

Instructions for Obtaining an OHP Single Case Agreement

Please note: The instructions below were created by individual LPCs in Oregon, based on our own experience applying for and receiving single case agreements with OHP and **should not be considered official statements, instructions or rules from the Oregon Health Authority.**

Step 1: Get a Medicaid (DMAP) Number:

You must have a Medicaid/DMAP number to be able to receive payments from OHP agencies. If you already have a Medicaid/DMAP number, you may skip to Step 2 (next page).

The forms and instructions below are for the following licensures:

LPCs, LMFTs, registered interns and LCSWs:

FORMS TO COMPLETE:

Be sure to download the form and save it BEFORE you complete it (otherwise you may lose any information you add). Then, open it, fill it out, save it again and print it.

- [MSC 3970](#): EDMS Coversheet
- [OHA 3972](#): Provider Enrollment Request
 - ★ *The effective date for enrollment should be the date you began treatment with the OHP-insured client.*
- [OHA 3974](#): Disclosure Statement of Ownership and Control Interest
- [OHA 3975](#): Provider Enrollment Agreement
- [OHP 3114](#): Provider Enrollment Attachment
 - ★ *If you are employed by a clinic, group or other facility that bills on your behalf, you do not need to complete the Provider Enrollment Attachment (OHP 3114) above. Instead, complete the **Non-Payable Provider Form** ([OHP 3113](#)) only.*

DOCUMENTATION NEEDED:

- Copy of current LPC or LMFT license
- Social Security Card and/or W-9
- Liability Insurance Certificate

FAX FORMS AND DOCUMENTATION:

- Using the checklist above, fax all forms and documentation to:
503-378-3074 (Salem)

For further information or questions go to the [OHA Provider Enrolment Page](#) or call 1-800-336-6016

Step 2: Obtaining a Single Case Agreement:

After you have completed Step 1 above (or if you already have a Medicaid/DMAP number), follow the instructions below for requesting a single case agreement.

- You may fax the single case agreement documents *and* the DMAP number request documents at the same time, but ***you will not be able to bill for services until you receive a DMAP number.***
- It typically takes several weeks to receive a DMAP number.
- ***Once you have your DMAP number, you can back bill*** to whatever *effective date for enrollment* you listed on the *Provider Enrollment Request* (OHA 3972).

SINGLE CASE AGREEMENT FORM:

[Mental Health Treatment Authorization Form](#)

Use the instructions below to help you complete the above form.

FOR AN ESTABLISHED CLIENT WHO IS NEWLY INSURED THROUGH OHP:

- If this is a client you've already been treating and you wish to continue care with this client under a single case agreement with OHP: Check "**Initial Authorization Request**"
- If you have already submitted a single case agreement form for the initial assessment (below) and you are now accepting the client into your practice: Check "**Continued Stay Request.**"
- A Full Assessment and Treatment plan must be faxed with the single case agreement form.

FOR AN INITIAL ASSESSMENT WITH A NEW OHP INSURED CLIENT:

- If this is the first time you are meeting with the client: In the "**brief clinical reason for the request**" field (page 2), type: "**Assessment**" and a brief note about client to help explain why they are requesting treatment
- ***If this is the first time you are meeting with the client, you do NOT need to give a diagnosis or include documentation for a Full Assessment and Treatment Plan on your initial single case agreement form.***
- You may use up to 3 appointments to complete the initial assessment, diagnosis and treatment plan.
- When the assessment is completed and you have accepted the client into your practice, you will ***then*** need to complete and submit a second *single case agreement form* for a "continued stay request." At that time, you must determine a diagnosis and include the full assessment and treatment plan documentation with your form (see above: "for an established client...).

HOW TO DESIGNATE THE LEVEL OF CARE:

- Use the forms below to help you determine the LOC for your client, but ***DO NOT SUBMIT THESE FORMS WITH YOUR SINGLE CASE AGREEMENT REQUEST***
 - ★ [LOC Form for Adults](#)
 - ★ [LOC form for Children](#)

FAX THE COMPLETED FORM AND DOCUMENTATION:

- Fax to: **503-416-3713**
- 14 day response time
- Response will be faxed

OHP ASSESSMENT TIPS:

- Must include evidence for the diagnosis (i.e., client meets criteria for PTSD due to the following symptoms...)
- Must include the exact time the assessment began and ended
- Must include a mental status exam
- Assessment tools are very helpful in documenting medical necessity: PHQ-9, Beck Depression/Anxiety Scales, Promis Scales

OHP TREATMENT PLAN TIPS:

- Goals must be measurable
- The treatment plan must be signed by the client

OHP INDIVIDUAL SESSION NOTE TIPS:

- Must include the exact time the session started and ended.
- Must be signed by the therapist.
- Must refer to the treatment plan goals wherever possible.
- Must check in on safety and any changes in medication.

Additional Notes:

- Single case agreements are fee for service (paid per session, not case rate)
- You will typically be given a total dollar figure and a year-long authorization for each single case agreement.
- If you need to go beyond one year with the client, you must update your treatment plan and include all of your individual session notes when you resubmit the single case agreement form.
- Couples therapy is not authorized.
- Click here for the [Full Metro Area Manual for Behavioral Health](#)
- Click here to access the appropriate [OHP Provider Web Portal](#).
- Click here for [Instructions to Verify Fee For Service Eligibility](#) on the OHP Provider Web Portal.
- Click here for [OHP Fee for Service Rates](#)

Questions? Call Care Oregon 503-416-4100