Yamhill Community Care Organization

Yamhill County Health and Human Services
627 NE Evans Street McMinnville, Oregon 97128
Office: (503) 474-6884 Fax: (503) 474-3850 TTY: 1-800-735-2900

Yamhill County Health and Human Services

Behavioral Health Authorization Request Form – Chemical Dependency

☐ Pre-Authorization ☐ Authorization ☐ Extension: (☐ *Funds and/or* ☐ *Time*) **CIM Reference #**

Member Information

Name: Last:	First:
OHP ID #:	DOB:

Service Provider Information

Clinician Name(s) /Credentials:	Billing Contact:
Name of Agency:	Billing Contact Phone:
Business Address:	E-Mail Address:
Phone:	Fax:

Services Requested

OUTPATIENT	RESIDENTIAL	DETOX	MAT	Guidelines
☐ Assessment & UA ☐ Level 0.5 ☐ Level 1 ☐ Level 2.1	☐ Level 3.1 ☐ Level 3.3 ☐ Level 3.5	☐ WM Level 2 ☐ WM Level 3.2 ☐ WM Level 3.7	☐ Maintenance ☐ Stabilization	Attach a copy of the most current signed assessment and service plan. For episodes of care that last longer than one year, annual service plan must have LMP signature.

Date of client's enrollment with provider for this episode of care (when applicable):

Circumstances that warrant an out-of-panel admission (please specify according to length of time in treatment with your agency, geographical access, specialty service, etc. criteria):

FOR EXTENSIONS ONLY:

Please identify how the additional services requested will benefit the client:

Identify any new presenting concerns:

Date(s) of service: Initial Start Date: End Date: Extension End Date:

Services Requested by:
Clinician or agency rep. Signature: **Date:**
Printed name:

Please send requests via SECURE email to: bhauthorizations@co.yamhill.or.us
Phone: 503-474-6884 Fax: 503-474-3850