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interRAI Assessment Provider Process Guide

At the direction of Oregon Health Authority (OHA), the Independent and Qualified Agent (IQA), Comagine Health, performs functional needs assessments for:

- Adults 21 years of age or older who are referred for 1915(i) HCBS who are:
  - Experiencing a Serious Mental Illness (SMI), Serious and Persistent Mental Illness (SPMI) or Chronic Mental Illness (CMI) that impacts their Instrumental Activities of Daily Living (IADL) and Activities of Daily Living (ADL), and
  - Living in an Adult Foster Home (AFH), residential treatment home or facility, their own home or family home, or Young Adults in Transition (YAT) home.
- Individuals residing in Secure Residential Treatment Facilities (SRTF).

This guide explains the assessment process.

Purpose

The functional needs assessment:

- Determines whether the individual meets functional needs service eligibility criteria for 1915(i) HCBS.
- Identifies potential service needs.
- Informs person-centered service planning discussions.
- Identifies the rate OHA will pay to residential service providers.

Assessment tools

interRAI Community Mental Health (CMH)

Starting July 31, 2026, the IQA will use the interRAI CMH instrument for:

- Adults 21 and over with SMI, SPMI or CMI who are referred for 1915(i) HCBS; and
- Individuals needing placement in a Secure Residential Treatment Facility (SRTF).

Assessors will use the interRAI CMH assessment to identify:

- **Cognitive functioning:** How well an individual's brain helps them think, learn, remember, solve problems, and pay attention.
- **Adaptive skills and daily functioning:** The everyday skills an individual needs to take care of themselves, such as getting dressed, making meals, taking medication, etc.
- **Mental health symptoms:** The thoughts, feelings, or behaviors that show an individual may need support with their emotional or mental well-being.
- **Medical conditions:** Health problems or illnesses that affect how an individual's body or mind works.
- **Support needs:** The help an individual needs to stay safe, healthy, and able to do daily activities.

To support person-centered service planning, the interRAI system generates Collaborative Action Plans (CAPs). CAPs provide evidence-based guidance in key areas, such as:

- **Safety:** Being protected from harm or danger. It means an individual is in a place or situation where they are not likely to get hurt.
- **Economic issues:** Problems or challenges related to money, jobs, and the cost of things people need.
- **Autonomy:** Being able to make an individual's own choices and control their own actions without others deciding everything for them.
- **Social life:** The time an individual spends with friends, family, and other people, and how they connect and interact with them.
- **Health promotion:** Activities that help an individual stay healthy, such as eating well, exercising, or learning how to prevent illness**.**

CAPs help identify concerns, areas for potential growth or goals and connect assessment results to service planning and interventions.

Regular reassessment helps the team monitor progress, identify changes, and update the service plan accordingly.

Level of Service Inventory (LSI)

The IQA will continue to use the LSI for individuals, younger than 21 years of age, residing in YAT homes.

Assessment process

Submitting referrals

Use the **updated CH-006 form** with the updated **CH-006 Form Instructions** to submit referrals.

The **Comagine Health Provider Portal** **(CHPP)** must be used for referrals from:

- Residential Treatment Facilities
  - Residential Treatment Homes
  - Secure Residential Treatment Facilities
  - Community Mental Health Programs
  - Young Adults in Transition (YAT) Facilities

Other providers may submit referrals utilizing **CHPP**, email or fax:

  - Fax: 877-575-8309
- Email: ORBHSupport@comagine.org

Conducting the assessment

Upon receiving the referral, the IQA:

- Gathers documentation and connects with the individual and/or referral source.
- Conducts pre-eligibility check and documentation review.
- Schedules the face-to-face assessment using the method (in-person or telehealth), times, and location convenient for the individual.
- Conducts the interviews and scores the assessment.

Assessment results

The IQA will share the Person-Centered Service Plan (PCSP) that is developed as a result of the interRAI assessment via the CHPP or email for providers to view, download, and sign off on the results.

Next steps

For completed assessments, the IQA will:

- Hold a service authorization and person-centered service planning discussion with the individual's care team.
- Share the person-centered service planning documents and gather appropriate signatures within 30 days of the date of assessment.
- Coordinate service authorizations and enter them in Medicaid Management Information System (MMIS).
- Conduct check-ins and progress notes on a quarterly basis, or more often if required.

10-day reconsideration period

Upon receiving the assessment results, providers have 10 business days to request a reconsideration of the assessment.

To request reconsideration:

- For providers required to use the CHPP, securely submit a Reconsideration Request Form with a web note and supporting documentation to Comagine Health.
- Other providers may securely submit a Reconsideration Request Form with supporting documentation to Comagine Health via CHPP, email, or fax at:
  - Fax: 877-575-8309
  - Email: ORBHSupport@comagine.org

Annual reassessment and PCSP update

Providers submit an updated referral packet **60 days before** the individual's person-centered service plans ends.

For 1915(i) HCBS, the IQA must assess eligibility at least once a year. The IQA may conduct assessments earlier at the request of the individual or upon a change of condition reported by the provider.

Residential rates

Young Adults in Transition (YAT)

The LSI will continue to determine rates for individuals younger than 21 residing in YAT settings as described in Oregon Administrative Rule 410-172-0705(11).

Adult Foster Homes (AFH), Residential Treatment Homes (RTH), Residential Treatment Facilities (RTF), and Secure Residential Treatment Facilities (SRTF).

OHA determines the rate by the highest tier achieved across six interRAI scales:

1) Aggressive Behavior Scale: 0 to 12
2) ADL Hierarchy: 0 to 6
3) Cognitive Performance Scale: 0 to 6
4) Instrumental Hierarchy: 0 to 6
5) Risk of Harm to Others: 0 to 6
6) Self-Care Index: 0 to 6

Aggressive behavior, risk of harm to others, and physical support needs were weighted due to the higher staffing costs associated with serving individuals with more intense needs in these areas.

Table 1: RTH/RTF score thresholds

interRAI Scale Name	Tier 2	Tier 3	Tier 4	Tier 5
Aggressive Behavior Scale	0	1 to 2	3 to 4	5 to 12
ADL Hierarchy	0 to 1	2 to 3	4	5 to 6
Cognitive Performance Scale	0 to 1	2 to 3	4 to 5	6
Instrumental Hierarchy	0 to 2	3 to 5	6	-
Risk of Harm to Others	0	1 to 2	3 to 4	5 to 6
Self-Care Index	0 to 2	3 to 5	6	-

Table 2: SRTF score thresholds

interRAI Scale Name	Tier 2	Tier 3	Tier 4
Aggressive Behavior Scale	0	1 to ~~4~~	5 to 12
ADL Hierarchy	0 to 1	2 to 3	4 to 6
Cognitive Performance Scale	0 to 1	2 to 4	5 to 6
Instrumental Hierarchy	0 to 2	3 to 5	6

interRAI Scale Name	Tier 2	Tier 3	Tier 4
Risk of Harm to Others	0	1 to 4	5 to 12
Self-Care Index	0 to 1	2 to 3	4 to 6

Table 3: AFH base tier score thresholds

interRAI Scale Name	Tier 1	Tier 2	Tier 3
Aggressive Behavior Scale	0	1 to 4	5 to 12
ADL Hierarchy	0 to 1	2 to 3	4 to 6
Cognitive Performance Scale	0 to 1	2 to 4	5 to 6
Instrumental Hierarchy	0 to 2	3 to 5	6
Risk of Harm to Others	0	1 to 3	4 to 6
Self-Care Index	0 to 2	3 to 5	6

Table 4: AFH add-on rates

Service category	Score threshold
1:1 Supervision, support, monitoring	5+ score on any of these interRAI scales: • Aggressive Behavior Scale • ADL Hierarchy • Cognitive Performance Scale • Risk of Harm to Others
Assistance with catheter	ADL Questions 5-6 on Toilet Use (manages ostomy or catheter)
Delegated nursing tasks	Answers “Yes” to whether the individual requires more than 50 percent assistance to complete an approved delegated nursing task.
Feeding	ADL Questions 5-6 on Eating (how eating and drinking)
Line of sight supervision in community	4+ score on any of these interRAI scales: • Aggressive Behavior Scale • ADL Hierarchy • Cognitive Performance Scale • Risk of Harm to Others
Mobility, transfers, or repositioning	ADL Questions 5-6 on any of these tasks: • Locomotion • Bed Mobility • Bath Transfer
Toileting, bowel or bladder care	ADL Questions 5-6 on Transfer Toilet OR ADL Questions 4-5 on Bladder Continence or Bowel Continence

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