

Health-Related Services: Flexible Services Funding Request Instructions

Introduction

Thank you for your interest in health-related services funds. These instructions are to help you fill out the health related services flexible services request form. In order to complete your request, please make sure:

- The form is legible and all fields are filled out.
- You are submitting medical documentation with your form (e.g. chart notes, care plan, etc.).
- The form is signed.
- You are only making one request per form.

Following these steps ensures that your request can be processed as efficiently as possible. Thank you.

Health-Related Services Policy: Eligibility

To be considered for Health-Related Services Flex, the member must be enrolled in a CareOregon affiliated CCO's Oregon Health Plan for primary or secondary coverage.

Eligible Members by enrollment type:

- Health Share of Oregon - CareOregon physical health
- Health Share of Oregon - CareOregon behavioral health
- Health Share of Oregon - CareOregon dental health
- Jackson Care Connect
- Columbia Pacific CCO

Eligible Items/Services that are medical, billable, or considered DME are not eligible for Health-Related Services Flex options.

Timeline and Process

Emergent Requests: CCO Health-Related Services is not available as an emergency or crisis funding option. Any request submitted within less than one business day of the date needed will be processed on the urgent timeline described below.

Urgent Requests: All urgent requests must be submitted 2-5 business days prior to the date the requested item/service is needed. Any request submitted less than 2 business days prior, may not be reviewed by the date the item/service is needed. Our team will prioritize the following urgent requests: eviction prevention, shut off notices and hotels.

Non-Urgent Requests: All non-urgent requests must be submitted 10-14 business days prior to the date the requested item/service is needed.

Who Can Request Health-Related Services

All requests must come from someone on the team that is primarily responsible for the care plan that the request is related to.

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Examples (but not limited to these):

- Primary Care Physicians and Clinics
- Specialists
- Surgeons
- Behavioral Health Providers
- Hospital Discharge Planners
- Case Managers that are directly working with providers, and/or embedded in clinics, with access to treatment

Members, member representatives, and community-based organizations must coordinate with the care team to submit a request.

Form Completion

The form must be completed by the BH or PH care team that is responsible for treating the clinical need identified in this request. Requestor submits a completed request form with medical documentation attached. **Examples of medical documentation include a care plan, treatment plan or chart notes that address the diagnosis on the request.**

Process:

- Requestor (the team that is primarily responsible for the care plan that request is related to) submits a completed request form with medical documentation attached. Please note, an HRSF Budget worksheet may be requested at a later date. Please be prepared to complete it with your client and return to the review team. All documents can be found on the [CareOregon Provider Support page](#), under Health-related services.
- Requestor may suggest a vendor for use to fulfill the request, however please note that the vendor is not guaranteed. If there is a more appropriate or available vendor for the request, we reserve the right to select a different vendor.
- If the request is for a hotel, you may be asked to find an available hotel if the hotel initially identified is not available.
- CareOregon teams will review request for eligibility and prepare for a clinical review.
- If approved, requester and member will be notified. If CareOregon has enough information to purchase the item/arrange the service they will do so. Items will be sent to the delivery address listed on the form, so please make sure this is a safe place for delivery (this could be a member's home, provider's office or another safe place).
- If CareOregon has follow-up questions, we will contact the person or persons selected in the Requesting Party section of the form.
- If item/service requested is denied, we will notify the requester and member. While there is no appeals process, all denied requests can be re-submitted with supporting documentation and new information.

Incomplete Forms

Our team will reach out to the follow-up contact(s) for the provider with any questions or to request any missing information. Some examples of incomplete forms are, but not limited to:

- Request form does not contain enough information
- Medical documentation is not attached with request form
- Required values/fields in form are left blank
- Alternative and/or community resources have not been pursued first
- Request form is not signed by a team that is primarily responsible for the treatment need identified in the request.
- More information is needed about member's treatment plan
- Item/service requested was not adequately relevant to member's diagnosis and treatment plan
- There was not enough information provided about sustainability for member's immediate need
- The item/service has an approved OHP or CMS billing procedure code
- The member is not enrolled in Medicaid, Oregon Health Plan, or the CCO
- Incomplete requests will be denied if requested information is not supplied within 5 business days. A new request with supporting documentation will need to be submitted to be accepted.

Handwritten form submissions must be legible and clear.

Fax completed forms to: **503-416-4728**

Health Related Services voicemail line: **503-488-2808**