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| **Health Systems Division**Medicaid Programs | **A picture containing water mill, wheel  Description automatically generated** |
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Request for Continued Authorization of Behavior Rehabilitation Services

**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 continued OHA authorization for Behavior Rehabilitation Services (BRS).

* Submit this request at least 30 days prior to the end of the current authorization.
* OHA will only process complete, reviewable requests. If OHA needs more information, the processing time will begin the first business day information is received.
* All fields are required.

All requests for continued authorization must include:

* The child’s most recent BRS service plan and
* 30 days of service notes from the current BRS provider.

If the child has been in care for less than 30 days submit all service notes since admission, and any other supporting documentation.

# 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: |

# Service information

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| Type of BRS child is currently receiving: | Admission date:      |
| Current authorization end date:      | Anticipated discharge date:      |
| Provider’s legal name:      | Oregon Medicaid provider ID:      |

# 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 codes 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):       |

# Minimum required documentation *(attach to this request)*

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| [ ]  All BRS service notes from the last 30 days as described in OAR [410-170-0080](https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=272983)(5) **and**[ ]  Current BRS service plan |

# Other supporting documentation *(check all that apply; attach to this request)*

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| **Only include records not already provided above or in previous requests that support the medical necessity and medical appropriateness of continued BRS as** **defined in OARs** [**410-120-0000**](https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=316675)**(190)(191) and** [**410-170-0040**](https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=274928)**(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 |
| [ ]  | BRS Assessment and Evaluation Report |
| [ ]  | BRS Initial Service Plan |
| [ ]  | BRS Initial Master Service Plan |
| [ ]  | 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

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