

# Oregon Behavioral Health Support Program CH-009

SRTF Criteria Checklist

This form is utilized to identify the criteria which must be met to substantiate an admission to a Secure Residential Treatment Facility (SRTF) for consumers currently residing at the Oregon State Hospital

Enter the consumer's information as it appears in the Medicaid Management Information System (MMIS)



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

**Comagine**  
Health  
[www.comagine.org/obhsp](http://www.comagine.org/obhsp)

**Oregon Behavioral Health Support Program**  
**Form CH-009: SRTF Criteria Checklist** (Based on OAR 410-172-0720(7))

*Please submit prior authorization 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](mailto:ORBHSupport@comagine.org)    Mail: Comagine Health – OBHSP  
650 NE Holladay St., Suite 1700  
Portland, OR 97232

Please complete this form to request an authorization for the individuals who will be transitioning to an SRTF. The Independent and Qualified Agent (IQA) will review this request and process it for the individual staying at the identified facility.

Date:

Individual's Name:

Individual's Birthdate:

Medicaid Number:

Individual's Current Living Situation:

For admission to SRTF, the following are required: 1a, 2b, and 2c.

1. Does the individual require *less than* 24 hours a day of acute hospital care and treatment?
  - a.  Yes – go to question #2
  - b.  No – **Stop, Deny**
  
2. The individual requires highly structured environmental supports and supervision 24 hours a day, 7 days a week in order to participate successfully in a program of habilitative and rehabilitative activities.
  - a.  No – **Stop, Deny**
  - b.  Yes – Attach or enter evidence, then go to Question 3
  - c. Evidence: (required)

Per [OAR 410-172-0720\(7\)](#), questions 1 and 2 must be “yes” for SRTF consideration

One of these boxes must be applicable per [OAR 410-172-0720\(7\)](#)



- 3. Due to a mental illness, and as evidenced by clinical documentation from the last 90 days, or from an OHA-approved and evidence-based risk assessment, risk is present in one of the following areas: *Need one of these: a, or b, or c; requires proof.*
  - a.  Clear intention or specific acts of bodily harm to others
  - b.  Suicidal ideation or self-injury requiring significant medical intervention
  - c.  Inability to care for basic needs that results in exacerbation or development of a significant health condition, or the individual's mental health
  - d.  Impact judgement and awareness to the degree that the individual may place themselves at risk of imminent harm
  
- 4. Due to the symptoms of a mental illness, there is significant risk that the person will not remain in a place of service for the time needed to receive the services and supports necessary to resolve the symptoms of a mental illness that pose a threat to the person's safety and well-being. (Requires Proof)
  - a.  No – Stop, Deny
  - b.  Yes – Provide evidence
  - c. Evidence (required)

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**The following situations require a Class I SRTF.**

Documentation proof is required. If documentation is present, then the SRTF admission or stay is approved.

- 1. The individual is under an involuntary medication order.  
*Proof: A current involuntary medication order.  
Reference to the order in chart notes is NOT adequate proof.*

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- 2. The individual has orders for seclusion and/or restraints, if needed.  
*Proof: A current order for seclusion and/or restraint.  
Reference to the order in chart notes is NOT adequate proof.*

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Save as    Print    Clear form

The following section is only required when referring to a Class I SRTF



Documentation of a current seclusion and/or restraint order is required



Documentation of a current involuntary medication order is required



**Once the form is complete, please  
submit by email, fax, or mail.**

**Email: [ORBHSupport@comagine.org](mailto:ORBHSupport@comagine.org)**

**Fax: 877-575-8309**

**Mail: 650 NE Holladay St. Suite 1700, Portland, OR 97232**