

## Instructions for Completing Referrals to MED for Maximus Review

Please scan and email to: MED (in Outlook) [Med.SPD@odhsoha.oregon.gov](mailto:Med.SPD@odhsoha.oregon.gov)

Please use “#secure# MED Referral” in the subject line or use your offices secure email programs with MED Referral in the subject line.

1. MED Referral Form. **All sections must be completed** (please note that Maximus cannot access Oregon systems).

Instructions for completing the form:

**Demographics** – essential to complete in its entirety to assist Maximus in reaching out for the required interview.

**Contacts** – list who is actively working with the individual, especially if there is a representative or guardian AND guardianship paperwork must be included with the referral.

**Documentation/Records** – list the providers documentation included with referral or the providers record requests that have already been initiated (the primary delay in the MED process is the lack of records; staff should be diligent in efforts to obtain documentation and/or releases of information and communicate with applicants the requirement to provide records).

**Case Summary** – provide context about any current or past coordination with mental health; explain why the referral is being initiated; list any records that are pending or why records have not yet been requested. Consider inserting the assessment synopsis and any narratives which describe care needs.

2. **Signed release** of information (MSC 3010s) with applicant initial allowing sharing of medical/mental health information **between APD/AAA and Maximus.**
  3. **Signed releases** of information (MSC 3010s) with applicant initials allowing sharing of medical/mental health information between Maximus and **all**
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**providers** that the applicant identifies. *\* If the applicant has a legal guardian, please attach the guardianship paperwork with the releases.*

Instructions for completing 3010s:

A release of information must be **SIGNED, and the** protected health information (**PHI**) **section INITIALED** by the individual applying for services or by the legal representative/guardian (paperwork must accompany the release). The ROI's must accompany the MED referral to allow the sharing of records and PHI between the applicant, their local office, medical and behavioral health providers, and APD/Maximus. The first release authorizes the local office to share documents directly with Maximus.

The additional releases authorize the identified providers, with current or relevant records, to share directly with Maximus. MED staff tools page offers pre-filled 3010 authorization forms for ease of access. Information on proper completion of the MSC 3010 form can be found in APD-IM-19-104. **Please only use the pre-filled 3010s to Maximus for MED reviews. Any other requests for provider information from CMs must use the address of the local office as Maximus will be charged for records.**

**Due to the time it takes to receive medical records from providers, it is recommended that case managers fax ROIs to providers as soon as they are received.**

4. A **copy of the CA/PS** Assessment Summary Form - 002n must be completed within three months of the MED request.
5. **All medical/mental health records** in our possession. If no medical/mental health records are available or requested, please provide an explanation in the Summary section of the referral explaining why records are not available or able to be requested.

Please inform the applicant of the required review with Maximus. MED will forward a Maximus acceptance letter at which time you will inform the applicant that Maximus will contact them directly for an interview.