Behavioral Health Provider Manual

Behavioral Care Network
550 Hawthorne SE, Suite 140
Salem, OR 97301
503-361-2647

November, 2017

OUR VISION

Communities that actively promote recovery and overall health for children, adults, and families

OUR MISSION

To improve the lives of our Members through investments in community resources and access to high quality, integrated mental health and addictions services

OUR GOALS

Access

Ensure timely access to treatment and recovery services

Health Promotion

Increase capacity of families and communities to promote mental health and prevent mental illness and addictions

Integration

Integrate behavioral health with other health care and social support services

Person Centered

Promote meaningful, culturally competent engagement with consumers and their families

Quality

Ensure network excellence through effective oversight, training, and continuous quality improvement activities

Operational Excellence

Facilitate operational excellence through data-informed decisions, financial stewardship, and process improvement

OUR VALUES

Communication. Diversity. Innovation. Integrity. Accountability. Collaboration. Staff Development.

Table of Contents

Introduction 4
Contact Numbers 4
Resources for Outpatient Providers 5
Abuse Reporting 6
Access 6
Advance Directives 7
Billing and Claims Payment 8
CAMS 10
Community Integration Manager (CIM) 11
Complex Case Consults/Early Responders 11
Contracting with the BCN 12
Credentialing 12
Crisis Services 13
Critical Incident Reporting 14
Declaration for Mental Health 15
Emergency Department Use 15
Flexible Goods and Services 15
Grievances and Complaints 16
Information Sharing 16
Interpreter Services 17
Member Rights & Responsibilities 17
Metabolic Monitoring 17
OHP Enrollment Assistance 18
PCP Engagement 18
Peer Supports 19
Pharmacy Services 20
Pre-Manage 20
Prior Authorization 21
Quality Improvement Plans 25
Seclusion & Restraint 25
Second Opinions 25
Specialty Services 26
Termination of Services 27
Tobacco Cessation 28

Introduction

This provider manual is a reference tool for BCN contracted in-panel providers and contains important information for providers and office staff. This document should be used in conjunction with your contract with BCN. If any information in this manual is inconsistent with your contact terms, your contract will take precedence over this manual.

Contact Numbers

Behavioral Care Network

- Main Office 503-361-2647
- Access 503-361-2778
- Contracts 503-566-2938
- Credentialing 503-566-2916
- Provider Relations 503-566-2916
- Quality and Network Management 505-585-2919
- Psychiatric Hospital Coordination 503-361-2694
- Peer Support 503-585-4992
- Prior-Authorizations
  - Mental Health 503-361-2776
  - Alcohol and Drug 503-576-4697
- Utilization and Care Coordination 503-584-4838

PH TECH

- Provider Relations 503-584-2150 Option 2
- DMAP Enrollment Support 1-800-336-6016

Crisis Lines

- Marion County
  - PCC: 503-585-4949
  - Youth and Family Crisis: 503-576-4673
- Polk County
  - 503-623-9289
  - After 5 PM: 503-581-5535 or toll free at 1-800-560-5535

Resources for Outpatient Mental Health Providers

OHP Prioritized List – Behavioral Health Services extract, effective 10/01/2016

- http://www.oregon.gov/oha/HPA/CSI-HERC/Pages/Prioritized-List.aspx
- Use subset file titled "10-01-2017 Prioritized List of Health Services - Behavioral Health Services.pdf"

MOTS Webpage: http://www.oregon.gov/oha/hsd/amh-mots/Pages/index.aspx

WVCH Website: www.wvchealth.org

CIM Log-in Page: https://cim1.phtech.com/mcrweb/

BCN Website: www.mvbcn.org

BCN Secure Email Portal: https://web1.zixmail.net/s/login?b=mvbcn

WVCH Provider Manual:
http://wvchealth.org/images/pdf/Plan%20Documents/Finalized%20WVCH%20Provider%20Manual%202017.pdf

MMIS: https://www.or-medicaid.gov/ProdPortal/default.aspx

OARs
Applies to provider agencies operating with a Certificate of Approval:

- Chapter 309, Division 19: Oregon Health Authority, Addiction and Mental Health Services – Outpatient Addictions and Mental Health Services
- http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_309/309_019.html

Applies to licensed practitioners not working in an agency with a Certificate of Approval:

- OAR 410-120-1360: Medicaid documentation requirements for licensed behavioral health practitioners
- http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_410/410_120_1300-1980.html

Applies to all Medicaid mental health services:

- Chapter 410, Division 172: Oregon Health Authority, Division of Medical Assistance Programs – Medicaid Payment for Rehabilitative Mental Health Services
- http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_410/410_172.html

Abuse Reporting

The purpose of abuse investigations is to protect individuals at risk and to ensure appropriate action should there be substantiated findings of abuse. Agencies are expected to understand their mandatory reporting obligations and to ensure that staff makes such reports as indicated. There are a number of mandatory abuse reporting statutes and administrative rules applicable to vulnerable populations receiving behavioral health services:

- ORS 419B.005 to 419B.045 for child abuse
- OARS 430.735 through 430.765 for persons with mental illness or developmental disabilities served in facilities or in county mental health programs
- ORS 124.005 to 124.040 for elderly persons and persons with disabilities
- ORS 441.650 to 441.680 for residents of long term care facilities

Access

Access Coordinators

Behavioral Health Access Coordinators are BCN's central intake point for Members. They receive requests from Members, WVP Health Authority (WVP) , Primary Care Providers (PCPs) and Outpatient Providers for emergent, urgent, or routine services and work closely with agency intake coordinators to facilitate timely appointments.

Referral information is available in the WVCH Member Handbook and by calling the BCN Regional Access Line, 503-361-2778. Members may contact the in-panel provider agency of their choice, or contact the Behavioral Health Access Coordinators to help find an appropriate provider.

Access Expectations

BCN In-Panel Provider agencies and BCN staff must be able to determine whether the Member's needs are emergent, urgent, or routine and they must be able to address the Member's needs in a clinically appropriate manner. As a general principle, the least restrictive level of care that can safely and appropriately address a Member's presenting issue should be used. OAR 410-141-3220 defines access expectations for emergent, urgent, and routine needs.

For a Member who is not currently enrolled in mental health services whose needs are **Emergent** or **Urgent:** it is expected that all agencies ensure that emergent appointments are made with 24 hours, urgent appointments within 48 hours and routine appointments within 14 days.

For a Member who is not currently enrolled in mental health services whose needs are **Routine**, the BCN in-panel agency contacted by the Member is expected to schedule an intake appointment for the Member within 14 day days of the Member's first contact with agency for routine care.

Routine referrals can be outside of 14 days by Member choice. If the Member accepts an appointment outside the 14 days, the intake coordinator needs to document this in CIM. If the Member declines or the intake coordinator is unable to schedule within 14 days, the Member will be transferred to a BCN Behavioral Health Access Coordinator. Prior to transferring the call, the Member will be given the BCN access number 503-361-2778.

BCN Access Coordinators will make 3 attempts to contact the Member. While BCN doesn't require providers to make 3 attempts to contact the Member, it is best practice and we strongly encourage providers to do this. If BCN is unable to contact the Member after these attempts the referral will be closed. If the Member is still interested in the services requested, they would need to initiate a new request for services by calling one of the in-panel agencies or BCN's access number 503-361-2778.

If a Member is having a mental health crisis during business hours and is enrolled in mental health services, the Member's primary Mental Health Care Provider should consider this an Emergent or Urgent situation and make every effort to provide a clinician response during business hours prior to any referral to emergency services (e.g., PCC, hospital emergency department). Provider agencies are expected to have 24 hour capacity to receive crisis calls from Members enrolled in their services and to have on-call clinicians to provide crisis support prior to any referrals to emergency services.

All of the above provider communications regarding WVCH Members within the BCN network, with medical providers, and with emergency services, are required in accordance with ORS 414.679 without the need for a Release of Information. However, it is preferred that such communications are described by providers in advance to the Member so that they understand the reason for the communication.

Advance Directives

An Advance Directive gives providers specific information on how an adult Member would like their medical care handled in the event that they are unable to make those decisions for themselves. Providers are required to document in a prominent place in the medical record whether the Member has executed an Advance Directive. If the Member does not already have a Directive, the medical record must document they were informed about Advance Directives and offered to execute one.

Members may request assistance from their primary care provider or their behavioral health clinician to develop an Advance Directive to document their wishes regarding end of life care. Support in making end of life decisions is most likely to be needed in situations where; the Member does not have family or other support persons providing such assistance, or when the Member's cognitive level

and/or medical conditions suggest that assistance with this planning would be appropriate. Assisting the Member to approach their PCP for help in thinking through these issues is an appropriate case management role for the clinician.

Billing and Claims Payment

Payment of claims is subject to Health Plan referral and Prior Authorization requirements, billing and coding standards, eligibility on the date of service and covered services.

Timely Filing

Initial submission of claims more than 120 days past the date of service will be denied as the time limit for timely filing has expired, except as provided in OAR 410-141-3420.

Claims Submission

WVCH encourages electronic claims submission. Claims submitted electronically produce a quicker response to the provider and a reduction in the length of time to payment for clean claims. WVCH accepts either electronically billed claims or paper claims. All paper claims must be submitted on an original red CMS -1500 or UB-04 form to be accepted. Copies of the forms will not be accepted. If the claim is hand written, the claim must be legible. Mixed hand written and typed claims will be returned. All applicable fields must be completed; the minimum required fields can be found in the OHA Professional Billing Instructions and the OHA Institutional Billing Instructions.

Professional Billing Instructions:
http://www.oregon.gov/oha/HSD/OHP/Tools/Professional%20Billing%20Instructions.pdf

Institutional Billing Instructions:
http://www.oregon.gov/oha/HSD/OHP/Tools/Institutional%20Billing%20Instructions.pdf

All paper claims should be mailed to:

WVCH CCO
PO BOX 5550
Salem, OR 97304

Claims Questions

Questions on claims should be first addressed to the claims processing department at PH Tech, at 503-584-2150. If further assistance is required you can reach out to BCN Provider Relations at 503-566-2916.

Correcting Claims

PH Tech cannot make changes to provider claims. Instead, providers are required to submit a correct claim reflecting needed changes either by paper or electronically as applicable.

Providers are encouraged to use CIM to communicate with PH Tech and/or BCN about the topics listed below. (Note: This is not an exhaustive list.) Providers should use the CIM email link on the authorization or claim in question to communicate with PH Tech or BCN.

- Provider request to adjust Authorization information
- Providers relaying information about Member eligibility (retro changes)
- Claims status questions
- Provider questions concerning how decisions are made to process and pay claims, including fee schedule, benefits, edits, etc.
- Provider request to VOID a claim

If submitting a corrected claim by paper:

1. Do not over-write (white out) or handwrite changes to the original claim as these will not be accepted.
2. Create a new claim with applicable changes, noting on the top margin that the claim is a corrected Claim.
3. Submit the paper claim as you would a new claim.

If Providers have questions about submitting a corrected claim electronically, contact PH Tech at 503-584-2150.

Coordination of Benefits

Coordination of Benefits (COB) rules establish the order in which health insurers pay claims when more than one insurer provides coverage for a Member.

WVCH uses standard Federal and State guidelines to make COB determinations. Current federal regulations require that Medicaid pay for health care only after an individual has exhausted all other health care resource. With few exceptions WVCH is considered the payer of last resort. If the Member has coverage with WVCH and another health plan, file the claim with the insurance company, which, to the best of your knowledge, is the primary payer.

If you need assistance in determining the position of more than one payer, please contact Customer Service at 503-584-2150 or 1-866-362-4794. All claims billed for secondary coverage must be reported with a copy of the Explanation of Benefits (EOB) from the primary payer. Be sure to list all group numbers and identification numbers on each claim.

The total claim payment will be paid at the lesser of the WVCH contract allowable or billed charges. For example, if the primary pays part of the claim, WVCH will pay the difference up to the WVCH allowable or billed charges whichever is less.

Third Party Liability

Third Party Liability (TPL) is defined as individuals, entities or programs that may be liable to pay all or part of the expenditures for medical expenses provided under a health plan. Third parties include private health insurance (i.e., commercial insurers, self-funded plans or profit or non-profit pre-paid plans), Medicare, CHAMPUS, automobile insurance, state workers' compensation and other federal programs as well as liability insurance of any kind and or individuals who are legally responsible for the loss. In most cases, WVCH will pay for claims only when other means are not available. If you have questions, or would like to report TPL, contact Customer Service at 503-584-2150 or 1-866-362-4794.

CAMS

BCN providers have implemented an evidence-based practice, Collaborative Assessment and Management of Suicidality (CAMS), across our continuum of care. CAMS helps providers move away from 'controlling' suicide risk by offering tools to engage the individual to better understand these thoughts and feelings and to address key stressors.

CAMS Familiarization Tools

The resources below equip clinicians to begin using this model of care. BCN periodically provides CAMS Skills Training and consultation calls through CAMS-care for clinicians to deepen their skills.

1. Book: Managing Suicidal Risk: A Collaborative Approach, 2nd Edition, David Jobes, Guilford Press.
2. Published article: The Collaborative Assessment and Management of Suicidality: An Evolving Evidence-Based Clinical Approach to Suicidal Risk (2012). Email the Quality Improvement Coordinator to request a copy of this article.
3. Watch a video of conference presentation by Dr. Jobes (about 25 minutes). Watch the YouTube video by clicking here: video.
4. Purchase and watch a 3 hour training video by Dr. Jobes, purchased through CAMS-care, purchase here.
5. Purchase the Empathos eLearning 3-hour asynchronous online course in CAMS, http://www.empathosresources.com. It is highly interactive and includes video demonstration of in-session interaction between clinician (Dr. Jobes) and suicidal patient, tracking the patient as both guide you through the CAMS 12-week framework. The course includes knowledge

testing of learner paced throughout the course. There is a per learner license cost associated with this course. Note that this is a lifetime license, meaning that the learner can return to the course in perpetuity to sharpen their skills, review videos and take advantage of other course assets etc. Agency license is not available.

Suicide Status Form

BCN has purchased a license for agency duplication of the SSF forms, and purchased a copy of the Jobes book for each agency. Reproducible forms in English can be downloaded at the CAMS website. To request forms in Spanish, contact the Quality Improvement Coordinator at 503-576-4538.

Community Integration Manager (CIM)

Through the CIM system operated by PH Tech, users can verify WVCH Member eligibility, check claim status, and submit authorizations. Call Provider Relations at 503-566-2916 or fill out the BCN CIM Access Form in the forms section of the website.

Upon access approval, the user must agree to the End-User Level Agreement that is presented upon initial sign-in to CIM. The user is being granted limited license to access the Protected Health Information of Members in CIM solely for the purposes of fulfilling their duties as an employee, contracted community partner, provider, health plan staff, administrator or business associate. The license will terminate immediately if the user ceases to be employed by, or associated with, an entity whose data is represented in CIM. The user represents and warrants that they will not access or attempt to access CIM after the license has terminated. The user represents and warrants that they will promptly notify WVCH of any change in their employment status or professional affiliation. Each office should have a designated person to report any user changes within the practice that would affect CIM users to Provider Relations at 503-566-2916.

Complex Case Consultation/Early Responders

For Adults - Early Responders

Early Responders is a multi-agency group that meets weekly to conduct clinical case reviews of WVCH Members who are identified as having behavioral health challenges plus frequent contact with mental health crisis and emergency medical services. Both primary care and behavioral health providers are encouraged to bring cases to Early Responders for review and recommendations. To make a referral to Early Responders, please contact BCN at 503-361-2694.

For Children and Youth – MV-WRAP/New Solutions

For youth with wrap around teams, clinical supervisors and QMHPs in the county programs and BCN Behavioral Health Coordinators are available for assistance with case management and consultation. This can involve face-to-face or phone conversations, or participation in a child and family team meeting. The goal is to brainstorm options for meeting the needs of children and families, and enlist community resources to address gaps in mental health system capacity. For consultation support, please contact BCN at 503-584-4838.

Contracting with the BCN

BCN is responsible for contracting with providers for mental health services. (NOTE: Chemical dependency services are managed through BCN but contracted with WVCH. For more information contact the WVP Contract Office 503-587-5135).

As of this writing, there are five categories of providers eligible to apply for a contract with BCN for outpatient mental health services.

1. Agencies with a Certificate of Approval for mental health services from the Oregon Health Authority and that have an office location in Marion or Polk County;
2. Groups consisting solely of mental health professionals licensed by an Oregon licensing body and that have an office location in Marion or Polk County;
3. Individual mental health professionals licensed by an Oregon licensing body and that have an office location in Marion or Polk County, but who are not practicing in a group as identified in #2 above;
4. Patient Centered Primary Care Homes (PCPCHs) currently contracted by WVCH and that are interested in providing outpatient mental health services to WVCH enrollees; and
5. Other providers contracted by WVCH that are qualified to provide mental health services to WVCH Members

Categories may change periodically and BCN may suspend or stop accepting new contract applications, so check with Provider Relations, 503-566-2916, to get the latest information.

Credentialing

Credentialing for In-Panel Mental Health Clinicians

The policy and procedure for in-panel agency provider credentialing is located in this website under Credentialing. Licensed clinicians complete the Oregon Practitioner Credentialing Application and submit it to BCN Provider Relations by fax, 503-585-4989. All clinicians, regardless of licensure status,

must be registered for payment purposes using the New Practitioner Registration Form. This form should also be used when there's a change in the clinician's credentials to prove services, such as a QMHA who becomes a QMHP. Both forms can be found in the forms section of the website

Credentialing for Out of PanelServices

Credentialing for out of panel services is described in the credentialing policy and procedure in this website. Authorization for out-of-panel services is often referred to as a "single case agreement". Out of panel providers must submit the forms listed below to BCN Provider Relations by fax at 503-585-4989. These forms can be found in the forms section of the website.

- BCN Out-of-Panel Agreement including all documentation specified in the agreement
- New Practitioner Registration Form for each clinician providing services under the single case agreement
  - BCN may require a licensed clinician to fill out the Oregon Practitioner Credentialing Application: http://www.oregon.gov/oha/HPA/OHIT-ACPCI/Documents/2012credappglossary.pdf
- If the provider is not already enrolled with Oregon Medicaid, they need to complete PH Tech form 3108 in order to do this
- IRS Form W-9 for the entity to which claims payment will be issued

Crisis Services

Access to Crisis Services

Marion County:	Psychiatric Crisis Center (PCC): 503-585-4949 (24/7) Youth and Family Crisis Services 503-576-4673
Polk County	503-623-2989 during business hours After pm: 503-581-5535 or 1-800-560-5535

Warmline

A warmline is an alternative to a crisis line that is run by trained "peers," people who are in recovery, and provides an opportunity to talk with people who have lived experience with mental health or addictions challenges. Members can reach the David Romprey Oregon Warmline at 1-800-698-2392.

Crisis Plans

Crisis Prevention Plans are meant to help people we serve, their support persons, and providers prepare for times when life seems too hard to manage. This plan is designed to support conversations about what would help when additional support or action is needed. We recommend providers talk

about this plan with Member to understand their strengths and your challenges.

The BCN crisis Plan forms are provided as a suggestion. Agencies may use variations on the format and content and build templates within their EHR. For individuals who have participated in CAMS, a CAMS stabilization plan can be included to avoid duplication. Portions of a Wellness Recovery Action Plan might also be used.

Members can fill out this plan by themselves with a peer support person, a family Member, a friend or with a mental health provider.

Agencies are asked to create a system to trigger review and updating of Plans. Logical points in time would link to changes in the treatment plan or annual assessments. The most helpful approach may be to ask what has changed: how new skills, goals, or natural supports could be included to make a Plan more relevant.

The plan is most useful if it is available to the Member, their support people and their provider at moments of crisis. It's also suggested that the plan be on file with the local crisis resources.

Go to the Forms Section of the website to download an *Adult Crisis Pla*n or *Child & Youth Crisis Plan*.

Critical Incident Reporting

Critical incidents are actions that result in serious injury or death or any other serious incident that is a risk to Member health and safety including:

- Member Suicide*
- Medication Error requiring Medical Intervention
- Attempted Member Suicide
- Member Death
- Allegation of Member Abuse or Neglect
- Danger to Health and Safety
- Alleged homicide of or by Member
- Police intervention

*Suicides of children and young adults (ages 0 to 24) are also reported to the in the county where the death occurred.

Providers are required to report Critical Incidents to the BCN using the Notification and Follow Up forms for each incident. The Critical Incident Policy can be found in the policy section of this website.

Declaration for Mental Health Treatment

Members have the right to execute a Declaration for Mental Health Treatment: http://www.oregon.gov/oha/HSD/amh/forms/declaration.pdf (ORS 127.703). The Declaration conveys the individual's preferences for future mental health treatment at times when they are not able to make their own treatment decisions. The Member can identify a representative to oversee their care in times of impairment, and the Member can request or refuse specific treatments. A physician can refuse a requested medication but cannot give a different medication unless the Representative agrees. The individual's preferences in the Declaration can be overridden if they are held under civil commitment law or if it's an emergency situation where their life or health is in danger.

Mental health providers should inform Members of their right to assistance in completing the Declaration. If requested, agencies' behavioral health clinical staff will assist the Member in completing the Declaration. BCN clinical staff are also available to assist the Member with completing the Declaration.

Emergency Department Use

One goal for WVCH is to reduce unnecessary Emergency Department (ED) visits; however, in those situations where ED is necessary, we suggest the following actions to facilitate Members receiving the care they need:

- Assist the Member on how to talk about the symptoms of the physical illness. Suggest they write down the physical symptoms ahead of time to refer to, or to give to the ED staff.
- Encourage the Member to carry a list of their medications and dosages.
- Discuss the option of someone going with the Member to help them work with the medical staff and assist them with retaining the information the medical staff give them. Consider family or friends, advocates from a peer-run organization, or staff.
- Use Pre-Manage to provide information for ED staff to understand the individual's presentation and needs and so that they can easily contact you.

Flexible Funds for Goods and Services

Flexible goods and services are non-state plan, non-covered health related services that are intended to improve the health of Members and/or lower cost. They may treat or prevent physical, oral, or behavioral health conditions, improve health outcomes, or prevent/delay health deterioration. Flexible services must be documented in the Member's record and be consistent with their treatment

plan. They may include, but are not limited to:

- Training/education for health improvement or management
- Self-help or support group activities
- Care coordination, navigation, or case management not otherwise covered
- Home/living environment items (non-DME)
- Transportation not otherwise covered
- Housing supports
- Assistance with food or social resources

Agencies or clinicians may request foods or services paid from flex funds on behalf of the Member at any time using the Flexible Services Request Form in the forms section of the website. Staff from WVP and BCN will review the requests and render a decision. The outcome of the request will be in writing and inform the Member, their representative and the requesting provider of the Member's right to file a grievance in response to the outcome. (See grievance provisions in OAR 410-141-3260 and 410-141-3261.) The Member may file the grievance orally or in writing. It is important to note that Members have no appeal or hearing rights in regard to a flexible services outcome.

Grievances and Complaints

Any Member can complain or file a grievance if they are unhappy with OHP, WVCH, BCN, a provider or their services. They may also get help filing a complaint if needed. Call WVCH customer service at 503-584-2150 (TTY 711). The Member can send WVCH a letter with a complaint at: WVCH CCO 2995 Ryan Dr. SE, Suite 200 Salem, OR 97301. WVCH will call or write back in five days to let them know that staff is working on it. If WVCH needs more time, the letter will say so. WVCH must address the complaint within 30 days.

Information Sharing

Providers are required to have policies and procedures in place that ensure that Member records are secured, safeguarded and stored in accordance with applicable federal and state laws and regulations.

<u>This does not prohibit sharing information with Providers in the WVCH network</u>. In fact, BCN expects providers to coordinate care and exchange information to address Member needs with the Member's PCP and other Providers in the network. Oregon statutes enable providers within a CCO to share information about Members without a Release of Information (except for psychotherapy notes).

On the other hand, information sharing for individuals with addictions challenges does require a Release of Information by the Member in accordance with federal regulations 42 CFR 2.12(a). In general, information from an addictions treatment provider can be shared with another provider only with written consent from the Member.

Interpreter Services

WVCH contracts with culturally appropriate interpreter services for provider and Member use during medical, mental, and dental service visits. Interpreter services are available to the Member and provider at no charge and are covered by the health plan for WVCH Members who are hearing impaired, whose primary language is not English, or who may experience difficulty communicating with the plan or their providers.

Members cannot be required to provide their own interpreter. Minor children are not to be relied upon for medical or clinical interpreter services, nor are unqualified bilingual or multilingual staff, except in a life-threatening emergency where there is no qualified interpreter immediately available.

For a current list of interpretation vendors please visit the WVCH website at http://wvchealth.org/find-a-provider/ and scroll to the bottom of this page

Member Rights & Responsibilities

WVCH Members have certain rights and responsibilities. Please visit the Member Handbook on the WVCH website to see a list of Member Rights and Responsibilities: http://wvchealth.org/images/pdf/FINAL%20Member%20Handbook%202017%20state%20approved.pdf

Metabolic Monitoring

National guidelines call for monitoring of metabolic functioning in individuals taking certain psychiatric medications. BCN expects all agencies providing psychiatric medication management to monitor these side effects at the frequency recommended by their medical staff for each medication. Results are to be submitted to BCN's Quality Improvement Coordinator by the end of the month following the end of the quarter. The Metabolic Monitoring Report can be found in the Forms section of the BCN website.

OHP Enrollment Assistance

Enrollment Assistance is available to OHP Members whose coverage is expiring. Information from OHA is at 1-800-699-9075. Local coaching help can be found by contacting:

- Interface, 161 High St. SE, Suite 234, Salem 503-364-0088
- West Salem Clinic, 1233 Edgewater Drive NW, Salem 503-480-1780
- PHTech, 3993 Fairview Industrial Dr SE, Salem 503-584-4208

PCP Engagement

Patient Centered Primary Care Homes coordinate care for each Member. A Primary Care Provider (PCP) is assigned to Members when they enroll with OHP and WVCH.

If you are serving people who are having challenges getting their medical needs met, you have a number of potential partners with whom you can collaborate to improve care. It is important early in your treatment relationship to explain to the Member that your role is to communicate with their medical provider to collaborate, advocate and ensure that their needs are met. This communication among providers within WVCH does not require a release of information.

- If you work with a Member who does not have a relationship with a primary care clinic, your office staff can look in CIM to identify medical clinic assignment. Or you can assist them in calling Customer Service to find out their assignment.
- For a Member new to WVCH who is having trouble getting into primary care for immediate medical needs, call WVP Intensive Care Management (503-581-8192)s
- If you and the Member are unable to get the needed assistance from their assigned primary care clinic, request help from WVP Intensive Care Management.
- It can be very helpful to have a Peer Support Specialist or Mentor accompany the Member to medical visits and support them in communicating with providers.

The following information is recommended to be shared with the PCP:

Information from Provider to PCP following referral:

- Dates of scheduled appointments.
- Diagnosis and planned intervention
- Crisis/prevention plan, if applicable
- Medications, if applicable, and labs
- Level of Member engagement.
- Provider contact for coordination of care

Information Sharing during Treatment:

Collaboration requires event-driven information sharing during treatment. *OHP Member should be informed about such communication and have input about what is shared.* Examples include:

- Change in relevant medication or lab results of concern.
- Request for specific action by the other provider (i.e. if therapist requests PCP to prescribe, send request with current diagnosis).
- Major change in the treatment plan or direction including change to a different PCPCH
- Crisis or relapse, or a medical crisis increasing need for support and collaboration.
- Important new information will impact treatment, such as change in living situation, current safety issues, emergence of new problems, revised crisis/prevention plan.

Information shared at end of treatment:

- Service conclusion summary, including medication status at discharge, summary of the focus and outcomes of treatment
- Final diagnostic status
- Any follow-up plans.

Peer Supports

Peer Support Overview

In behavioral health, a Peer refers to someone who has lived experience with mental health, addiction or trauma recovery. Peer support is the process of giving and receiving encouragement and assistance to achieve long-term recovery. Peer support programs provide an opportunity for consumers who have achieved significant recovery to assist others in their recovery journeys.

Peers walk alongside consumers, offering hope, connection, and emotional support. They provide practical assistance as consumers move toward wellness and recovery. Peers also connect consumers with resources, opportunities, communities of support, and other people. In behavioral health, peers offer their unique lived experience with mental health recovery to provide support focused on advocacy, education, and mentoring.

Accessing Peer Support

BCN contracts with community-based peer programs which are available whether or not Members are using other behavioral health services. The following organizations are contracted with BCN to offer support groups, activities, recovery events, and opportunities leadership and more:

- Project ABLE: https://projectable.org/ Salem 503-363-3260
- Recovery Outreach Community Center (ROCC): http://www.roccsalem.org 503-393-4273
- Dual Diagnosis Anonymous (DDA): http://ddaoforegon.com 1-877-222-1332
- Oregon Family Support Network (OFSN): http://www.ofsn.org 503-363-8068
- Youth Move (YMO): http://www.YouthmoveOregon.org 971-400-0889

There are numerous other peer resources available within Marion and Polk Counties. Marion-Polk Peer Coalition is an association of peer-run, peer-delivered, and consumer-driven organizations in Marion and Polk counties. Visit their website at: http://www.marionpolkpeercoalition.org/ to learn more about the peer organizations within their association.

Some agencies also employ Peer Support Specialists. Marion County Health Department has a Peer Wellness Program that employs a team of Peer Wellness Specialist. They provide support and help individuals navigate services and access community resources. To learn more about the Marion County Health Department Peer Wellness Program or to refer a Member visit their website at: http://www.co.marion.or.us/HLT/CAPS/GroupServices/Pages/peer.aspx

Pharmacy Services

Pharmacy services are not managed by BCN. Anti-depressant and anti-psychotic medications are paid for by Oregon Health Authority rather than by WVCH and are not subject to pre-authorization. Other psychotropic medications are covered by WVCH and managed by Med Impact (Toll Free: 800-788-2949). The formulary is available at http://wvchealth.org/medicaid-ohp/for-providers/

Pre-Manage

Pre-Manage is a communication tool that identifies high-risk Members faster and anticipates provider needs in real time. It provides comprehensive data, risk identification, targeted notification and access for providers to collaborate across stakeholders. The goal at the BCN is for our providers to utilize Pre-Manage to coordinate care with emergency departments so intervention can be provided sooner. Contact the Quality Improvement Coordinator at 503-576-4538 with any questions.

Pre-Manage is being implemented in 3 phases. Phase 1 is to be completed by the end of 2017. Phases 2 and 3 will be completed by the end of 2018.

- Phase 1 begins with a meeting between BCN Quality Improvement and the agency. At that meeting the agency will receive the WVCH Pre-Manage tool kit.

- During Phase 2 your agency will develop a plan for your Pre-Manage usage. Your IT staff will be communicating with Collective Medical Technology (CMT) – the company that owns Pre-Manage - to discuss specs for your Member enrollment file.
- At Phase 3 your agency IT staff is working with CMT to upload your agencies files and determine if this is going to be weekly, bi-weekly or monthly.

Prior Authorizations (from UM & Prior Authorizations chart)

Out of Panel Outpatient Authorizations

Out of Panel Outpatient Authorizations are managed by BCN staff. These authorizations may be to provide continuity of care during a current treatment episode, to meet the needs of Members in residential care outside of the WVCH region, to provide specialty services not available within the network, or to address shortages of access capacity within the network.

BCN clinical staff review out of panel authorization requests, conduct ongoing clinical review, and enter authorizations into CIM to allow payment. If a request is denied, the Member will be notified within 14 calendar days of the request with a Notice of Action (NOA) letter.

The reason for denying a request may include but is not limited to the following:

- OAR 410-141-0500(1)(b): The requested treatment or service is not a covered service;
- OAR 410-141-263(c)(A): The requested treatment or service requires preauthorization and it was not pre-authorized;
- OAR 410-141-263(c)(C): The requested treatment or service is not a Medically Appropriate service (i.e., not medically necessary or medically needed);
- OAR 410-141-263(c)(C): The patient was not a WVCH Member at the time of the service;
- OAR 410-141-263(c)(D) The Provider is not on the WVCH provider panel, and prior approval was not obtained for services from this provider;
- OAR 410-141-0500 (1) (a-j)(A)(B); 410-141-3420(4); 410-120-1295(1)(2)(3)(a-b) This provider is not an in panel WVCH provider and these services are available in panel.
- OAR 410-141-0500(1)(c)(d), and (e): The service is not included on the funded lines of the Prioritized List of Health Services for your condition and/or is for treatment of a diagnosis that appears only on the non-funded lines of the prioritized list.

Prior Authorization Requirements

Mental Health Services

In/Out of Panel	Type of Service	Prior Auth Required	Documentation Required
In Panel	Assessment (90791, 90792, H0031)	No	None
In Panel	Outpatient Treatment	No	None
In Panel	Psychological Testing (96101)	No	None
In Panel	Inpatient (adult & child)	Yes	• Fax to BCN the face sheet, history & physical, concurrent notes for review, discharge summary. (Fax: 503-585-4989).
In Panel	Children's Resid. or Day Tx	Yes	Contact BCN Care Coord. for process 503-566-2915
Out of Panel	Children's Resid. or Day Tx	Yes	Contact BCN Care Coord. for process. 503-566-2915
Out of Panel*	Assessment (90791, 90792)	Yes	None, but contact a BCN Behavioral Care Coordinator for auth # at 503-361-2776
Out of Panel*	Ongoing Treatment	Yes	• Clinical progress notes, assessment and/or treatment plan justifying ongoing care
Out of Panel*	Psychological Testing (96101)	Yes	• Contact BCN Care Coordinator to see if Member has a primary mental health provider. • If the Member has a mental health provider, review request with them and provide: o Length of service/treatment to date o Clinical progress notes, assessment and/or treatment plan o Clinical questions you want answered • If the Member does not have a mental health provider, fax the clinical notes relating to request, clinical questions you want answered, and parent contact info for children under 18 to a BCN Care Coordinator. Parent/guardian must agree to the testing for children under the age of 18.

*For Mental Health out of panel service authorizations, please contact the Behavioral Care Coordinator at 503-566-2915. Standard out of panel outpatient authorizations for ongoing care are three months in duration, however exceptions are made with evidenced need. In panel resources need to be explored first.

NOTE: If an Out of Panel request is denied due to availability of the service in panel, BCN staff will identify a provider & make an appointment unless the requester wants to do so.

Alcohol and Drug Services

In/Out of Panel	Type of Service	Prior Auth Required	Documentation Required
In Panel	ASAM Assessment & UA	No	None
In Panel	Outpatient Treatment (including Medication Assisted Treatment)	No	None
In Panel	Detox	No	• None to begin services (up to 7 days). Beyond 7 days, fax Extension Request to BCN. Fax: 503-585-4989. • Fax clinical documents to BCN upon detox completion. Fax: 503-585-4989.
In Panel	Inpatient (residential)	Yes	• Complete ASAM Assessment and Residential Request and fax to BCN. • Initial authorization is for 60 days. Fax Extension Request if Member needs more time. Extension approvals are for 30 days at a time. Fax: 503-585-4989
Out of Panel	ASAM Assessment & UA	Yes	• Fax OOP Request. If approved, fax completed ASAM Assessment to BCN. Fax: 503-585-4989
Out of Panel	Detox	No*	• *None to begin services (up to 7 days). Beyond 7 days, fax Extension Request to BCN. Fax clinical documents to BCN upon detox completion. Fax: 503-585-4989.
Out of Panel	Outpatient Treatment (including MAT)	Yes	• Fax OOP Request Form along with a completed ASAM Assessment to BCN. Fax : 503-585-4989
Out of Panel	Inpatient (residential)	Yes	• Fax OOP Request Form along with a completed ASAM Assessment to BCN • Initial authorization is for 60 days. Fax Extension Request if Member needs more time. Extension approvals are for 30 days at a time. Fax: 503-585-4989

***For questions about Alcohol and Drug services, please contact the BCN Behavioral Care Coordinator at 503-566-2915.**

Psychological Testing

Because psychological testing may be covered as either a medical or mental health benefit, there are both medical and MH referral and authorization pathways. The decision about who manages these depends on the billing code rather than the diagnosis.

No authorization is needed by BCN if the psych testing is performed by an in-panel provider.

For neuro-psychological testing, the referring provider can be the mental health or primary provider. He/she would fill out the WVCH Referral/PA form requesting a referral to the selected specialist. The specialist would then contact the health plan after consultation requesting a pre-authorization for the specific testing they determine is appropriate. For adults, neuro-psychological testing is often used when assessing cognitive issues related to medical conditions, for example dementia.

Psych Testing authorized and paid by MVBCN	**Neuro-psych Testing authorized and paid by WVP**
96101 Psychological testing, interpretation and reporting per hour by a psychologist	96116 Neurobehavioral Status Exam (per hour)
	96118 Neuropsychological testing, interpretation and reporting by a psychologist (per hour)
90791 Diagnostic interview as part of a psych testing work up	96119 Neuropsychological testing per hour by a technician
	96120 Neuropsychological testing by a computer, including time for the psychologist's interpretation and reporting

To locate a contracted Neuro-psychological provider, contact PHTech at 503-584-2150.
Go to the WVCH website http://wvchealth.org/ to locate the Referral/ Prior Authorization form.

Quality Improvement Plans

In accordance with Oregon administrative rules, Providers must develop and implement a structured and ongoing process to assess, monitor, and improve the quality and effectiveness of services provided to individuals and families.

- The BCN Clinical Quality Committee (CQC) will identify priority regional initiatives with associated metrics which need to be included in each providers' quality plan.
- Providers may include additional metrics and initiatives that relate to program or process improvements in agency specific areas
- Providers will be expected to address adverse/negative results, if any, following annual Consumer Satisfaction Surveys

The CQC will provide peer review of agency quality plans for:

- Technical assistance and shared learning and
- To provide input into agency change efforts

Seclusion & Restraint

BCN providers must ensure that Members are free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation. See BCN Policy on website.

Seclusion and restraint may only be used by providers of intensive treatment services such as psychiatric day treatment services, psychiatric residential treatment services and sub-acute programs for children and adolescents; or by hospital and facilities which provide care, custody and treatment to committed persons and to persons in custody or on diversion.

When these methods are required for the aforementioned providers the event should be recorded on the Critical Incident Notification Form. For further information on this, see the Critical Incident Policy.

Second Opinions

Second Opinions are available upon request by any WVCH Member or their parent/guardian. The program manager or clinical supervisor in the provider agency receives and responds to these requests with assistance from BCN as needed. Second Opinions are provided at no cost to the Member from a qualified mental health practitioner at a provider agency contracted with BCN or from a non-participating provider if a qualified mental health practitioner is not available within the panel of contracted agencies. Documentation of the outcome should be included in the clinical record.

Specialty Services

Agencies that contract with BCN also offer a variety of specialty services. Details for some of these services are described below. For other specialty service needs, contact the Behavioral Health Access Coordinators at 503-361-2778.

Applied Behavioral Analysis: (**ABA services are managed by WVP)**

Primary care physicians or mental health providers may make referrals to providers of Applied Behavioral Analysis (ABA). The provider list is available in the on-line Provider Directory for WVCH: http://wvchealth.org/find-a-provider/ . Click that you want to see 'all' providers, then select ABA. The ABA provider will arrange for authorization of services by WVCH.

Assertive Community Treatment (ACT):

Multidisciplinary team serves adults with severe mental illness. The team provides outreach and coordination of care, with multiple weekly contacts in the community. Each county has its own ACT Team.

- Marion County 503-588-5357
- Polk County 503-623-9289 ext 2310

Early Assessment and Support Alliance (EASA):

Early intervention program serving young people who have had a first experience of psychosis within the last twelve months and are between 12 and 25 years of age. Each county has their own EASA services.

- Marion County 503-576-4690
- Polk County 503-623-9289

Eating Disorders Treatment Services:

Treatment for mild eating disorders is available at most mental health provider agencies, with consultation support; however, The Oasis Center for Counseling & Wellness (971-304-7245) specializes in treatment for these disorders.

Supported Employment:

Employment services for individuals with serious mental illness are available for people receiving mental health services through Polk and Marion Counties. Contact the individual's case manager for information.

Transition-Aged Youth Services/Mission Transition:

Mission Transition serves youth 16-25, who are focusing on developing skills to assist in their transition into adulthood. These services can include; independent living skills, mental health symptom management, social skills training, academic improvement, job readiness, health and safety and other related issues. Marion County: 503-576-4600

Wrap-Around Services for Children & Youth (MV-Wrap & New Solutions):

Community based intensive treatment, care coordination and family support service for WVCH Members under age 18. Eligible youth and their families have access to wrap around support teams, crisis respite, routine respite, treatment foster care, in-home behavioral supports, mentors, plus short term and stabilization placements in residential and day treatment programs.

The MV Wrap and the New Solutions programs provide fidelity Wraparound; a team based planning process that is family driven and youth guided. For more information regarding MV Wrap Program and eligibility please contact the following:

- Marion County: 503-576-4536
- Polk County 503-623-9289

Termination of Services

Agencies are expected to notify and consult with BCN prior to terminating services for a Member for reasons other than Member choice, completion of treatment or a pattern of no show.

Agencies are expected to develop a transition plan with BCN and give the Member reasonable notice, typically 30 days. They should also be available during the transition for any medically necessary treatment until the date of termination.

If the basis for termination of a Member from the clinic is disruptive behavior or behavior which is dangerous to other Members or staff, the period may be shortened to as little as one (1) day. BCN will work with the provider to determine the transition timeline, considering safety, the severity of the Member's condition and the availability of other care in the community.

Please go to the Termination Policy on this site for the policy and procedures.

Tobacco Cessation

WVCH covers a broad range of tobacco cessation products. See the WVCH Formulary for the current list of covered medications at www.wvchealth.org. WVCH also encourages tobacco cessation support groups and classes for Members who are attempting to quit smoking. This benefit may be initiated by the Member, the Member's PCP, or the provider of the smoking cessation group/class. WVCH has contracted with Salem Hospital for Stop Smoking Classes, which require no Pre-Authorization.

Members may contact Customer Service at 503-584-2150 for benefit information.