



**Mid-Valley Behavioral
Care Network**

Benefits Information

Oregon Health Plan MEMBER HANDBOOK

*Mental Health and Drug & Alcohol Treatment Services
for OHP Members in Linn, Marion, Polk, Tillamook,
and Yamhill Counties*

THIS HANDBOOK CONTAINS IMPORTANT INFORMATION ABOUT
THE PRIVACY OF YOUR HEALTH INFORMATION

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What is Mid-Valley Behavioral Care Network?

We are a managed care plan for mental health services. We manage these services for most people with Oregon Health Plan insurance who live in five Oregon counties. These are Linn, Marion, Polk, Tillamook, and Yamhill Counties. OHP automatically enrolls people in our plan. Your Coverage Letter lists our name if you are a member of our plan.

Purpose of this Handbook

The purpose of this handbook is to explain the OHP mental health services available through our plan. It does not mean you need the services described in the handbook.

How to Get this Handbook in Other Languages or Formats

This handbook is available in other languages, and in large type and Braille. It is also recorded on audiotape. Contact us if you need it in one of these other formats.

Si necesita este manual en otro idioma, letra más grande, Braille, cinta de audio, o en otro tipo de formato, llame al 1-888-315-6822. Si usted tiene una discapacidad auditiva, comuníquese al teléfono 1-800-735-3896 del Servicio de Retransmisión en Español.

How to Contact MVBCN

This handbook is meant to be a useful tool for you to learn about our services. Contact Member Information at the phone number below if you have questions. There is also useful information on our Internet website. Our website address is: www.mvbcn.org

MEMBER INFORMATION

In Salem, call: 503-315-0719
Or call toll-free: 1-888-315-6822
TTY: 503-588-5833

Hours: 24 hours a day, 7 days a week

MVBCN REGIONAL SERVICE CENTER

1660 Oak Street SE, Suite 230
Salem, Oregon 97301

In Salem, call: 503-361-2647
Or call toll-free: 1-888-315-6822
(ask to be forwarded to the MVBCN office)

*Hours: 8:00 am – 5:00 pm, Monday through Friday
(closed on most government holidays)*

Our hearing impaired members can contact Member Information or the MVBCN Regional Service Center by using the Oregon Telecommunications Relay Service:
TTY or Voice: 711 • VCO: 1-800-735-3260

Mental Health Services Covered by OHP

OHP covers mental health services for children, teenagers and adults. Some of the mental health services covered by OHP are:

- Assessment/evaluation
- Counseling
- Case management
- Individual, group and family therapy
- Medication management
- Crisis services
- Hospital services
- Programs to help with daily and community living

Some services may be more helpful than others. It depends on the person and the situation. Decisions about which services may be helpful are made together by the person and their provider.

Routine Services

Our mental health treatment agencies are listed on pages 20-27 of this handbook. These pages are arranged by county and then by city. You can call any of these agencies to make an appointment for routine services. You do not need a referral from a doctor or anyone else to do this. When you call, please have your DHS Medical Care ID with you. The treatment agency will use the information on the ID to check your OHP eligibility.

If you need help choosing an agency: You can call our Member Information phone number. It is 503-315-0719 if you are in Salem, or 1-888-315-6822 if you are outside of Salem.

If you live in Marion County: You can get help choosing an agency by calling Marion County Community and Provider Services (CaPS) at 503-585-4977.

Please have your DHS Medical Care ID with you when you call. You will be asked for the name of the city or county where you live. This is so we can find an agency whose office is close to you. We may also ask for basic information about the situation. We may ask for the person's age or whether they speak a language other than English. We may ask if the person has been to any of our agencies in the past. This information will help us decide which agency may best meet the person's needs.

When you call for an appointment, the agency may also ask for basic information about the situation. This is so they can decide which provider in their office may be most helpful to the person. If you want a list of the providers at each agency, please call the Member Information phone number. Ask them to forward you to the MVBCN office.

Always bring your DHS Medical Care ID to each appointment.

Crisis & Urgent Services

A crisis is when a person needs help quickly so the situation does not become an emergency.

If you already have a provider: Your provider will tell you how to reach them during a mental health crisis. If you are having a crisis, follow the plan made with your provider.

If you do not have a provider or cannot reach your provider: Call the number below for your county. Tell the person who answers that you are having a mental health crisis.

LINN COUNTY	
<i>During business hours:</i> 8:00 am – 5:00 pm, Monday through Friday	541-967-3866 Or call toll-free: 1-800-304-7468
<i>Outside of business hours:</i>	1-800-560-5535
MARION COUNTY	
24 hours a day, 7 days a week	503-585-4949
POLK COUNTY	
<i>During business hours:</i> 8:00 am – 5:00 pm, Monday through Friday	503-623-9289
<i>Outside of business hours:</i>	503-581-5535
TILLAMOOK COUNTY	
24 hours a day, 7 days a week	503-842-8201 Or call toll-free: 1-800-962-2851
YAMHILL COUNTY	
<u>For Adults</u>	
<i>During business hours:</i> 8:30 am – 5:00 pm, Monday through Friday (except Noon – 1:00 pm)	503-434-7523
<i>Outside of business hours:</i>	503-434-7465 Or call toll-free: 1-800-560-5535
<u>For Children & Youth</u>	
<i>During business hours:</i> 8:30 am – 5:00 pm, Monday through Friday	503-434-7462
<i>Outside of business hours:</i>	503-434-7465 Or call toll-free: 1-800-560-5535

Don't know who to call? Call Member Information at 1-888-315-6822, 24 hours a day, 7 days a week. Tell the person who answers that you are having a mental health crisis. You will be connected to a crisis services worker right away. The crisis worker will talk with you to help decide the best way to handle the crisis. Tell them about your OHP insurance as soon as you can.

Plan ahead for a mental health crisis: It can be very helpful for you and your provider to create a *crisis plan* ahead of time. A crisis plan lists steps and options for how to help you in a crisis. A crisis plan lets you say what does and does not help when you're in a crisis. For example, you may say that you prefer respite care instead of being in the hospital.

Emergency Services

An emergency is when a person needs help right away to avoid serious harm or injury. If the person is a pregnant woman, this also means avoiding harm to her unborn child. The serious harm can be to the person's physical or mental health.

If you or someone you know may hurt themselves or someone else, call 911.

There are several ways to get help in an emergency situation. These options are available 24 hours a day, 7 days a week.

- Call 911
- Call 1-888-315-6822. Tell the person who answers that you are having a mental health crisis. You will be connected to a crisis services worker right away. The crisis worker will talk with you to help decide the best way to handle the crisis.
- Go to the nearest hospital emergency room

You do not need permission ahead of time for emergency services. However, you should only go to the hospital emergency room if the situation is truly an emergency. Your OHP insurance does not cover emergency room services if the situation is not an emergency. You may be responsible for paying the bill if the situation is not an emergency.

Some services may be more helpful than others in an emergency. It depends on the person and the situation. There are non-hospital services, such as crisis respite, that may be helpful. In some cases, the person may need to be admitted to the hospital. Tell the hospital or provider about your OHP insurance as soon as you can.

Emergency providers must tell us when one of our members gets help for a mental health situation. This is so we can pay them for their services to help the person. It is also so we can help plan for the person to get other services when the emergency has passed. If the provider does not tell us, we may decide to not pay their bill. Or we may decide to pay only part of the bill.

Services for Children with Intensive Mental Health Needs

We have a family friendly way to help children with intensive mental health needs called *New Solutions*. This uses a service model called *wraparound*. Wraparound is a process for working together with a child and their family. It is based on the idea that services are most helpful when they are tailored to the needs of the child and family.

To see if *New Solutions* is right for your child, we need to get information about their current situation. The process to do this is called a *screening*. The child's parent or guardian must sign a consent form before the screening process begins. Here's what happens in the screening:

- We do telephone interviews with people who know the child's situation well
- We review a recent mental health assessment report for the child
- The parent or guardian gives information to help us pinpoint the child's mental health needs
- We review other risk factors for the child and family. These include risk of out of home placement, family stress and school disruption

Who is Eligible? Children and youth whose mental health needs have not been met through usual services, and their families.

What Should Families Expect? The family will learn new ways to help their child. Part of this includes putting together a Child and Family Team. Team members can be the child's family and friends. Team members can also be people who provide health care and other services to the child. The team has regular meetings with the child and family. In the meetings, the team learns about the child's strengths and what the child and family need. The team helps with setting goals and finding ways to help the child and family succeed.

Want to Know More? Each county in our service area has its own *New Solutions* staff. The staff is part of each county's mental health program. For free information, assistance or screening, call the number below for your county. Ask for the *New Solutions* Care Coordination staff.

Linn County: 541-967-3866

Marion County: 503-361-2724

Polk County: 503-623-9289

Tillamook County: 503-842-8201

Yamhill County: 503-434-7462

Interpreter Services

You can have an interpreter at your appointments if you are hearing impaired or do not speak English. There is no charge to you for an interpreter. When you make an appointment, tell the treatment agency you need an interpreter. They will arrange for and pay the interpreter. If you cannot keep the appointment, let the agency know right away.

Out-of-Panel Routine & Specialty Services

You must have permission if we are to pay for routine services from any agency not listed in this handbook. You must have this permission ahead of time. This is called an *out-of-panel authorization*. To find out more about this, call our office at 503-361-2647 if you are in Salem. If you are outside of Salem, call 1-888-315-6822 and ask to be forwarded to the MVBCN office. Please have your DHS Medical Care ID with you when you call.

Our office can give you the name and phone number for the person in your county who handles out-of-panel authorizations. They will ask you about the services you want and where you want to get them. If the same services are available at one of our agencies, you may be required to go to that agency. It can take several days to get a decision on your request.

You must also have permission to get specialty services from any agency not listed in this handbook. You must have this permission ahead of time. The process is the same as for out-of-panel authorizations. If you have a provider at one of our agencies, that person can help you get specialty mental health services.

If you do not have permission, the provider may not be paid for their services. The provider can refuse to provide services to you.

Out of Area Services

You can get emergency services outside of our service area without permission. However, you should only go to the hospital emergency room if the situation is truly an emergency. You can also get some crisis services outside of our service area without permission. Tell the hospital or provider about your OHP insurance as soon as you can. They must tell us when one of our members gets help for a mental health situation. If they do not tell us, we may decide to not pay their bill. Or we may decide to pay only part of the bill.

Tell your DHS worker right away if you move elsewhere in Oregon or out of state. You may have different OHP managed care plans if you move elsewhere in Oregon. Each plan has its own treatment agencies and rules for services. You cannot be on OHP if you move out of state. However, you may qualify for that state's health assistance program.

Non-Covered & Limited Services

OHP covers the health care services most likely to help a person get better. This information comes from the experiences of health care providers and consumers. It comes from scientific evidence about what is proven to be helpful. OHP also looks at how much it costs for the services most likely to work.

The conditions and services covered by OHP are put onto a list called the *Prioritized List of Health Services*. OHP does not have enough money to pay for everything on this list. For this reason, OHP only pays for the most important conditions and services on the list. In addition, the federal government has rules on what OHP can and cannot pay for.

Some of the health care services not covered by OHP include:

- Services not included in the person's OHP benefit package
- Services for conditions not funded on the Prioritized List
- Services for a person who is in law enforcement custody
- Services requested solely for legal reasons
- Services requested for reasons other than diagnosis or treatment
- Services provided in another country
- Services provided in an emergency room if the situation is not an emergency

OHP places limits on or restricts coverage for certain kinds of services. For example:

- OHP limits services that are more than what is needed to diagnosis or treat a health condition
- OHP limits services that cost more if a less expensive service is likely to be helpful
- OHP limits services that are for the convenience of the consumer but doesn't help diagnose or treat a health condition

Talk to your provider if you have questions about what is covered by OHP. You can also call our office at 503-361-2647 if you are in Salem. If you are outside of Salem, call 1-888-315-6822 and ask to be forwarded to the MVBCN office.

Appointments

Each treatment agency has its own policy about appointments. The agency will tell you about its policy at your first visit. The policy says what to do if you will be late to an appointment. It says what to do if you need to cancel an appointment. The policy also says what can happen if a person misses or comes late to too many appointments. Be sure to ask questions if you do not understand the agency's policy.

It is your responsibility to be on time for appointments. It is also your responsibility to tell the agency if you cannot keep an appointment. Tell the agency right away if there is a problem with your appointment. Always bring your DHS Medical Care ID to each appointment.

Confidentiality

Information about your health care is confidential. There are laws to protect how your information is used and shared. Treatment agencies must explain how they use and share your information. Managed care plans are also required to do this. The document that explains this is called a *Notice of Privacy Practices*. Our Notice is on pages 17-19 of this handbook.

The treatment agency may ask you to sign a form to allow them to talk with other providers. The form says what information will be shared and for what purpose. There is a time limit on the form for how long information can be shared. A new form must be signed when the time limit expires. This form is also used if you want a friend or family member to be given your confidential information.

Special Health Care Needs

At your first visit, your provider will ask about your current health situation. They will also ask about your health history. This is so your provider can help find other health care services that may be helpful to you. This is also so you and your provider can make good decisions about your mental health treatment. It is important to give accurate information about your health.

You may want your provider to talk to other people involved in your health care. This is so all of the people can provide good services to you. Your provider may need to talk with your medical doctor if you have an ongoing health problem. They may need to talk with your doctor if you are taking medications. If they refer you to another person for health care services, they may need to tell that person about your mental health treatment.

Help for Drug & Alcohol Problems

Many people have mental health problems and drug and alcohol problems. You can talk to a provider in any of our treatment agencies about both problems. Several drug and alcohol treatment agencies are listed on pages 28-31 of this handbook. These agencies have extra training and experience to help people who also get mental health services. When you call a treatment agency, please have your DHS Medical Care ID with you.

Drug and alcohol treatment is paid for by your OHP medical plan. You can call your medical plan for information about agencies not in this handbook. If your OHP medical plan is Marion-

Polk Community Health Plan, you can call Marion County CaPS at 503-585-4977 to get help finding an agency.

Help to Stop Smoking

OHP pays for services to help you stop smoking. Talk to your provider for more information. Or you can call the Oregon Quit Line: 1-877-270-STOP (7867). If you are hearing impaired, use TTY 1-877-777-6534.

Transportation

It is your responsibility to get to and from your appointments. If you transport yourself, ask your DHS worker if OHP can reimburse you for your expenses. If transportation is a problem, you might:

- Take the bus.
- Ask a friend or relative to drive you.
- Find a volunteer from a community service agency.
- Call the transportation call center that serves OHP clients free of charge. For information, call the center listed below for your county:

Linn County: Call Cascades West Ride Line 541-924-8738
Toll-free: 1-866-724-2975

Marion, Polk and Yamhill Counties: Call TripLink 503-315-5544
Toll-free: 1-888-315-5544

Tillamook County: Call Northwest Ride Center 503-861-7433
Toll-free: 1-866-811-1001

If you cancel or change your appointment, call right away to cancel or change your ride.

Payment & Other Insurance

Your Coverage Letter says whether you need to pay a small fee, called a co-payment, for each appointment. It will also say whether you need to make a co-payment to the pharmacy for medication. It is your responsibility to pay the co-payment.

You can choose to get a mental health service or treatment not covered by OHP. The agency will tell you up-front if a service or treatment is not covered. They will tell you how much it costs. You must sign a form to say you will pay the bill for the non-covered service or treatment.

Tell the treatment agency or your DHS worker right away if you have other insurance. Bring the ID card for your other insurance to each appointment.

Our Process for Complaints & Feedback

The best way for us to know if we're meeting your needs is for you to tell us. If there is a problem or concern, we want to know about it. You will not be treated badly or disrespectfully for doing this.

You can file a complaint or give feedback verbally or in writing. If the matter is about your provider or the treatment agency, then you can file the complaint with them. If the matter is about MVBCN, then you can file the complaint with MVBCN.

If the matter is about a Notice of Action you received, you cannot file a complaint. Instead, you must file an Appeal or request a Hearing. Information about how to do this is included with the Notice. This information is also on pages 9-12 of this handbook.

Here's what to do if you have a complaint:

- Fill out the Oregon Health Plan Complaint Form (OHP 3001). You can get this from your provider, the treatment agency, the MVBCN office, or from any Oregon Department of Human Services office. The OHP Complaint Form is also on page 34 of this handbook.
 - Explain the problem or concern, and say what you want done about it. Use more paper if needed.
 - You may want help filling out the form. Your provider or someone else at the agency can help you. Or a staff member at the MVBCN office may be able to help you. They can help you write information on the form using your own words.
 - Return the form to the treatment agency if the problem or concern is about your provider or the agency. If it is about MVBCN, then return it to the MVBCN office.

Or you can:

- Talk directly with the office involved. If the problem or concern is about your provider or the treatment agency, talk with them. If the matter is about MVBCN, then talk with the MVBCN office. For whichever office you contact, tell them you want to file a complaint or give feedback. They may ask you to talk with a specific person in the office whose job is to receive complaints.

Explain the problem or concern, and say what you want done about it. They will ask how you can be reached. This is so they can get more information from you if needed. This is also so they can tell you their decision about the matter.

Your complaint is confidential

Your complaint will be kept confidential. This is required by federal and state laws and rules. Only the treatment agency, your provider, MVBCN and/or the Addictions and Mental Health Division of the Oregon Department of Human Services can look at, share and discuss your confidential information. They can do this to investigate and resolve your complaint. They can do this also for certain other required purposes. You don't need to sign an authorization form for this.

You can have someone else file the complaint for you. If this person is an authorized Member Representative, you don't need to sign an authorization form. They can look at, share and discuss your confidential information to help investigate and resolve your complaint. If the person is not an authorized Member Representative, then you must sign an authorization form.

Here's what happens when we receive a complaint:

We will find out the details and facts of the matter. We will try to complete this process within 5 working days. If we need more time than this, we will notify you in writing. We will tell you why and how much more time is needed. The longest amount of time for the complaint process is 30 calendar days.

During this process, we will review the information on the OHP Complaint Form. If we need more information from you, we will contact you right away. We may look at your mental health records. If the matter is about a provider, we may talk with them. If there are other people involved, we may talk with them. We may need you to sign an authorization form for this; we will tell you right away if this is needed.

When the process is done, we will send you a written decision about the matter. If you are not satisfied with the decision, you may contact the DHS Addictions and Mental Health Division.

How to File an Appeal or Request a Hearing

If you received a Notice of Action about your mental health services and want to have that decision reviewed, you can do one or both of the following:

- **FILE AN APPEAL.** You, your Member Representative or the Provider can file an Appeal to have your mental health plan, MVBCN, review the decision; or
- **REQUEST A HEARING.** You, your Member Representative or the Provider can request a Hearing to have the DHS Addictions and Mental Health Division review the decision. You can either request a Hearing after you have received a decision from MVBCN about your Appeal, or you can request a Hearing instead of filing an Appeal.

Your Member Representative does not need your written permission to file an Appeal or request a Hearing. However, the Provider must have your written permission to file an Appeal or request a Hearing.

Where to get the Appeal Form. The Appeal Form is included with the Notice of Action you received. If you don't have the form, you can ask for it from the MVBCN office. The phone number and address for the MVBCN office are listed on the next page. Or you can use the Appeal Form on pages 32-33 of this handbook.

Where to get the Hearing Request form. The Hearing Request form (DHS 0443) is included with the Notice of Action you received. If you don't have the form, you can ask for it from the MVBCN office. Or you can ask for it from your DHS worker.

How to file an Appeal. You can file an Appeal verbally or in writing.

- To file an Appeal verbally:
 - Call the MVBCN office at the phone number on the next page. Tell them you received a Notice of Action and want to file an Appeal. You will be connected with the MVBCN staff member whose job is to receive Appeals.

- Explain to that staff member why you want MVBCN to review the decision about your services. They will ask you questions to get more information about the matter. They will ask how you can be reached. This is so they can get more information from you later if needed. This is also so they can tell you MVBCN's decision about the matter. If you file the Appeal verbally, you must still fill out and sign the Appeal Form. The form must be received by MVBCN within 5 working days from the date you filed the Appeal verbally. Send the completed Appeal Form to the MVBCN office at the address listed below. This address is also listed on the form.
- To file an Appeal in writing:
 - Fill out Parts 1 and 3 of the Appeal Form; be sure to sign Part 4. Fill out Part 2 only if someone else is filing the Appeal on your behalf. Send the completed Appeal Form to:

Mid-Valley Behavioral Care Network
Attn: Appeals
1660 Oak Street, Suite 230
Salem, Oregon 97301

Call the MVBCN office if you need help filling out the form

In Salem: 503-361-2647 • Toll-free: 1-866-422-6647

Oregon Telecommunications Relay Service:
TTY or Voice: 711 • VCO: 1-800-735-3260

Your Appeal is confidential. Your Appeal will be kept confidential. This is required by federal and state laws and rules. Only MVBCN, the treatment agency, your provider and/or the DHS Addictions and Mental Health Division can look at, share and discuss your confidential information. They can do this to investigate and resolve your Appeal. They can do this also for certain other required purposes. You don't need to sign an authorization form for this.

You can have someone else file the Appeal for you. This can be your Member Representative, the Provider or someone else, like a friend or family member. If this person is an authorized Member Representative, you don't need to sign an authorization form. They can look at, share and discuss your confidential information to help investigate and resolve your Appeal. If the person is not an authorized Member Representative, then you must sign an authorization form.

If you have an urgent problem. You have the right to request to have the Appeal treated as an urgent matter. This is called an Expedited Appeal. You can ask for this if you feel your life, health or ability to function is in serious jeopardy. Call the MVBCN office right away to request an Expedited Appeal. You do not need to fill out the Appeal Form for an Expedited Appeal.

If the Expedited Appeal request is approved, you will get a decision about your Appeal within 3 working days from the date your Appeal was received.

If your situation does not meet the conditions for an Expedited Appeal, you will be notified within 2 calendar days. The Appeal will follow the standard process if your request for an Expedited Appeal cannot be approved.

Deadlines for filing the Appeal. You must file the Appeal within 45 calendar days from the date of the Notice of Action.

If you want your services to continue while you wait for the Appeal decision, you must file the Appeal *by the date your services will change or within 10 calendar days from the date the Notice was mailed or given to you, whichever is later.* To ask for your services to continue, you must mark “yes” where the Appeal Form asks this question.

Your request to continue services will be approved if all of these conditions are met:

1. The Appeal was filed on time;
2. The services were already authorized;
3. The services were authorized by an MVBCN treatment agency or the MVBCN office; and
4. The authorization has not already expired.

If the Appeal decision is not in your favor, you may be required to pay for the cost of the services you received during the Appeal.

What happens when we receive an Appeal. We will notify you within 5 working days to say we received your Appeal. We will review the information on the Appeal Form. If we need more information from you, we will contact you right away. We will review the Notice of Action you received and any information related to the Notice. We will review your mental health records. We will talk with your provider and/or the treatment agency. If there are other people involved we may talk with them. We may need you to sign an authorization form for this; we will tell you right away if this is needed.

When a decision will be made. For standard Appeals, a decision will be made within 16 calendar days from the date the Appeal was filed. For *Expedited Appeals*, a decision will be made within 3 working days from the date the Appeal was filed. In either case, you will be notified if more time is needed, or if more information is needed from you.

If you disagree with the Appeal decision, you, your Member Representative or the Provider can request a Hearing with the DHS Addictions and Mental Health Division. Information about how to request a Hearing is in the form called Notice of Hearing Rights (DMAP 3030).

Appeal records. Any information collected for the Appeal can be used in the Hearing if you request a Hearing. The information will be shared with DHS Addictions and Mental Health Division. You don't need to sign an authorization form for this.

How to request a Hearing. Information about how to request a Hearing is in the form called Notice of Hearing Rights (DMAP 3030). The Notice of Hearing Rights is included with the Notice of Action or the Notice of Appeal Resolution you received. If you don't have the form, you can ask for it from the MVBCN office. Or you can ask for it from your DHS worker.

Read the Notice of Hearing Rights form carefully and then fill out the Hearing Request form. Send the Request Form to the DHS address listed in the Notice of Hearing Rights. If the form is sent to MVBCN, it will be sent right away to the DHS address.

Representation at a Hearing. You can have a lawyer or someone else assist you with the Hearing. We cannot pay for the cost of a lawyer. However, you may try the following options:

Call the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at 800-520-5292 for advice and possible representation. You also may be able to get free or reduced-cost legal services through your local Bar Association.

Complaint Process for Providers

Your provider can call our office at 503-361-2647 with questions or concerns about your OHP insurance. If a provider disagrees with our decision about paying for services, they can ask to have the payment decision reviewed. They can call our office for information about this process.

Member Rights & Responsibilities

Our Network's motto is: *Together pursuing the best we can imagine.*

When you contact us for services that are covered by the Oregon Health Plan, You as the Client or Consumer, and We as the Mental Health Plan or Provider, begin a two-way relationship. We want it to be productive. We want the best care for you. Everyone should be treated with equal respect. We will work together toward the best possible result for your situation.

We know you will expect certain things of us, just as any consumer would. We have expectations of you too. They help us do our job to the best of our ability. Your "Rights" are the things that you can count on getting from us. Your "Responsibilities" are the things we need from you. With everyone doing their part and trying their best to work together, we will hopefully bring about "the best we can imagine."

YOUR RIGHTS: As a person with OHP insurance, you have many Rights.

RESPECT

1. You will be treated with respect and dignity by your provider;

ACCESS

1. Your provider cannot treat you differently because you are on OHP;
2. You do not need a referral from your doctor to get our services;
3. You will get care that is right for your condition;
4. You will get care that is approved for your condition;
5. You will get covered mental health services without a wait that is longer than needed;
6. You will be notified in a timely way if we have to cancel your appointment;
7. You can get help or "Protective Services" if you are being abused;
8. You can get emergency care 24 hours a day, 7 days a week;

INFORMATION

1. You will be given information about your rights and responsibilities;
2. You can have information about how to find services;
3. You can choose from one of the providers or locations on the MVBCN Provider List;
4. You can have information about mental health services covered or not covered by OHP;
5. You can choose the OHP-covered or not OHP-covered service option that works best for you;
6. You can have free written materials in a form you can understand;
7. You can have us explain written materials to you;

8. You can have a free interpreter if you are hearing impaired;
9. You can have a free interpreter if your primary language is not English;
10. You can have information about the “Declaration for Mental Health Treatment” and “Advance Directive” for health care decisions and what’s involved in those processes;
11. You will get a written notice and hearing request information when your services are denied or changed;
12. You will get a written notice when MVBCN doesn’t or won’t be paying a provider;
13. You will be informed before you receive a service if OHP will not cover it;

DIRECT YOUR CARE

1. We will give our best effort to understand your condition;
2. We will give you information about your condition;
3. We will try our best to set up services that most closely meet your needs;
4. You can accept or decline services offered to you;
5. We will inform you of how your decision to accept or decline a service could affect your health;
6. We will not use the practice of “restraint” or “isolation” to punish you;
7. We will not “restrain” or “isolate” you to make you to do something you do not want to do;
8. You can get a second opinion about your diagnosis or treatment;
9. You will be actively involved in creating your plan for treatment;
10. You will be involved in making your child’s plan for treatment, if you are a parent;
11. You can have a friend, family member, or advocate with you at appointments;
12. You will be involved in decisions about your care;
13. You can change your provider, with a good reason;

CONFIDENTIALITY

1. Your personal information will be kept private;
2. What you say to your provider will be kept confidential;
3. You will have a file kept with information about your condition, services you received, and referrals that were made for you;
4. Your file will be kept private and confidential according to the law;
5. You can get a copy of your file unless it is restricted by law;
6. You can ask to change or correct the information in your file;
7. You can ask us to give information from your file to another provider;

EXERCISE YOUR RIGHTS

1. You can have information about our complaints process;
2. You will not be punished in any way for making a complaint;
3. You will not be punished for exercising your rights;
4. You will not be discriminated against or restricted from services based on race, color, gender, age, disability, religion, or language spoken;
5. You can make a complaint about MVBCN or one of our providers and will get a timely answer;
6. You can file a “Complaint” or “Appeal”;
7. You can request a regular or speedy DHS Administrative Hearing;
8. You can request that your services continue until a decision about an Appeal is made;

9. You can give evidence for your Appeal or Hearing, within the time allowed by the process;
10. You can review the records and documents used for your Appeal or Hearing, within the time allowed by the process;
11. You will be informed you may be responsible for paying for services that were continued if the Appeal decision is not in your favor.

YOUR RESPONSIBILITIES: As a person with OHP insurance, you have many Responsibilities.

RESPECT

1. Treat your mental health provider, staff, and MVBCN staff with respect;

INVOLVEMENT

1. Be actively involved in creating your treatment plan;
2. Ask questions about anything you don't understand;
3. Use information you have received to decide about your care before care is given;
4. Follow treatment plans you have agreed to;

COMMUNICATION AND INFORMATION

1. Keep appointments with your provider;
2. Be on time for your appointments;
3. Call ahead of time when you are going to be late;
4. Call ahead of time when you can't keep an appointment;
5. Give your provider accurate information about your mental health situation;
6. Give accurate information for your file;
7. Help your provider get your previous mental health records;
8. Keep your address and phone number up to date with your DHS worker and your provider;
9. Tell your provider and your DHS worker about any other insurance or payment resources available to you;

HONORING GUIDELINES

1. Make sure you have approval ahead of time to see any mental health provider who is not on the Provider List;
2. Use services from your assigned provider except in an emergency;
3. Use urgent or emergency services appropriately;

PAYMENT

1. Pay your monthly OHP premium on time if you are required to;
2. Show your OHP card to your provider before you receive services;
3. Sign documents to verify you have been informed of how much any services not covered by OHP will cost you;
4. Sign documents to verify you have been informed who is responsible for paying for services when you get services that are not covered by OHP;
5. Pay for services that are not covered by OHP;
6. Assist your provider and MVBCN in getting payment from other insurance or payment resources you may have.

Declaration for Mental Health Treatment

In a crisis or emergency situation, a person may be unable to make decisions about their mental health treatment. There is a form to say ahead of time what services the person does and does not want. This form is called a *Declaration for Mental Health Treatment*.

The Declaration lets the person give the name of an adult who will make decisions for them. It lets the person say what hospital or other facility they prefer. It lets the person say what medications are okay to use. It also lets the person say what they do not want. The Declaration is only valid in Oregon since other states have different rules.

Your provider can tell you about the Declaration. They can give you a copy and even help you to fill it out. You can call our office to get a copy of the form. Or you can call the DHS Addictions and Mental Health Division to get a copy: 503-945-9700. If you are hearing impaired, use TTY 503-945-9836. You must be given a copy of the Declaration form when you ask for it from your provider or from us. If you are not given a copy, you can file a complaint with the DHS Addictions and Mental Health Division. You can call 503-945-9700 to file a complaint.

Advance Directive for Health Care

In a serious medical situation, a person may be unable to make decisions about their health care. This usually relates to medical services for end of life care. There is a form to say ahead of time what services the person does and does not want. This form is called an *Advance Directive for Health Care*.

Your OHP medical plan or your medical provider can tell you about the Advance Directive. They can give you a copy of the form and may even help you to fill it out. Or you can call Oregon Health Decisions to get a copy: 1-800-422-4805. Your mental health provider can also give you a copy and even help you to fill it out. Or you can call our office to get a copy of the form.

It is important for you to know that a medical provider can choose not to follow certain parts of your Advance Directive. They can do this if it is against their personal beliefs to provide certain services you say you want. You can file a complaint if a medical provider does not follow your Advance Directive. You can do this by calling 971-673-0540. This number is for the Health Care Licensure and Certification office of the Oregon Health Division. Or you can call DHS Senior and People with Disabilities Division at 1-800-232-3020 to file a complaint.

You must be given a copy of the Advance Directive form when you ask for it from your mental health provider or from us. If you are not given a copy, you can file a complaint with the DHS Addictions and Mental Health Division. You can call 503-945-9700 to file a complaint.

State law about the Advance Directive may change from time to time. We will update this handbook within 90 days from when a change takes effect.

MVBCN Structure & Operations

You can get information about how MVBCN is managed and organized. To get this information, call our office at 503-361-2647 if you are in Salem. If you are outside of Salem, call 1-888-315-6822 and ask to be forwarded to the MVBCN office.

Fraud, Waste & Abuse in Health Care

Fraud, waste and abuse in health care is a serious problem that affects everyone. It leads to higher health care costs for patients, providers, taxpayers, and businesses. There are federal and state laws that make it a crime to commit fraud or abuse.

We need to know if a treatment agency paid by us may be committing fraud or abuse. We need to know if a person who has OHP insurance may be committing fraud or abuse. If you suspect or know about fraud, waste or abuse, we want you to report it. You do not need to give your name when you make a report about fraud, waste or abuse.

What is Fraud? This is when a person gives false information on purpose, and they benefit from it. The person may be a provider, or a client or consumer. Some examples of fraud are:

- A provider bills us for services that were not provided
- A person gives false information about their income in order to qualify for OHP insurance
- A provider puts false information in a medical record to get paid for non-covered services
- A person uses someone else's DHS Medical Care ID to get OHP services

What is Abuse? This is when a person's actions or decisions result in unneeded or extra costs to MVBCN or OHP. The person may be a provider, or a client or consumer. Some examples of abuse are:

- A provider gives more treatment or services than what is needed for the person's medical situation
- A provider's treatment or services do not meet professional standards
- A person goes to the emergency department for non-emergency services

How to Report Fraud, Waste or Abuse. We want to know about possible fraud or abuse involving a treatment agency paid by us. We want to know about possible fraud or abuse involving a person who has OHP insurance.

If you suspect or know about fraud or abuse, you can report it to us in these ways:

- Call us toll-free at 1-866-370-5525
- Fill out our "Reporting Form for Suspected Fraud, Waste or Abuse"
 - You can get this form from any of our treatment agencies. You can also get this form from our website: www.mvbcn.org/fraud
 - Instructions for where to mail the form are on the back

When you make a report, please give as much specific information as possible.

We cannot give information about the status of a fraud, waste or abuse report. We cannot give information about the findings from a report. Information about suspected or known fraud, waste or abuse may be shared with DHS and other government agencies. This is required by federal and state laws.

Notice of Privacy Practices

THIS NOTICE SAYS HOW WE MAY USE AND SHARE YOUR HEALTH INFORMATION. IT ALSO LETS YOU KNOW ABOUT YOUR RIGHTS. PLEASE READ THIS NOTICE CAREFULLY.

Original Effective Date: April 14, 2003

Revised Date: October 27, 2009

Mid-Valley Behavioral Care Network (MVBCN) is a managed care plan for mental health services. We manage these services for most people with Oregon Health Plan (OHP) insurance who live in five Oregon counties. These are Linn, Marion, Polk, Tillamook, and Yamhill Counties. We understand the health information we use to manage these services is private. Federal and state laws require us to protect this information. In this Notice, this health information is referred to as “protected health information” or PHI.

This Notice says how we may use and share your PHI. It also lets you know about your rights related to your PHI. It does not cover all of the situations when we may use or share your PHI. We will send you a new Notice if there are major changes in how we handle your PHI. We will follow the Notice in effect at the time we use or share your PHI.

You may receive a Notice of Privacy Practices from the Oregon Department of Human Services. You may receive Notices from managed care plans involved in your health care. You may also receive Notices from providers involved in your care. Their Notices cover their use and sharing of your PHI for the services they manage or provide. Their Notices also tell you about your rights related to your PHI for the services they manage or provide.

HOW WE MAY USE OR SHARE YOUR PROTECTED HEALTH INFORMATION

Certain kinds of PHI are given special privacy protection by federal and state laws. These are: information about mental health treatment, alcohol and drug treatment, HIV/AIDS testing, child abuse and neglect, sexual assault, and genetic testing. We cannot share this information without your written permission, except as required by law.

We may use your PHI for our own treatment, payment and healthcare operations *without your permission*. Here are some examples of how we may use your PHI for these activities:

- **Treatment.** We may use your PHI to help your provider in your diagnosis and treatment. For example, we may use your PHI to help your provider find alternative treatments or programs to help you.
- **Payment.** We may use your PHI to pay for your services. For example, we may use your PHI to check your OHP insurance coverage and to pay the bills from your provider.
- **Healthcare Operations.** We may use your PHI to carry out our management responsibilities. For example, we may use your PHI to study the quality of our services. We may also use your PHI for customer service. For example, we may use your PHI to refer you to a provider or to answer your questions about your OHP insurance.

Here are other situations where we may use or share your PHI *without your permission*:

- **As Required by Law.** We must use or share your PHI when required by law.

- **Family, Friends and Other Representatives.** We may share your PHI with your family members, friends, and/or legal or personal representative that you have agreed to be involved in your care.
- **Public Health Activities.** We may use or share your PHI with public health agencies for reasons such as preventing or controlling disease, injury or disability.
- **Abuse Reports and Investigations.** We must share your PHI with government agencies in cases of suspected or known abuse, neglect or domestic violence.
- **Health Oversight Activities.** We may share your PHI with government oversight agencies for activities authorized by law.
- **Legal Proceedings.** We must share your PHI when required by a court order or for other legal proceedings.
- **Law Enforcement.** We may share your PHI in limited situations to law enforcement in response to a warrant, to identify or locate a suspect, or to provide information about the victim of a crime.
- **Research.** We may share information about our members for research purposes, but this information does not identify specific individuals.
- **To Avoid Harm.** We may use or share your PHI, with some limits, when it is necessary to prevent a serious threat to you, another person or the public.

We may be required to ask for your written permission before using or sharing your PHI for other situations not listed in this Notice. You may cancel your permission at any time. We cannot take back any information we have already used or shared with your permission.

YOUR RIGHTS

You have certain rights related to your PHI maintained by us:

- **Right to Inspection and Photocopy.** You have the right to review and get copies of your PHI. You must make this request in writing. Your request may be denied if we determine the information may be harmful to you or others. You may be charged a reasonable fee to cover the costs related to your request. *Your medical record is maintained by your provider, not by us. You have the right to review and get copies of your PHI maintained by your provider. You must make this request to your provider. Your provider's Notice of Privacy Practices covers their use and sharing of your PHI. Their Notice also covers your rights related to the services they provide.*
- **Right to Request Restrictions.** You have the right to request limits on how we use or share your PHI. This includes sharing your PHI with family, friends and other people you have agreed to be involved in your care. This request must be made in writing. We are not required to agree to the limits you request.
- **Right to Request Confidential Communications.** You have the right to receive your PHI through a reasonable alternative means or at an alternative location. This request must be made in writing. We are not required to agree to the limits you request.
- **Right to Request Amendment.** You have the right to request amendment of your PHI you believe is incorrect or incomplete. This request must be made in writing. You must provide a reason for your request. We are not required to amend your PHI. We cannot amend information we did not create.
- **Right to Accounting of Disclosures.** You have the right to receive a list of when we have used or shared your PHI. This list will not include:

- PHI shared before April 14, 2003;
- PHI used for our own treatment, payment and healthcare operations;
- PHI shared with you, or with your legal or personal representative;
- PHI shared with your written authorization; and
- PHI used or shared as required by law if we determine it could be harmful to you or others to include this information in the list.

This request must be made in writing. You must specify a time period of up to 6 years. We will provide one list per 12-month period free of charge. We may charge you a reasonable fee for additional lists during that same 12-month period.

- **Right to Paper Copy.** You have the right to get a paper copy of this Notice at any time. To get a paper copy, contact our office at the address or phone number below.

You can contact us at the address or phone number below to exercise any of these rights.

If we deny any request you make in exercise of these rights, we will send you a letter to explain why your request was denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint.

Mid-Valley Behavioral Care Network

Attn: Privacy Officer

1660 Oak Street SE, Suite 230

Salem, Oregon 97301

Phone: ● In Salem, call 503-361-2647

● Outside Salem, call 1-888-315-6822 (ask to be forwarded to the MVBCN office)

Fax: 503-585-4989

TTY or Voice: 711 ● VCO: 1-800-735-3260

HOW TO REPORT A PROBLEM OR FILE A COMPLAINT

If you have a concern about this Notice or about how we handle your PHI, you can contact us at the address or phone number below:

Mid-Valley Behavioral Care Network

Attn: Complaints

1660 Oak Street SE, Suite 230

Salem, Oregon 97301

Phone: ● In Salem, call 503-361-2647

● Outside Salem, call 1-888-315-6822 (ask to be forwarded to the MVBCN office)

Fax: 503-585-4989

TTY or Voice: 711 ● VCO: 1-800-735-3260

You will not be treated badly or disrespectfully if you choose to file a complaint. You can file a complaint verbally or in writing. You can use the OHP Complaint Form included in your MVBCN Member Handbook. Or contact the MVBCN office at the address or phone number above.

You may also file a complaint with the US Department of Health and Human Services if you feel your privacy rights have been violated. You can contact us at the address or phone number above for more information.

Provider List *Mental Health Treatment Agencies***Linn County****ALBANY*****Linn County Mental Health Services – Adult Outpatient Program***

Office location:	445 Third Ave. SW	Phone:	541-967-3866
Send mail to:	PO Box 100	Toll-free:	1-800-304-7468
	Albany, OR 97321	<i>Oregon Relay</i>	TTY or Voice: 711
			VCO: 1-800-735-3260

Services are for adults 18 years and older

Services are available in English and Spanish; services in other languages are available with an interpreter

Office hours: 8:30 am – 5:00 pm on Monday, Wednesday, Thursday & Friday
8:30 am – 6:15 pm on Tuesday

Internet website: www.co.linn.or.us/Health/mental_health/mh.htm

Linn County Mental Health Services – Children’s Outpatient Program

Office location:	425 2 nd Ave. SW, Suite 101	Phone:	541-967-3866
Send mail to:	PO Box 100	Toll-free:	1-800-304-7468
	Albany, OR 97321	<i>Oregon Relay</i>	TTY or Voice: 711
			VCO: 1-800-735-3260

Services are for children and youth up to 18 years old

Services are available in English and Spanish; services in other languages are available with an interpreter

Office hours: 8:30 am – 5:00 pm on Monday, Wednesday, Thursday & Friday
8:30 am – 7:00 pm on Tuesday
Closed from Noon – 1:00 pm on Monday through Friday

Internet website: www.co.linn.or.us/Health/mental_health/mh.htm

LEBANON***Linn County Mental Health Services***

Office location:	1600 S. Main	Phone:	541-451-5932
Send mail to:	1600 S. Main	Toll-free:	1-888-451-2631
	Lebanon, OR 97355	<i>Oregon Relay</i>	TTY or Voice: 711
			VCO: 1-800-735-3260

Services are for children, youth and adults

Services are available in English and Spanish; services in other languages are available with an interpreter

Office hours: 8:30 am – 5:00 pm on Monday through Friday
Closed from Noon – 1:00 pm on Monday through Friday

Internet website: www.co.linn.or.us/Health/mental_health/mh.htm

SWEET HOME

Linn County Mental Health Services

Office location: 799 E. Long St. Phone: 541-367-3888
 Send mail to: 799 E. Long St. Toll-free: 1-800-920-7571
 Sweet Home, OR 97386 *Oregon Relay* TTY or Voice: 711
 VCO: 1-800-735-3260

Services are for children, youth and adults

Services are available in English and Spanish; services in other languages are available with an interpreter

Office hours: 8:30 am – 5:00 pm on Monday through Thursday
 8:30 am – 5:00 pm on every other Friday
Closed from Noon – 1:00 pm on Monday through Friday

Internet website: www.co.linn.or.us/Health/mental_health/mh.htm

Marion County

If you live in Marion County: You can get help choosing an agency by calling Marion County Community and Provider Services (CaPS) at 503-585-4977.

SALEM

Bridgeway Recovery Services, Inc.

Office location: 3325 Harold Dr. NE Phone: 503-363-2021
 Send mail to: PO Box 17818
 Salem, OR 97305

Services are for adults 18 years and older

Services are available in English and Spanish; services in other languages are available with an interpreter

Office hours: 8:00 am – 8:00 pm on Monday through Friday
 8:00 am – 5:00 pm on Saturday

Children's Therapy Center, A Program of Easter Seals Oregon

Office location: 290 Moyer Lane NW Phone: 503-370-8990
 Send mail to: PO Box 5193
 Salem, OR 97304

Services are for children and youth up to 18 years old

Services are available in English and Spanish; services in other languages are available with an interpreter

Office hours: 8:00 am – 6:30 pm on Monday through Thursday
 8:00 am – 5:00 pm on Friday

Internet website: www.or.easterseals.com

Community Counseling Center (Catholic Community Services)

Office location: 3737 Portland Rd. NE Phone: 503-390-2600
 Send mail to: PO Box 20400
 Salem, OR 97307

Services are for children and youth through 17 years old and their families

Some services are also provided in homes and at satellite locations

Services are available in English; services in other languages are available with an interpreter

Office hours: 8:00 am – 6:00 pm on Monday through Friday

Internet website: www.goccs.org/communitycounseling.html

Marion County Health Department – Adult Behavioral Health

Office location: 3180 Center St. NE Phone: 503-588-5351
 3rd Floor Oregon Relay TTY or Voice: 711
 Send mail to: 3180 Center St. NE VCO: 1-800-735-3260
 Salem, OR 97301

Services are for adults 18 years and older with serious mental illness

Services are available in English and Spanish; services in other languages are available with an interpreter

Office hours: 8:30 am – 5:00 pm on Monday through Friday

Internet website: www.co.marion.or.us/HLT/MH/adultmentalhealth.htm

Marion County Health Department – Children’s Behavioral Health

Office location: 2421 Lancaster Dr. NE Phone: 503-588-5352
 Send mail to: 2421 Lancaster Dr. NE TTY: 503-585-4905
 Salem, OR 97305 Oregon Relay TTY or Voice: 711
 VCO: 1-800-735-3260

Services are for children and youth up to 18 years old

Services are available in English and Spanish; services in other languages are available with an interpreter

Office hours: 8:30 am – 5:00 pm on Monday & Friday
 8:30 am – 7:00 pm on Tuesday through Thursday

Internet website: www.co.marion.or.us/HLT/MH/cmh.htm

Marion County Health Department – Psychiatric Crisis Center

Office location: 1118 Oak St. SE Phone: 503-585-4949
 Send mail to: 1118 Oak St. SE Oregon Relay TTY or Voice: 711
 Salem, OR 97301 VCO: 1-800-735-3260

Services are for children, youth and adults

Services are available in English and Spanish; services in other languages are available with an interpreter

Services are provided on a first-come, first-served basis

Services are provided regardless of OHP or other insurance status

Office hours: 24 hours a day, 7 days per week

Internet website: www.co.marion.or.us/HLT/MH/pcc/psych.htm

New Perspectives Center for Counseling and Therapy

Office location: 1675 Winter St. NE Phone: 503-585-0351
 Send mail to: 1675 Winter St. NE
 Salem, OR 97301

Services are for children, youth and adults
 Services are also provided at another NPC office in Salem by appointment only
 Some services are provided at providers' private practice offices
 Services are available in English; services in other languages are available with an interpreter

Office hours: 8:30 am – 5:00 pm on Monday through Friday

Internet website: www.viser.net/newper

Northwest Human Services – Connection Program

Office location: 1245 Edgewater St. NW Phone: 503-588-5816
 Send mail to: 1245 Edgewater St. NW TTY: 503-588-5843
 Salem, OR 97304 Video Phone: 866-948-3379

Services are for children, youth and adults who are Deaf, Hard of Hearing, or who are a family member of a Deaf or Hard of Hearing person
 Services are available in American Sign Language and via video relay

Office hours: 8:30 am – 5:00 pm on Monday through Friday

Internet website: www.northwesthumanservices.org

Northwest Human Services – Homeless Outreach and Advocacy Project (HOAP)

Office location: 694 Church St. NE Phone: 503-588-5827
 Send mail to: 694 Church St. NE
 Salem, OR 97301

Services are for homeless adults 18 years and older with serious mental illness
 Services are available in English; services in other languages are available with an interpreter

Office hours: 9:00 am – 4:00 pm on Monday through Friday

Internet website: www.northwesthumanservices.org

Northwest Human Services – West Salem Clinic Mental Health

Office location: 1245 Edgewater St. NW Phone: 503-588-5816
 Send mail to: 1245 Edgewater St. NW
 Salem, OR 97304

Services are for children, youth and their families, adults
 Services are available in English and Spanish; services in other languages are available with an interpreter

Office hours: 8:30 am – 5:00 pm on Monday through Friday

Internet website: www.northwesthumanservices.org

Options Counseling Services of Oregon, Inc.

Office location: 3000 Market St. NE, Suite 530 Phone: 503-390-5637
 Send mail to: 3000 Market St. NE, Suite 530
 Salem, OR 97301

Services are for children, youth and their families

Services are available in English and Spanish; services in other languages are available with an interpreter

Office hours: 8:30 am – 7:00 pm on Monday through Friday

Internet website: www.options.org

Valley Mental Health

Office location: 821 Saginaw St. S. Phone: 503-589-4046
 Send mail to: 821 Saginaw St. S.
 Salem, OR 97302

Services are for children, youth and adults

Most services are provided at providers' private practice offices throughout Salem

Services are available in English and Spanish; services in other languages are available with an interpreter

Administrative office hours: 9:00 am – 4:30 pm on Monday through Thursday
 9:00 am – 4:00 pm on Friday
 Individual providers have variable office hours.

Internet website: www.valleymental.com

SILVERTON**Marion County Health Department – Children's Behavioral Health**

Office location: 442 McClaine St. Phone: 503-588-5352
 Send mail to: 442 McClaine St. TTY: 503-585-4905
 Silverton, OR 97381 Oregon Relay TTY or Voice: 711
 VCO: 1-800-735-3260

Services are for children and youth up to 18 years old

Services are available in English; services in other languages are available with an interpreter

Office hours: 10:00 am – 5:00 pm on Monday
 8:00 am – 5:00 pm on Tuesday & Friday

Internet website: www.co.marion.or.us/HLT/MH/cmh.htm

WOODBURN**Marion County Health Department – Adult Behavioral Health**

Office location: 976 N. Pacific Highway Phone: 503-981-5851
 Send mail to: 976 N. Pacific Highway Oregon Relay TTY or Voice: 711
 Woodburn, OR 97071 VCO: 1-800-735-3260

Services are for adults 18 years and older

Services are available in English; services in other languages are available with an interpreter

Office hours: 8:30 am – 5:00 pm on Monday & Friday

Internet website: www.co.marion.or.us/HLT/MH/adultmentalhealth.htm

Marion County Health Department – Children’s Behavioral Health

Office location: 976 N. Pacific Highway Phone: 503-981-5851
 Send mail to: 976 N. Pacific Highway Oregon Relay TTY or Voice: 711
 Woodburn, OR 97071 VCO: 1-800-735-3260

Services are for children and youth up to 18 years old

Services are available in English; services in other languages are available with an interpreter

Office hours: 8:30 am – 5:00 pm on Monday through Friday

Internet website: www.co.marion.or.us/HLT/MH/cmh.htm

Polk County**DALLAS****Polk County Human Services – Adult Mental Health Services**

Office location: 182 SW Academy, Suite 304 Phone: 503-623-9289
 Send mail to: 182 SW Academy, Suite 304 Oregon Relay TTY or Voice: 711
 Dallas, OR 97338 VCO: 1-800-735-3260

Services are for adults 18 years and older

Services are available in English; services in other languages are available with an interpreter

Office hours: 8:00 am – 5:00 pm on Monday through Friday

Internet website: www.co.polk.or.us/Mental_Health

Polk County Human Services – Child Mental Health Services

Office location: 182 SW Academy, Suite 322 Phone: 503-831-5970
 Send mail to: 182 SW Academy, Suite 322 Oregon Relay TTY or Voice: 711
 Dallas, OR 97338 VCO: 1-800-735-3260

Services are for children and youth up to 18 years old

Services are available in English; services in other languages are available with an interpreter

Office hours: 8:00 am – 5:00 pm on Monday through Friday
 Closed from Noon – 1:00 pm on Monday through Friday

Internet website: www.co.polk.or.us/Mental_Health

Tillamook County

TILLAMOOK

Tillamook Family Counseling Center

Office location: 906 Main Ave.
 Send mail to: 906 Main Ave.
 Tillamook, OR 97141

Phone: 503-842-8201
 Toll-free: 1-800-962-2851
Oregon Relay TTY or Voice: 711
 VCO: 1-800-735-3260

Services are for children, youth and adults
 Services are available in English and Spanish; services in other languages are available with an interpreter

Office hours: 8:30 am – 8:00 pm on Monday through Thursday
 8:30 am – 5:00 pm on Friday

Internet website: www.tfcc.org

Yamhill County

McMINNVILLE

Lutheran Community Services Northwest

Office location: 819 N. Hwy. 99W, Suite B
 Send mail to: 819 N. Hwy. 99W, Suite B
 McMinnville, OR 97128

Phone: 503-472-4020

**Effective November 1, 2009,
 the new location and mailing
 address for this office is:**

Office location: 617 NE Davis St.
 Send mail to: 617 NE Davis St.
 McMinnville, OR 97128

Services are for children and youth up to 18 years old
 Services are available in English; services in other languages are available with an interpreter

Office hours: 8:00 am – 5:00 pm on Monday through Friday

Internet website: www.lcsnw.org

Yamhill County Health and Human Services – Abacus Program

Office location: 625 NE Galloway St.
 Send mail to: 627 NE Evans St.
 McMinnville, OR 97128

Phone: 503-434-7523
 503-554-7825 in Newberg
 503-662-4233 in Yamhill
Oregon Relay TTY or Voice: 711
 VCO: 1-800-735-3260

Services are for adults 18 years and older with serious mental illness
 Services are available in English; services in other languages are available with an interpreter

Office hours: 8:30 am – 5:00 pm on Monday through Friday

Internet website: www.co.yamhill.or.us/hhs

Yamhill County Health and Human Services – Adult Mental Health Program

Office location: 627 NE Evans St. Phone: 503-434-7523
 Send mail to: 627 NE Evans St. 503-554-7825 in Newberg
 McMinnville, OR 97128 503-662-4233 in Yamhill
 Oregon Relay TTY or Voice: 711
 VCO: 1-800-735-3260

Services are for adults 18 years and older
 Services are available in English and Spanish; services in other languages are available with an interpreter

Office hours: 8:30 am – 5:00 pm on Monday through Friday

Internet website: www.co.yamhill.or.us/hhs

Yamhill County Health and Human Services – Family & Youth Programs

Office location: 420 NE 5th St. Phone: 503-434-7462
 Send mail to: 420 NE 5th St. 503-538-7302 in Newberg
 McMinnville, OR 97128 503-662-4233 in Yamhill
 Oregon Relay TTY or Voice: 711
 VCO: 1-800-735-3260

Services are for children and youth up to 18 years old
 Services are available in English and Spanish; services in other languages are available with an interpreter
 Some evening services are available by appointment only

Office hours: 8:30 am – 5:00 pm on Monday through Friday

Internet website: www.co.yamhill.or.us/hhs

NEWBERG**Yamhill County Health and Human Services**

Services are provided in Newberg by appointment only. Contact the McMinnville office for each program for information: Adult Mental Health Program at 503-434-7523 and Family & Youth Programs at 503-434-7462.

WILLAMINA**Yamhill County Health and Human Services – Family & Youth Programs**

Services are provided in Willamina by appointment only. Contact the Family & Youth Programs office in McMinnville for information: 503-434-7462.

Provider List *Drug & Alcohol Treatment Agencies*

Linn County

ALBANY

Linn County Alcohol & Drug Treatment Program

Office location: 104 4 th Ave. SW	Phone: 541-967-3819
Send mail to: PO Box 100	Toll-free: 1-800-304-7468
Albany, OR 97321	<i>Oregon Relay</i> TTY or Voice: 711
	VCO: 1-800-735-3260

Services are for youth and adults

Services are available in English; services in other languages are available with an interpreter

Some services are available after regular office hours based on client needs

Accepts OHP members with InterCommunity Health Network and OHP members without a medical plan; contact the agency for the most current information

Office hours: 8:30 am – 5:00 pm on Monday through Friday

Internet website: www.co.linn.or.us/Health/alcohol_drug/ad.htm

LEBANON

Linn County Alcohol & Drug Treatment Program

Adult services and some youth services are available. Van transportation to Lebanon or Albany for adult and youth groups is available after admission. Contact the Albany office for information.

SWEET HOME

Linn County Alcohol & Drug Treatment Program

Some youth services are available. Van transportation to Lebanon or Albany for adult and youth groups is available after admission. Contact the Albany office for information.

Marion County

KEIZER

Clear Paths, Inc.

Office location: 3795 N. River Rd. Suite A	Phone: 503-304-7002
Send mail to: 3795 N. River Rd. Suite A	
Keizer, OR 97303	

Services are for youth, adults and families

Services are available in English; services in other languages are available with an interpreter

Accepts OHP members with Marion-Polk Community Health Plan and OHP members without a medical plan; contact the agency for the most current information

Office hours: 8:30 am – 7:00 pm on Monday through Thursday
8:30 am – 5:00 pm on Friday

SALEM***Bridgeway Recovery Services, Inc.***

Office location: 3325 Harold Dr. NE

Phone: 503-363-2021

Send mail to: PO Box 17818
Salem, OR 97305

Services are for youth and adults

Services are available in English and Spanish; services in other languages are available with an interpreter

Accepts OHP members with Marion-Polk Community Health Plan and OHP members without a medical plan; contact the agency for the most current information

Office hours: 8:00 am – 8:00 pm on Monday through Friday
8:00 am – 5:00 pm on Saturday***Marion County Health Department – Drug Treatment***

Office location: 2035 Davcor St. SE

Phone: 503-588-5358

Send mail to: 2035 Davcor St. SE
Salem, OR 97302

Services are for adults 18 years and older with opiate addiction

Services are available in English and Spanish; services in other languages are available with an interpreter

Accepts OHP members with InterCommunity Health Network and Marion-Polk Community Health Plan; contact the agency for the most current information

Office hours: 6:00 am – 2:00 pm on Monday through Friday

Marion County Health Department – Youth and Adolescent Drug Treatment

Office location: 2421 Lancaster Dr. NE

Phone: 503-588-5352

Send mail to: 2421 Lancaster Dr. NE
Salem, OR 97305

TTY: 503-585-4905

Oregon Relay TTY or Voice: 711

VCO: 1-800-735-3260

Services are for youth and adolescent from 12 through 17 years old

Services are available in English and Spanish; services in other languages are available with an interpreter

Accepts OHP members with InterCommunity Health Network and Marion-Polk Community Health Plan; contact the agency for the most current information

Office hours: 9:00 am – 5:00 pm on Monday & Wednesday
9:00 am – 6:30 pm on Tuesday & Thursday
9:00 am – 1:30 pm on Friday

New Step (Catholic Community Services)

Office location: 3737 Portland Rd. NE
Send mail to: PO Box 20400
Salem, OR 97307

Phone: 503-390-2600

Services are for youth, adults and families

Services are available in English and Spanish; services in other languages are available with an interpreter
Accepts OHP members with Marion-Polk Community Health Plan, CareOregon and OHP members without a medical plan; contact the agency for the most current information

Office hours: 8:00 am – 8:00 pm on Monday through Friday

Internet website: www.goccs.org/newstepaddiction.html

Polk County

DALLAS

Polk County Addictions Services

Office location: 182 SW Academy, Suite 304
Send mail to: 182 SW Academy, Suite 304
Dallas, OR 97338

Phone: 503-831-5971
Oregon Relay TTY or Voice: 711
VCO: 1-800-735-3260

Services are for youth and adults

Services are available in English and Spanish; services in other languages are available with an interpreter
Accepts OHP members with Marion-Polk Community Health Plan and OHP members without a medical plan; contact the agency for the most current information

Office hours: 8:00 am – 7:30 pm on Monday through Friday

Internet website: www.co.polk.or.us/Mental_Health

Tillamook County

TILLAMOOK

Tillamook Family Counseling Center

Office location: 906 Main Ave.
Send mail to: 906 Main Ave.
Tillamook, OR 97141

Phone: 503-842-8201
Toll-free: 1-800-962-2851
Oregon Relay TTY or Voice: 711
VCO: 1-800-735-3260

Services are for youth and adults

Services are available in English and Spanish; services in other languages are available with an interpreter
Accepts OHP members without a medical plan; contact the agency for the most current information

Office hours: 8:30 am – 8:00 pm on Monday through Thursday
8:30 am – 5:00 pm on Friday

Internet website: www.tfcc.org

Yamhill County

McMINNVILLE

Yamhill County Adult Chemical Dependency Program

Office location: 627 NE Evans St. Phone: 503-434-7527
Send mail to: 627 NE Evans St. 503-538-7302 in Newberg
McMinnville, OR 97128 503-662-4233 in Yamhill
Oregon Relay TTY or Voice: 711
VCO: 1-800-735-3260

Services are for adults

Services are available in English and Spanish; services in other languages are available with an interpreter

Evening and weekend services are available by appointment only

Accepts Yamhill County OHP members without a medical plan; contact the agency for the most current information

Office hours: 8:30 am – 5:00 pm on Monday through Friday

Internet website: www.co.yamhill.or.us/hhs

Yamhill County Health and Human Services – Family & Youth Programs

Office location: 420 NE 5th St. Phone: 503-434-7462
Send mail to: 420 NE 5th St. 503-538-7302 in Newberg
McMinnville, OR 97128 503-662-4233 in Yamhill
Oregon Relay TTY or Voice: 711
VCO: 1-800-735-3260

Services are for youth up to 18 years old

Services are available in English and Spanish; services in other languages are available with an interpreter

Some evening services are available by appointment only

Accepts OHP members without a medical plan; contact the agency for the most current information

Office hours: 8:30 am – 5:00 pm on Monday through Friday

Internet website: www.co.yamhill.or.us/hhs

NEWBERG

Yamhill County Adult Chemical Dependency Program

Services are provided in Newberg by appointment only. Contact the Adult Chemical Dependency Program office in McMinnville for information.

APPEAL FORM

Date _____

Who can use this form? This form is for persons with Oregon Health Plan insurance whose mental health plan is Mid-Valley Behavioral Care Network (MVBCN).

When to use this form. You can use this form if you received a Notice of Action about your mental health services and want to have that decision reviewed. *This is called filing an Appeal.* Fill out both sides of this form and sign it on the back. Return the completed form to the MVBCN office at the address listed on the back.

Need more information about filing an Appeal? Refer to the MVBCN document called "How to File an Appeal" or contact the MVBCN office. This information is also on pages 9-12 of the MVBCN Member Handbook.

PART 1 If you are filing this Appeal for yourself, fill in *your* information. If you are filing this Appeal for someone else, fill in *that person's* information.

Full Name	_____	Oregon Health Plan ID #	_____
	_____	Date of Birth	_____
Mailing Address	_____	Main Phone #	_____
	_____	Alternate Phone #	_____

PART 2 If you are filing this Appeal for the person listed in Part 1, fill in *your* information.

Important note: If you are not an authorized Member Representative for the person listed in Part 1, that person must sign an authorization form to give permission for you to file this Appeal.

Full Name	_____	What is your relationship to the person listed in Part 1? This person is my:	_____
	_____		_____
Mailing Address	_____	Main Phone #	_____
	_____	Alternate Phone #	_____

PART 3 Answer the questions below. Use more paper if needed.

1. Did you receive a Notice of Action about the services for the person listed in Part 1?

MARK ONE:

YES If you marked YES: Answer questions 2, 3 and 4.

NO If you marked NO: You must use the OHP Complaint Form. Contact the MVBCN office on the back page to ask for this form.

2. Explain why you want to have the decision in the Notice of Action reviewed.

Continued on back page ➡

You can get this form in a larger print size or in a different format. You can also get this form in some languages other than English. Contact the MVBCN office to ask for this.

PART 3 Continued from front page

3. Do you want the services for the person listed in Part 1 to continue while the decision is being reviewed?

MARK ONE: DOES NOT APPLY YES NO

If you marked YES: If services are continued, the person listed in Part 1, or his/her authorized Member Representative, may be required to pay for the cost of services if the Appeal decision is not in the person's favor.

4. For the person listed in Part 1, do you feel that his or her life, health or ability to function is in serious jeopardy?

MARK ONE: YES NO

If you marked YES: Call the MVBCN office right away at the phone number listed below to request an Expedited Appeal. If the situation meets the conditions to be handled as an Expedited Appeal, the Appeal decision will be made within 3 working days instead the standard 16 calendar days.

You do not need to fill out this form if the situation meets the conditions to be handled as an Expedited Appeal. If your request for an Expedited Appeal cannot be approved, then the Appeal will follow the standard process. For the standard Appeal process, you must sign this form.

PART 4 Signature/s

Signature of the person listed in Part 1

Signature of the person listed in Part 2

Please read the section below before signing this form.

You must sign this form in order to file the Appeal. If someone else is filing the Appeal for you, then that person's information must be listed in Part 2 and both of you must sign this form.

Your Appeal will be kept confidential. This is required by federal and state laws and rules. Only MVBCN, the treatment agency, your provider and/or the Addictions and Mental Health Division of the Oregon Department of Human Services can look at, share and discuss your confidential information. They can do this to investigate and resolve your Appeal. They can do this also for certain other required purposes. You don't need to sign an authorization form for this.

You can have someone else file the Appeal for you. If this person is an authorized Member Representative, you don't need to sign an authorization form. They can look at, share and discuss your confidential information to help investigate and resolve your Appeal. If the person is not an authorized Member Representative, then you must sign an authorization form.

Important notes:

- *If you are 14-17 years old and have consented to mental health treatment without involving your parent or legal guardian, you can file this form without anyone else's signature.*
- *If you are a parent or legal guardian and the person listed in Part 1 is under 18 years old, you can sign this form without that person's signature. The exception is if the person is 14-17 years old and has consented to mental health treatment without involving a parent or legal guardian.*
- *If there is any other reason why you have authority to file this Appeal without the signature of the person listed in Part 1, you must provide proof of this when filing the Appeal.*

Where to return this form

Mid-Valley Behavioral Care Network
Attn: Appeals
1660 Oak Street SE, Suite 230
Salem, Oregon 97301

Call if you need help filling out this form:

In Salem: 503-361-2647
Toll-free: 1-866-422-6647
Oregon Telecommunications Relay Service:
TTY or Voice: 711 • VCO: 1-800-735-3260

Definitions

Action:

- (1) The denial or limited authorization of a requested service, including the type or level of service;
- (2) The reduction, suspension, or termination of a previously authorized service;
- (3) The denial, in whole or in part, of payment for a service;
- (4) The failure to provide services in a timely manner, as defined by the State;
- (5) The failure of an MCO or PIHP to act within the timeframes provided in §438.408(b); or
- (6) For a resident of a rural area with only one MCO, the denial of a Medicaid enrollee's request to exercise his or her right, under §438.52(b)(2)(ii), to obtain services outside the network.

Administrative Hearing: A DHS hearing related to an Action, including a denial, reduction, or termination of benefits that is held when requested by the OHP Member. A hearing may also be held when requested by an OHP Member who believes a claim for services was not acted upon with reasonable promptness or believes the managed care plan took an action erroneously.

Appeal: A request for review of an Action, as Action is defined in this section. *For more information, go to pages 9-12 of this handbook.*

Complaint: A formal way for you to tell your mental health plan, a provider or a treatment agency about a problem or concern. A Complaint is about any matter other than an Action. *For more information, go to pages 7-9 of this handbook.*

Consumer: A person who receives health care services.

Coverage Letter: A letter size paper sent by OHP that lists your DHS worker's ID and phone number, your benefit package, co-pay requirements, and managed care enrollment. The letter lists this information for everyone in your household with OHP insurance.

Crisis Services or Crisis Situation: Services when a person needs help quickly so the situation does not become an emergency.

Department of Human Services (DHS): Oregon's statewide health and human services agency.

DHS Medical Care ID: A business card size paper sent by OHP that lists your name, client ID number and date the card was issued. Each person in your household with OHP insurance has her or her own ID.

DHS Worker: A staff person with DHS who is assigned to help you with questions.

Division of Medical Assistance Programs (DMAP): The DHS office that manages the Oregon Health Plan and other health assistance programs in Oregon.

Drug and Alcohol Treatment: Services for the use or misuse of drugs and/or alcohol.

Emergency Services or Emergency Situation: Services when a person needs help right away to avoid serious harm or injury. If the person is a pregnant woman, this also means avoiding harm to her unborn child.

Limited Services: Services covered by OHP only in certain situations or for a specific purpose.

Managed Care Plan: The organization(s) with which you are enrolled to manage your OHP medical, dental and/or mental health services.

Member: A person who is enrolled in a managed care plan.

Medical Plan: A managed care plan that provides and coordinates medical services for its members.

Mental Health Plan: A managed care plan that provides and coordinates mental health services for its members.

Mental Health Services: Services or treatments for mental or emotional disorders.

Non-Covered or Excluded Services: Services not covered by OHP.

Oregon Health Plan (OHP): Oregon's program to provide health assistance and care for certain low-income people.

Post-Stabilization Services: Services provided after an emergency has passed. These are services to help the person remain stable or to improve their mental health situation.

Provider: A qualified person who provides health care services.

Routine Services: Services when a person is not in an emergency or crisis situation.

Service Area: The five-county area for which MVBCN is the mental health plan for most OHP members. This area is Linn, Marion, Polk, Tillamook, and Yamhill Counties.

Treatment Agency: An office where many different providers are located.

Urgent Services or Urgent Situation: Services when a person needs help quickly so the situation does not become an emergency.

Mid-Valley Behavioral Care Network

Regional Service Center

1660 Oak Street SE, Suite 230

Salem, Oregon 97301

503-361-2647