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| **Medicaid Division**  Behavior Rehabilitation Services (BRS) program | **A picture containing water mill, wheel  Description automatically generated** |
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Behavior Rehabilitation Services Prior Authorization Request Form   
for Leveraged Entities

**Oregon Youth Authority, Oregon Department of Human Services (ODHS) Child Welfare, and Oregon counties contracted with Oregon Health Authority (OHA):** Use this document to request OHA authorization for Behavior Rehabilitation Services (BRS).

OHA will only process complete, reviewable requests. If OHA needs more information to process the request, the processing time will begin the first business day that information is received.

# Request information

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| Date of request: | Requester’s name: |
| Requester’s phone number: | Requester’s email address: |
| Leveraged entity: | If county entity: |
| Type of request:  Standard  Retroactive (for immediate BRS placement; requires preliminary approval) | |
| Type of BRS requested (check all that apply):  All  Shelter care: Proctor or residential  Assessment and evaluation: Proctor or residential  Community step-down or independent living  Community step-down or independent living (enhanced)  Proctor  Proctor (enhanced)  Residential: Basic  Residential: Intensive or short-term stabilization  Intensive behavioral support | |

# Admission and service dates

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| **For standard requests:**  Anticipated date of admission: | Placement date required by ORS 419C.453: |
| **For retroactive requests:**  Date of admission: | Date services began: |

# Parent or legal guardian information

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| Name: | Mailing address: |

# Child’s information: *If child does not have a Medicaid ID, please list proof of Medicaid eligibility in the Notes section of this form.*

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| Legal first name: | Legal middle name: | | Legal last name: |
| Mailing address: | | Date of birth: | |
| Oregon Medicaid ID: | | ID through requesting entity: | |

# Supporting diagnosis: *If you cannot find relevant diagnosis codes in the supporting documentation, submit a Request for Diagnosis Code Assistance.*

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| ICD-10 diagnosis code(s) from medical professional records that support the medical need for BRS as described in Oregon Administrative Rule [410-170-0040](https://secure.sos.state.or.us/oard/view.action?ruleNumber=410-170-0040)(3): |

# Supporting documentation *(check all that apply; attach to request)*

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| **Only include records that supports the medical necessity and medical appropriateness of BRS as defined in OARs 410-120-0000(190)(191) and 410-170-0040(3).** Sending unrelated records could delay the processing time. Documentation should be within the last year, but older documentation is acceptable if it supports medical necessity and medical appropriateness. | |
|  | Agency/county case notes |
|  | Current treatment plan |
|  | Juvenile Crime Prevention Risk Assessment |
|  | Legal records |
|  | Medical records from parent/guardian, primary care physician, coordinated care organization, other insurance provider or other medical professionals |
|  | Mental health assessment |
|  | Psychological evaluation |
|  | Risk needs assessment |
|  | Safety and crisis plan |
|  | Substance use disorder assessment |
|  | Other *(please describe)*: |

# Notes

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| Include any pertinent information about the youth not found in the attached documentation or other sections of this form, such as:   * Alternate contact information * Clarifications to conflicting or missing information * Anticipated discharge date from current placement * Need for forms in other languages or formats * Staff observations that support the medical need for BRS |