations effective 60 days after their return date should have the re-certification section of the *Eligibility for Indigent Services Funding* form attached, as well as in the client chart.

Questions? Technical Assistance?

Regarding whether a client meets eligibility criteria or regarding extenuating circumstances: Assigned Program Staff – zach.brooks@multco.us, tiffany.v.kingery@multco.us, or lindsay.stover@multco.us

Regarding status of a specific client's enrollment into Mult Other: billing.multother@multco.us