Residential Rate Review Committee Intensive Service Request Instructions

This document provides guidance for providers to determine when to:

* Request intensive services through the Rate Review Committee or
* Request reassessment by Oregon’s IQA (Comagine Health).

# Overview

## What are intensive service requests?

If an individual has needs not captured by the Level of Service Inventory (LSI) that require continual intervention to ensure the health and safety of the individual and others, providers may submit a request for intensive services to the Rate Review Committee (RRC).

Examples may include, but are not limited to:

* Supervision needs (e.g., for assaultive, destructive and/or sexual behavior) that exceed what the LSI has determined necessary to maintain community safety.
* Communication deficits that require substantial intervention to help the individual express themselves or understand communications.
* Clinical documented patterns of psychiatric and/or behavioral deterioration without the intensive supports proposed.
* Medical needs that exceed what the LSI has determined necessary to maintain health and safety.

The RRC **does not** overturn specific LSI scores. The RRC reviews intensive service requests for additional funds to meet the health and safety goals that exceed what the LSI has calculated. It is the provider’s responsibility to:

* Use the additional funds to implement the strategies identified to keep the individual safe and document those strategies as described in Oregon Administrative Rule (OAR) [410-172-0620](https://secure.sos.state.or.us/oard/view.action?ruleNumber=410-172-0620) and either OAR [Chapter 309 Division 35](https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1029) or OAR [Chapter 309 Division 40](https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1034).

## What types of intensive service requests are there?

Providers may request additional supervision resources for individuals residing in licensed mental health residential settings.

## When can I submit an intensive service request?

Intensive service requests must be submitted **after** exhausting all appropriate reassessments or LSI scoring appeals with the IQA.

[OAR 410-173-0020](https://secure.sos.state.or.us/oard/view.action?ruleNumber=410-172-0020) describes when providers should contact the IQA to request a reassessment based on changes in mental functioning:

* Annually (every 365 days).
* When the individual or their legal representative requests reassessment.
* When the individual’s needs or circumstances have changed significantly.

Providers may also appeal any assessment performed by the IQA. Appeals must:

* Be facilitated by providers within 10 business days of receiving the initial assessment.
* Be submitted directly to the IQA.
* Include additional documentation that fully supports the extent of the services for which an exceptional rate has been requested, as outlined in OAR [410-172-0620](https://secure.sos.state.or.us/oard/view.action?ruleNumber=410-172-0620).

# Submission and Review

## How do I submit a request?

Securely submit all required documentation to HSD.RateReviewCommittee@oha.oregon.gov. Please do not include instructions. To ensure timely reviews, the RRC requires the following documentation to be submitted completely and accurately:

* A *Rate Review Committee: Intensive Services Request Form*
* The most current LSI and LOCUS from the IQA with applicable appeal documentation
* Current Person-Centered Service Plan from the IQA
* Current mental health assessment and treatment plan (both dated within the last year)
* Current history and physical (within the last year)
* Clinical/progress notes (within that last 6-12 months)
* All incident reports (within the last year)
* Needs synopsis completed by the provider and community mental health program
* Other consumer related documents that support the RRC request

## How do I document the need for an Intensive Service Request?

The following OARs provide guidance to the documentation requirements all providers must meet when rendering services to behavioral health consumers in their residential settings:

* OAR Chapter 410, Division 172 for Medicaid Payment for Behavioral Health Services.
* OAR Chapter 410, Division 173 for 1915(i) Home and Community Based Services State Plan Option.
* OAR Chapter 309, Division 35 for Residential Treatment Facilities (RTFs) and Residential Treatment Homes (RTHs) for Adults with Mental Health Disorders.
* OAR Chapter 309, Division 40 for Adult Foster Homes (AFHs).

It is strongly advised that providers understand and follow these OARs to ensure requests submitted to the RRC meet the required documentation standards. These standards also apply to Aging and People with Disabilities (APD) and Intellectual and Developmentally Disabled (I/DD) services providers that render residential services to behavioral health consumers at their facilities.

## When will I hear back from the RRC once I submit a request?

The RRC reviews each request with a variety of Oregon Health Authority (OHA) staff, including licensed clinicians, fiscal analysts, Medicaid and behavioral health policy analysts, and contract administrators.

* The RRC reviews all requests at the next scheduled RRC meeting for RRC recommendation. RRC meetings are generally held weekly.
* If additional information is required, the RRC will follow up with you. Once the additional information is received, it will be reviewed at the next scheduled RRC meeting.
* The RRC will forward its recommendation to OHA Budget and leadership for approval.
* If approved, OHA will direct the IQA to make applicable rate adjustments.
* If denied, the RRC will notify the provider in writing.
* If additional information is required, this may delay the RRC recommendation.

## What if I disagree with the determination?

* AFHs: Refer to grievance procedures described in the Collective Bargaining Agreement.
* RTHs and RTFs: Refer to provider appeals described in OAR [410-120-1560](https://secure.sos.state.or.us/oard/view.action?ruleNumber=410-120-1560).

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| HEALTH SYSTEMS DIVISIONMedicaid and Behavioral Health Programs |
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Rate Review Committee: Intensive Services Request Form

Please submit all required documentation[[1]](#footnote-2) with this form or your request may be delayed or denied.

# General information

|  |  |
| --- | --- |
| Date of submission to RRC:      | Contact name & title:      |
| Request start date:      | Contact email:      |
| Request end date:      | Contact phone number:       |

# Provider information

|  |  |
| --- | --- |
| County:      | Provider Medicaid ID:      |
| Program name:      | Type:      |

# Individual information

|  |
| --- |
| Client Name:       |
| Oregon Medicaid ID *(if individual has Medicaid)*:      | Date of birth:       |
| Current location: *(e.g.: Name of hospital if hospitalized, name of residence if in AFH/residential, etc.)*       | Currently being transferred/discharged? **[ ]** Yes **[ ]** No If so, where to?       |
| Pending referrals for placement? **[ ]** Yes **[ ]** No If so, where to?       |

# Please answer the following questions:

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| --- | --- |
| Type of service being requested: *(e.g.: 1:1 for BH/ADL needs)*       | How many hours & length of period? *(e.g.: hours days per week, weeks/months)*       |
| List of all services/program’s client is enrolled in that is related to the service being requested: (e.g.: CHOICE, Aid and assist, APD, has guardianship, etc.)       |
| Thoroughly describe the events leading to the intensive services request, include dates and reassessment.      |
| Have there been any appeal activities with Oregon’s Independent and Qualified Agent (IQA)? If so, when and what was the outcome? *(Include copies of documents if applicable - if documents are not available, please explain why.)*       |
| Describe the intensive care services that exceed the standardized tier rate.      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Provide an overview of the treatment plan, timeline, expected intermediate progress and expected outcomes.      |
| What alternatives have you tried and/or considered?       |

1. The most current LSI and LOCUS from the IQA with applicable appeal documentation

Current Person-Centered Service Plan from the IQA

Current mental health assessment and treatment plan (both dated within the last year)

Current history and physical (within the last year)

Clinical/progress notes (within the last 6-12 months)

All incident reports (within the last year)

Provider and CMHP needs synopsis

Other consumer related documents that support the RRC request [↑](#footnote-ref-2)