Comagine Health

Oregon Behavioral Health Support Program CH-010

Request for Oregon Behavioral Health Personal Care Attendant (BH PCA) Services

Comagine Health

Oregon Behavioral Health Support Program

Request for Oregon Behavioral Health Personal Care Attendant (BH PCA) Services

Form CH-010: BH PCA Referral

This form may be used to refer an individual for OBHSP Behavioral Health Personal Care Attendant (BH PCA) services (reference OAR 410-172-0790). To be eligible for BH PCA services, an individual must demonstrate the need for assistance from a qualified provider due to a disabling behavioral health condition. Please fill out all the fields and include documentation that might assist in determining eligibility. If you are completing this form for yourself, please complete to the best of your knowledge/ability.

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

Fax: 877-575-8309

Secure email: BHPCAsupport@comagine.org

Mail: Comagine Health – OBHSP
650 NE Holladay St., Suite 1700
Portland, OR 97232

Please include a copy of the following supporting documentation if applicable (*denotes required):

- ☐ Mental health diagnosis (any documentation that states the consumer has a mental health diagnosis)
- ☐ Any available documentation demonstrating the need for assistance with personal care services (i.e. mental health assessment, treatment plan, therapy/case manager progress notes, physician/medical doctor notes etc.)
- ☐ Legal guardianship paperwork (if applicable)*

Please acknowledge the following:

- ☐ The individual does not receive in-home care support through DD or APD programs.
- ☐ The individual does not currently live in an assisted living facility, group home, or other congregate care setting.
- ☐ The individual is capable of making their own behavioral health care decisions as defined by OAR 410-172-0600 and 410-172-0775.

☐ If the individual is not capable of doing so, an authorized representative has been identified:

Name and contact information:

Reimagining health care, together.

comagine.org

Check boxes to indicate supporting documentation that is being submitted along with this referral form (if any).

Legal Guardianship/ Power of Attorney paperwork is required if one is indicated on page 2.

Check boxes to confirm the consumer's status with regards to Aging and People with Disabilities (APD) / Developmental Disabilities (DD) services, residential care, and need for a representative.

Indicate name and contact information for the consumer's representative if one has been identified.

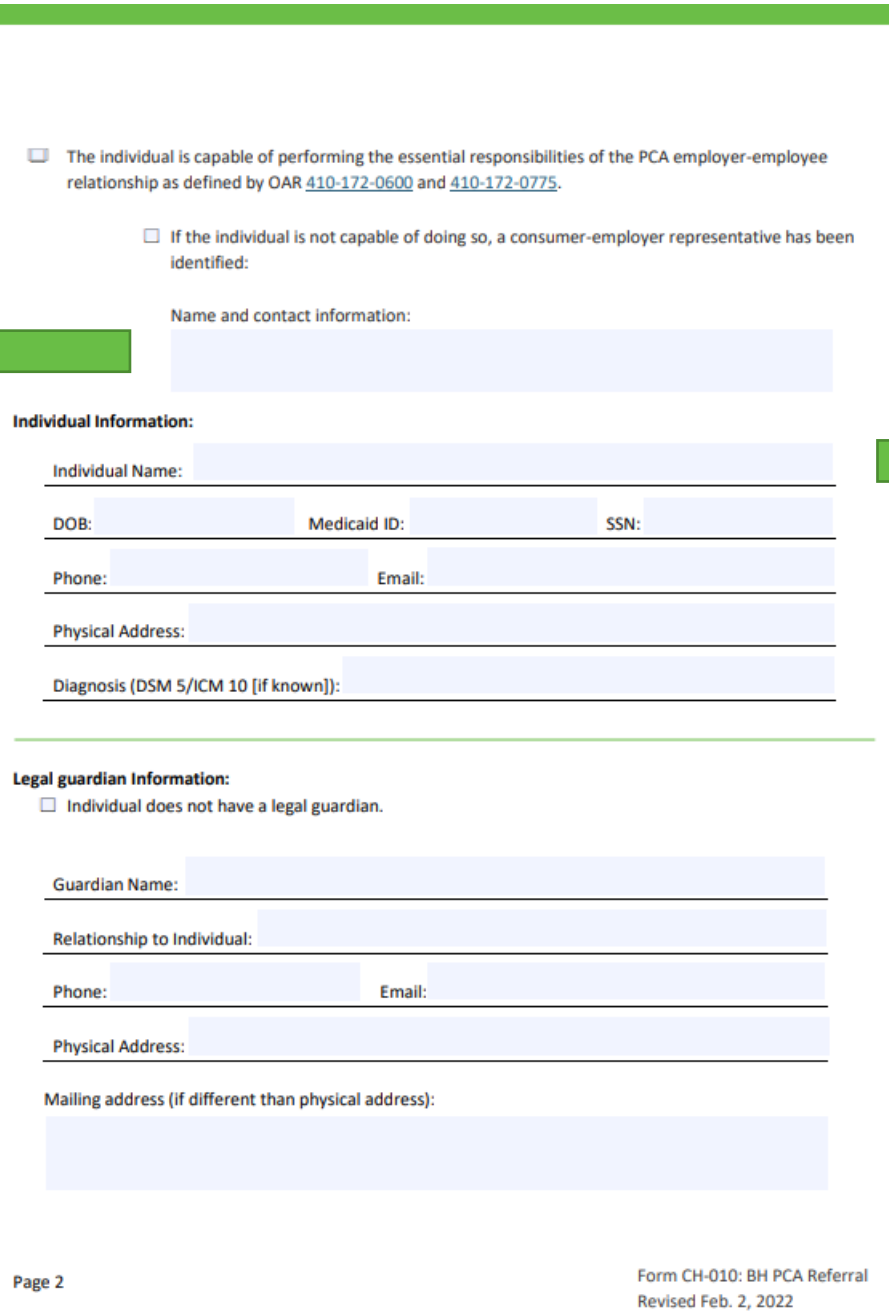
Comagine Health

Check box to confirm the consumer's status with regards to employer responsibilities.

Indicate name and contact information for their representative if one has been identified.

Legal Guardian Information

- Check box if the consumer does not have a Legal Guardian or Power of Attorney
- If the consumer does have one, please indicate the Guardian/Power of Attorney information and submit a copy of the legal guardianship paperwork with the referral.



☐ The individual is capable of performing the essential responsibilities of the PCA employer-employee relationship as defined by OAR 410-172-0600 and 410-172-0775.

☐ If the individual is not capable of doing so, a consumer-employer representative has been identified:

Name and contact information:

Individual Information:

Individual Name:

DOB: Medicaid ID: SSN:

Phone: Email:

Physical Address:

Diagnosis (DSM 5/ICM 10 [if known]):

Legal guardian Information:

☐ Individual does not have a legal guardian.

Guardian Name:

Relationship to Individual:

Phone: Email:

Physical Address:

Mailing address (if different than physical address):

Page 2

Form CH-010: BH PCA Referral
Revised Feb. 2, 2022

Consumer Information

- Consumer's first and last name, DOB, Medicaid ID, and SSN must match their Medicaid profile (Comagine Health will request a corrected form if they do not).
- Please include best phone number and email to use to reach the consumer to schedule an assessment.
- Include the physical address at which the consumer plans to meet their PCA to provide services, even if the consumer is currently houseless.
- Diagnosis or diagnosis code is not required but is useful for the assessment process. Please include it if known.

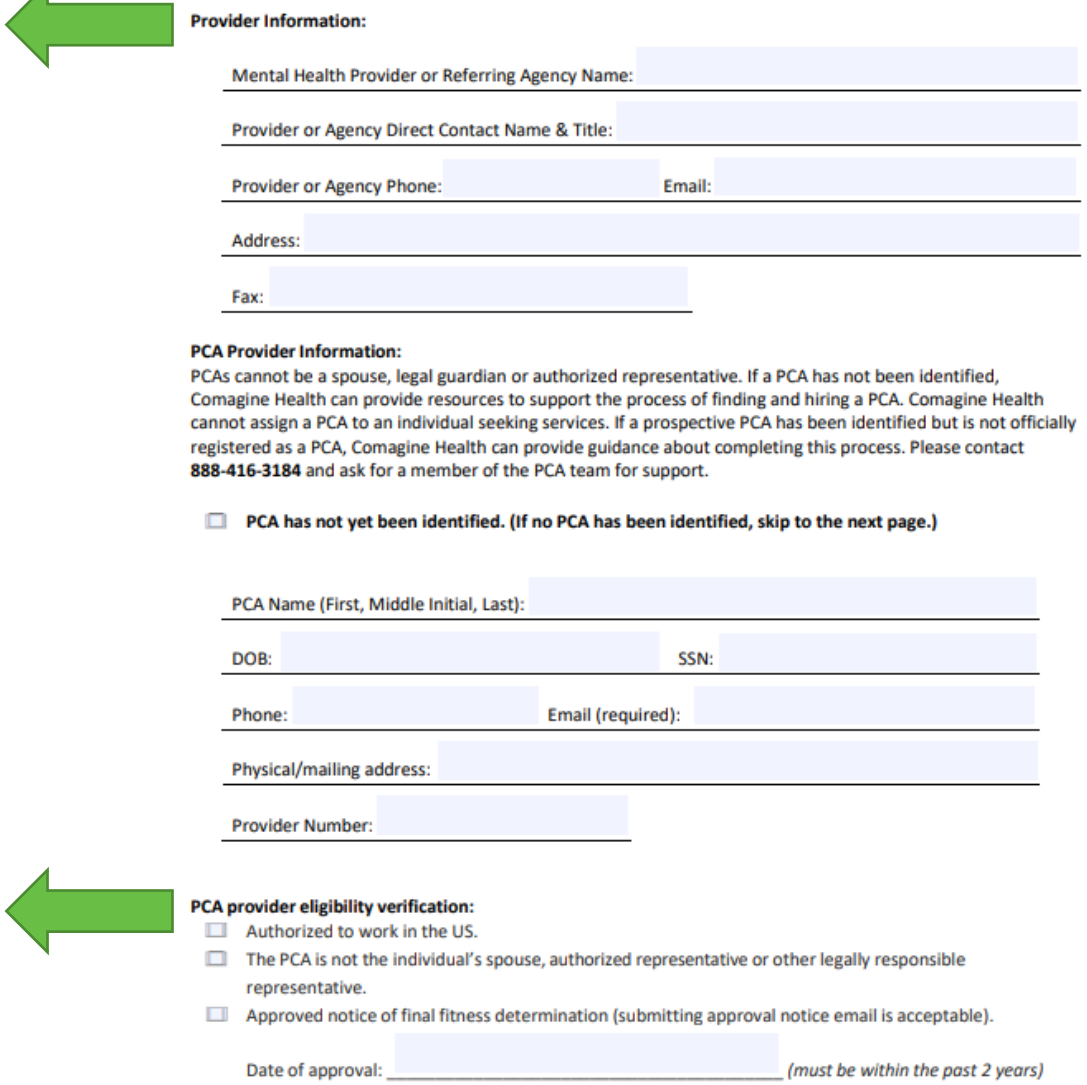
Comagine Health

Provider Information (if applicable)

- Indicate the consumer's mental health provider information so that Comagine Health can contact them if necessary.
- Please include as much information as possible.

PCA Provider Eligibility Verification

- This section can be skipped if no PCA provider has been identified yet.
- Check boxes to acknowledge the PCA provider's eligibility.
- If the final fitness determination approval date is not known, it can be left blank.



Provider Information:

Mental Health Provider or Referring Agency Name:

Provider or Agency Direct Contact Name & Title:

Provider or Agency Phone: Email:

Address:

Fax:

PCA Provider Information:

PCAs cannot be a spouse, legal guardian or authorized representative. If a PCA has not been identified, Comagine Health can provide resources to support the process of finding and hiring a PCA. Comagine Health cannot assign a PCA to an individual seeking services. If a prospective PCA has been identified but is not officially registered as a PCA, Comagine Health can provide guidance about completing this process. Please contact **888-416-3184** and ask for a member of the PCA team for support.

☐ **PCA has not yet been identified. (If no PCA has been identified, skip to the next page.)**

PCA Name (First, Middle Initial, Last):

DOB: SSN:

Phone: Email (required):

Physical/mailing address:

Provider Number:

PCA provider eligibility verification:

☐ Authorized to work in the US.

☐ The PCA is not the individual's spouse, authorized representative or other legally responsible representative.

☐ Approved notice of final fitness determination (submitting approval notice email is acceptable).

Date of approval: _____ *(must be within the past 2 years)*

Page 3

Form CH-010: BH PCA Referral
Revised Feb. 2, 2022

PCA Provider Information

- Review the information provided on who is eligible to be the consumer's PCA and how Comagine Health can assist with finding one.
- Check box if no PCA provider has been identified yet.
- If a PCA provider has been identified, please include as much information as possible.
- If the prospective PCA is not yet enrolled as a PCA provider, Provider Number can be left blank.

Comagine Health

Check box to indicate the referrer's relationship to the consumer.



This referral is being submitted by:

- ☐ The community mental health provider
- ☐ The individual
- ☐ The individual's legal guardian
- ☐ Other (please include contact information):

Reason for referral:



Describe the reason for the referral as it relates to the consumer's condition and needs.

Sign, print name and title, and print the date in the appropriate fields.



By signing below, I acknowledge that I have reviewed this application with the individual and they have consented to this referral. If this is a self-referral, by signing below, I acknowledge that I consent to these services.

Signature	Printed Name & Title/Relationship to Individual	Date

Please provide ALL information listed above to Comagine Health BH PCA Team for a timely determination of program eligibility.

Save As | Print | Clear Form

Submit the referral by fax, email, or mail using the contact information on page 1 of the form.