



# Mid-Valley Behavioral Care Network

1660 Oak Street SE, Suite 230 ▪ Salem, Oregon ▪ 97301  
PHONE: (503) 361-2647 ▪ FAX: (503) 585-4989 ▪ [www.mvbcn.org](http://www.mvbcn.org)

## **AUTHORIZATION PROCESS FOR MVBCN MEMBERS PLACED IN BRS PROGRAMS OUTSIDE OF OUR REGION**

*Updated: 07/20/2010*

***Mid Valley Behavioral Care Network (MVBCN) is committed to our children and youth receiving the mental health services they need. It is our intention to expedite the delivery of these services in a timely and efficient manner.***

### Eligibility for mental health services from Mid-Valley Behavioral Care Network

- Youth must be in child welfare custody, with their county of legal jurisdiction being one of the MVBCN Counties: Linn, Marion, Polk, Tillamook, Yamhill
- Youth is not in the custody of Oregon Youth Authority
- Youth must be enrolled in MVBCN as their Mental Health Organization (MHO)
- Youth must have a mental health, non-substance abuse diagnosis that is on the OHP prioritized list and is the focus of the needed treatment.

### Working with the MVBCN mental health provider system

- We are the Mental Health Organization (MHO) for five counties: Linn, Marion, Polk, Tillamook and Yamhill.
- In our region, outpatient mental health services are authorized by the local county mental health program.
- We have chosen to continue this practice for BRS children placed outside of our region. We want the mental health program in the youth's home community (county of legal jurisdiction) to be aware of the youth's mental health needs. We expect the local mental health program to collaborate with out-of-region BRS and mental health providers to develop a transition plan which addresses mental health needs when the child returns to the home community.

### Becoming a qualified provider to serve MVBCN members in BRS placements

- MVBCN will provide a central credentialing process for the region, and maintain a list of approved agencies. This involves the agency completing an ***OUT OF AREA AGENCY AGREEMENT FOR MENTAL HEALTH SERVICES***. Questions about this process go to Kathy Savicki, 503-585-4985, or [kathys@mvbcn.org](mailto:kathys@mvbcn.org)
- If the BRS program recommends that the child be seen by a licensed independent mental health practitioner, the home county for the child would approve the practitioner using the home county's process for credentialing out-of-panel providers. Work with the local county mental health contact person listed below.

### Determining which county holds legal jurisdiction for the child

- Refer to the DHS BRS Authorization Form (CF 0085A) for the county of jurisdiction.
- If you are unable to determine the ‘home’ county for the youth, call MVBCN at 503-566-2972 for assistance.

### Requesting authorization for services

#### **ROUTINE OUTPATIENT SERVICES MUST BE PREAUTHORIZED**

- The mental health provider will communicate with the contact person for the youth’s home county to initiate a dialogue regarding the needs of the youth and the proposed treatment. The county contact person will request clinical records needed to facilitate the authorization (usually a recent or updated mental health assessment and a treatment plan if a child who has been in treatment). If a mental health assessment is needed, this will be authorized.
- HIPAA and Oregon statutes allow exchange of information necessary to authorize services and provide claims without a release of information from the agency which holds custody of the youth.
- Emergency mental health assessment and stabilization services may be provided when medically necessary. Call the home county mental health contact person the next business day to arrange for retroactive authorization and on-going services.
- The contact person for the home county will review the request and make a determination about the medical appropriateness of the services.
- The contact person for each county will fax a Treatment Authorization specifying the services to be provided and billing instructions to the mental health provider.
- Utilization Management: Renewal or modification of a Treatment Authorization follows the same process, and is initiated by the mental health provider communicating with the home county mental health contact person. They may request to review clinical records which support the continued treatment request.

#### **PSYCHIATRIC RESIDENTIAL OR HOSPITAL CARE**

- Transfer of a youth in a BRS placement to a psychiatric residential treatment service requires that the youth meet the criteria for Intensive Treatment Services. The Needs Determination process can be arranged by the contact person listed below for the youth’s home county.
- Hospital care is authorized by Roger Givens, MVBCN Hospital Liaison. He is available during business hours at 503-551-7847 (cell). If a crisis hospitalization occurs outside of business hours, Roger should be contacted the next business day. Roger will talk with the contact person from the youth’s home county mental health program to plan for post-discharge treatment.

## LOCAL MENTAL HEALTH CONTACTS

**County:** Linn  
Contact person: Ross Swearingen  
Telephone: 541-924-6916 ext. 2690  
Fax: 541-812-8784  
E-mail: [rswearingen@co.linn.or.us](mailto:rswearingen@co.linn.or.us)  
Mailing address: P. O. Box 100, Albany, OR 97321  
Address for claims submission (if different): Attn: Sue Justus  
Address above

**County:** Marion  
Contact person: Bob Hammond  
Telephone: 503-361-2701  
Fax: 503-361-2782  
E-mail: [bhammond@co.marion.or.us](mailto:bhammond@co.marion.or.us)  
Mailing address: 2421 Lancaster Drive NE, Salem, OR 97305  
Address for claims submission (if different): Attn: Christina McCollum  
Address above

**County:** Polk  
Contact person: Geoff Heatherington  
Telephone: 503-623-9289  
Fax: 503-831-1726  
E-mail: [BLUM.KERRY@co.polk.or.us](mailto:BLUM.KERRY@co.polk.or.us)  
Mailing address: 182 SW Academy St., Suite 304, Dallas, OR 97338

**County:** Tillamook  
Contact person: Pam Mabry  
Telephone: 503-842-8201 ext. 325  
Fax: 503-815-1870  
E-mail: [pamm@tfcc.org](mailto:pamm@tfcc.org)  
Mailing address: 906 Main Ave., Tillamook, OR 97141  
Address for claims submission (if different): Attn: Lori Johnson  
Address above

**County:** Yamhill  
Contact person: Dawn Cottrell  
Telephone: 503-434-7462  
Fax: 503-434-7335  
E-mail: [cottreld@co.yamhill.or.us](mailto:cottreld@co.yamhill.or.us)  
Mailing address: 420 NE 5<sup>th</sup> St., McMinnville, OR 97128

## Billing and payment

- Provider will need to submit a *CMS 1500 for 08/05* claim form to the youth's home county using the address listed above. Clean claims shall, under normal circumstances, be submitted within thirty (30) calendar days of the initial date of service, and in no case later than one hundred and twenty (120) calendar days after the date of service. These periods may be extended for coordination of benefits. A clean claim matches the services authorized and includes all information needed for payment processing. MVBCN is not responsible for payment for services provided for which clean claims are not submitted within the aforementioned time period.
- Provider must submit accurate diagnoses in claims and shall insure that claims include more than one diagnosis code when applicable.
- Each MVBCN county will pay claims based on their own payment schedule. We expect counties to make payment within 45 days after receipt of clean claims.
- If MVBCN is the supplemental or secondary carrier to Medicare, or other third party payor, the claim should be accompanied by an EOB from the youth's primary insurer. The county will pay the provider for the deductible and coinsurance and any other patient liability portion on that claim, up to the county's established payment schedule.

**We look forward to working with you to ensure the best care for our youth!**

Although this process looks complex, we hope you will see the benefit of collaborating with the youth's home community mental health system. If you are having difficulties, feel free to contact us:

Kathy Savicki  
MVBCN Clinical Director  
503-585-4985  
[kathys@mvbcn.org](mailto:kathys@mvbcn.org)

Kathleen Horgan  
MVBCN Children's System Regional Coordinator  
503-584-4838  
[khorgan@mvbcn.org](mailto:khorgan@mvbcn.org)