

Jackson Care Connect Mental Health  
Levels of Service and Practice Guidelines Grid

Fax # for inpatient requests: 503-416-4720

Fax # for all other submissions: 503-416-3713



Level of Service	Practice Guidelines	Requires Clinical Review	Auth Length
Adult Respite: ColumbiaCare is the Provider	No prior authorization required.		N/A
Child Respite: Kairos and Family Solutions are the Providers	No prior authorization required.		N/A
Assertive Community Treatment (ACT): Jackson County Mental Health is the Provider	No prior authorization required.		N/A
Children's Psychiatric Day Treatment Services (PDTS): Family Solutions is the Provider	Requires Prior Authorization. Provider to fax current and valid assessment and service plan. Authorization is dependent upon clinical review.	X	<b>Initial:</b> 90 days <b>Additional:</b> Case by case, not to exceed 30 days <b>LMP review:</b> 9 months
Children's Psychiatric Residential Treatment Services (PRTS): Trillium Family Services, Kairos and Looking Glass are the Providers	Requires Prior Authorization. Provider to fax current and valid assessment and service plan. Authorization is dependent upon clinical review.	X	<b>Initial:</b> 30 days, CONS completed by JCC LMP and CASII/ECSII completed by JCC UM <b>Additional:</b> Case by case, not to exceed 30 days <b>LMP review:</b> 30 days and case by case thereafter
Children's Wraparound Services (Wrap Services): Jackson County Mental Health is the provider	No prior authorization required.		N/A
24/7 Crisis services: Jackson County Mental Health is the provider	No prior authorization required.		N/A
Early Assessment Support Alliance (EASA): Jackson County Mental Health is the Provider	No prior authorization required.		N/A
Eating Disorder Programs Treatment: Residential and Partial Hospitalization	Requires Prior Authorization. Provider to fax current and valid assessment and service plan. Authorization is dependent upon clinical review.	X	<b>Initial:</b> 30 days <b>Additional:</b> Case by case
Electroconvulsive Therapy (ECT)	Requires Prior Authorization. Provider to fax current and valid assessment and service plan. Authorization is dependent upon clinical review.	X	<b>Initial:</b> 6-12 sessions, with LMP review <b>Additional:</b> Case by case with LMP review
Inpatient Acute Psychiatric Hospitalization: Child, Adolescent and Adult	<b>Supporting documentation sent within 24 hours of admission.</b> Payment is dependent upon clinical review, including the initial 24 hours of treatment. Fax: 503-416-4720, or phone call to 503-416-3404	X	<b>Initial:</b> Case by case, retro to date of admission if notified within 24 hours <b>Additional:</b> Case by case <b>LMP review:</b> All decisions to limit auths and for LOS >14 days

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Outpatient Counseling Services: Child, Adolescent, Adult, Adult SPMI	Prior authorization required for members who remain in treatment for longer than one year.	x	1 year
Psychological Testing	Requires Prior Authorization. Provider to fax current and valid assessment and service plan. Authorization is dependent upon clinical review.	X	<b>Initial:</b> Case by case, with max. of 8 hours/units <b>Additional:</b> Case by case
Neuropsychological Testing	Requires Prior Authorization. Provider to fax current and valid assessment and service plan. Authorization is dependent upon clinical review.	X	<b>Initial:</b> Case by case based on request. <b>Additional:</b> Case by case
Sub-Acute Treatment: Child, Adolescent: Trillium Family Services and Albertina Kerr Centers are the Providers	Requires Prior Authorization. Provider to fax current and valid assessment and service plan. Authorization is dependent upon clinical review.	X	<b>Initial:</b> Case by case, not to exceed 2 days <b>Additional:</b> Every 2 days except case by case exceptions <b>LMP review:</b> Day 14 and at least weekly thereafter
Sub-Acute Treatment: Adult: Community Counseling Solutions (Juniper Ridge) and Options are the Providers	Notice of Treatment sent within 24 hours of admission as well as supporting documentation. Payment is dependent upon clinical review, including the initial 24 hours of treatment.	X	<b>Initial:</b> Case by case, not to exceed 2 days <b>Additional:</b> Every 2 days except case by case exceptions <b>LMP review:</b> Day 14 and at least weekly thereafter
Applied Behavioral Analysis (ABA)	Requires Prior Authorization. See "Treatment Authorization Form - Applied Behavioral Analysis Services" on JCC website.	X	