

## Instructions for completing MED Case Consultations

All MED communications should be sent to the official policy email box in Outlook [Med.SPD@odhsoha.oregon.gov](mailto:Med.SPD@odhsoha.oregon.gov)

### **MED Case Consult**

Local office staff and/or case managers request a case consult directly with MED policy. Cases appropriate for consult include:

- The individual is currently hospitalized and supporting documentation/medical records are available.
- The individual has Adult Protective Services (APS) involvement.
- The individual is currently on APD services and supporting documentation/medical records are available.
- The individual is applying for services and has provided supporting documentation /medical records.

**If supporting documentation is not available, full MED referral packet is required.**

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Specify “URGENT” for hospital or APS involved cases. Include the following information:

- Individual’s name and prime number
- Copy of completed CA/PS
- Current care setting and desired care setting of the individual
- Summary of known case information that is not readily available in OACCESS case notes or assessment synopsis (including psychiatric conditions, medical conditions, and any behavioral health services that are already in place)
- Specify if the request is for a “short or full certification”
- Provide supporting documentation from medical and/or behavioral health providers

The MED policy analyst will review the completed CA/PS assessment and supporting documentation and determine if the applicant meets [Oregon Administrative Rule \(OAR\) 411-015-0015\(5\)](#) or if additional documentation and/or a full Maximus MED referral packet would be necessary.

If the applicant needs assistance and support in obtaining documentation for MED review, please refer to the release of information (MSC 3010) on staff tools which lists the local office as recipient. Local office staff should the documentation with the case

consult request. OAR 411-015-0015(5)(c) requires the applicant provide supporting documentation.