650 NE Holladay St, Suite 1700
Portland, Oregon
Phone: 888-416-3184
Fax: 877-575-8309

Comagine Health

www.comagine.org/obhsp

Oregon Behavioral Health Support Program

Licensed Mental Health Residential Services

Form CH-008: Crisis Respite Request

To be completed by crisis respite provider

Crisis Respite is a short-term service provided to individuals outside of their residence for the purpose of providing additional intervention or support. The goal of crisis respite is to ensure safety and to prevent the need for a higher level of care.

Comagine Health will provide authorizations for Crisis Respite stays for individuals who are in residential care settings. These are fee-for-service authorizations. Please complete the following information and submit via MMIS with accompanying documentation to support the crisis respite prior authorization request. For crisis respite continued stay authorization requests, complete this form, include clinical documentation, and submit via MMIS.

Please submit PA requests via MMIS.

Please send completed requests to Comagine Health via one of the following methods:

Fax: 877-575-8309 Secure email: ORBHSupport@comagine.org Mail: Comagine Health – OBHSP
650 NE Holladay St., Suite 1700
Portland, OR 97232

Initial Authorization

- The initial 48 hours of respite does not require prior authorization. After 48 hours, **the crisis respite provider** must submit documentation to support continued stay for up to 30 days.
- Documentation to include:
    - Assessment and residential service plan shall be developed within 48 hours of admission that identifies service needs, desired outcomes, and the service strategies to be implemented to resolve the crisis or address other needs of the individual that resulted in the short-term service arrangement.
    - Complete diagnoses
    - Provide a written summary describing how the resident meets the **eligibility criteria** (see below), including supporting documentation such as Incident Reports (IRs), progress notes, police reports, and other applicable information
- All initial Crisis Respite requests require a prior authorization. Prior authorizations (PA) should be submitted through MMIS. Crisis Respite PAs are required to be submitted within 48 hours of the initiation of crisis respite.
- Comagine Health OBHSP will communicate a decision via MMIS, within three days.

Exception Requests

- *If this request is for an extension to a previously approved request, please send the completed form to Comagine Health.*
- *To request approval of respite services to be provided in the current residence, include documentation required in OAR division 309 chapter-035.*

Please complete the following information to receive authorization for crisis-respite services:

Type of Request			
Initial crisis respite request:		Initial number of days requested:	
Crisis respite extension request:		Number of additional days requested:	

Provider Information	
Agency Name:	
Agency Address:	
Program Contact:	
Email and Phone Number:	
Program Location (where services are provided):	
License Type (AFH, RTH, RTF):	

Resident Information						
Resident's name:	DOB:					
Medicaid #	CCO (if applicable):					
Date of Admission to Crisis Respite:	Civil Commitment		PSRB		Guardian	

Diagnosis (primary/secondary): list psychiatric, medical, developmental/cognitive diagnoses:

Reason for Request
Provide a written summary describing how the resident meets the **eligibility criteria (see below)**, including supporting documentation such as Incident Reports (IRs), progress notes, police reports, and other applicable information.

Transition Plan	
Date of planned transition from crisis respite:	
Transition Coordinator:	
How will the person-centered planning team determine and implement the transition plan? (Include meeting frequency and dates.)	
Where is the resident transitioning to? Address/Phone:	
List planned services, and/or referrals to be provided to resident prior to discharge from crisis respite:	

Crisis Respite Service and Documentation Requirements: Per OAR 309-035-0130, crisis respite providers must maintain clinical documentation specific to crisis respite services, including crisis respite service plans, and daily progress notes detailing progress made toward goals included in the crisis respite service plan. If crisis respite is provided in a home and community-based setting (HCBS), the provider shall also maintain documentation standards in 410-173-0045.

Eligibility: A person is eligible to receive crisis respite services when the following applies:

- The person's symptoms necessitate increased behavioral and/or medical interventions and stabilization.
- The residential provider/caregiver has documented a need for relief and support in meeting the immediate treatment and safety needs of the individual.
- Additional safety precautions are necessary to ensure the health and well-being of the person or others living in the home.

Exceptions to Policy:

Providers may provide crisis respite services to individuals in the residential setting the individual resides, when the provider has documented unsuccessful attempts to locate an alternative placement. The documentation must be attached to this request form and must include a description of the crisis respite services to be provided and how they differ from the residential services.

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