



allcare cco

Prior Authorizations Handbook

January 2026



Language access statement

English

You can get this document in other languages, large print, Braille or a format you prefer. You can also ask for an interpreter. This help is free. Call Customer Care **(888) 460-0185**, language access **(888) 260-4297**, or TTY **711**. We accept relay calls. You can get help from a certified and qualified health care interpreter.

Spanish (Español)

Puede obtener este documento en otros idiomas, en letra grande, braille o en un formato que usted prefiera. También puede recibir los servicios de un intérprete. Esta ayuda es gratuita. Llame al servicio de atención al cliente **(888) 460-0185**, acceso lingüístico **(888) 260-4297**, o TTY **711**. Aceptamos todas las llamadas de retransmisión. Usted puede obtener ayuda de un intérprete certificado y calificado en atención de salud.

Need help? Call Customer Care:

(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

Russian (Русский)

Вы можете получить этот справочник на другом языке, напечатанный крупным шрифтом, шрифтом Брайля или в предпочитаемом вами формате. Вы также можете запросить услуги устного переводчика. Эта помощь предоставляется бесплатно. Вы можете обратиться в службу поддержки клиентов по телефону **(888) 460-0185**, а также воспользоваться программой преодоления языкового барьера по телефону **(888) 260-4297** или линией телетайпа **711**. Мы принимаем вызовы из службы ретрансляции телекоммуникаций. Также вы можете воспользоваться помощью сертифицированного квалифицированного переводчика, специализирующегося в области медицинского обслуживания.

Vietnamese (Tiếng Việt)

Quý vị có thể nhận thư này bằng ngôn ngữ khác, ở dạng bản in khổ lớn, chữ Braille hay theo định dạng quý vị muốn. Quý vị cũng có thể yêu cầu thông dịch viên. Đây là trợ giúp miễn phí. Gọi cho bộ phận Chăm sóc Khách hàng **(888) 460-0185**, truy cập ngôn ngữ **(888) 260-4297**, hoặc TTY **711**. Chúng tôi chấp nhận các cuộc gọi chuyển tiếp. Quý vị có thể được trợ giúp từ một thông dịch viên chăm sóc sức khỏe được chứng nhận và đủ tiêu chuẩn.

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Arabic (ةيبرعلا لغلا)

ليارب ةقيرطب وأ ةريبك ةعابطب وأ ىرخأ تاغلب ةلاسربا هذه ىلع لوصحلا كنكميو
 ةيناجم ةدعاسملا هذه .يروف مچرتم بلطأضيأ كنكمي .اهلضفت يتلا ةغيصلاب وأ
 ةغللا ىلإ لوصولا ، **(888) 460-0185** ءالمعلا ةمدخب لصتا
 كنكمي .عباتتلا تاملاكم لبقتن نحن . **TTY 711** ، وأ **(888) 260-4297**
 ةيحصلا ةياعرلل لهؤمو دمتعم يروف مچرتم نم ةدعاسملا ىلع لوصحلا

Somali (Somaliyeed)

Warqadan waxaad ku heli kartaa luqado kale, far
 waaweyn, farta indhoolaha (braille) ama qaabka
 aad doorbidayso. Waxaad sidoo kale codsan kartaa
 turjumaan. Caawimadani waa bilaash. Wac Daryeelka
 Macmiilka **(888) 460-0185**, gelida luqadda
(888) 260-4297, ama **TTY 711**. Waxaan aqbalnaa
 wicitaanada gudbinta Waxaad caawimo ka heli kartaa
 turjumaan daryeel caafimaad oo shahaado haysta oo
 aqoon leh.

Need help? Call Customer Care:

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Simplified Chinese (简体中文)

您可以获得这封信的其他语言版本、大字版、盲文版或您喜欢的格式。您还可以要求翻译。这种帮助是免费的。致电客户服务中心 **(888) 460-0185**, 语言访问 **(888) 260-4297**, 或 TTY **711**. 我们接受中继电话。您可以获得经认证的合格医疗口译员的帮助。

Traditional Chinese (繁體中文)

您可以獲取本信函的其他語言版本、大號字體印刷版、盲文版或您想要的格式版本。您還可以申請口譯服務。這些幫助是免費提供的。請撥打客戶服務部電話 **(888) 460-0185**, 獲取語言服務電話 **(888) 260-4297** 或 TTY **711**。我們接受中繼服務電話。您可以獲得經認證的合格醫療保健口譯員提供的服務。

Korean (한국어)

본 서신을 다른 언어, 큰 활자, 점자 또는 선호하는 형식으로 받아 보실 수 있습니다. 통역사를 요청하실 수도 있습니다. 이러한 지원은 무료로 제공됩니다. 고객 서비스부에 **(888) 460-0185** 번으로, 언어 지원은 **(888) 260-4297** 번으로, TTY 는 **711** 번으로 전화해 주십시오. 저희는 릴레이 전화도 받습니다. 인증된 유자격 의료 통역사로부터 도움을 받으실 수 있습니다.

Need help? Call Customer Care:

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Chuukese (Trukese)

Ka tongeni angei ei taropwe non ekkoch fos, mak watte, Braille ika ew format ka mochen. Ka pwal tongeni tingor emon chon affouni. Ei alillis ese kamo. Kokkori ewe chon tumunu chon kamo **(888) 460-0185**, nampa **(888) 260-4297**, ika TTY **711**. Sia etiwa ekkewe kokotun relay. Ka tongeni angei aninis seni emon chon affouni pekin tumunun pekin safei mei certificate me sinenap.

Ukrainian (Українська)

Ви можете отримати цей довідник іншими мовами, крупним шрифтом, шрифтом Брайля або у форматі, якому ви надаєте перевагу. Ви також можете попросити надати послуги перекладача. Ця допомога є безкоштовною. Телефонуйте в службу підтримки клієнтів **(888) 460-0185**, мовний доступ **(888) 260-4297**, або TTY **711**. Ми приймаємо ретрансляційні дзвінки. Ви можете отримати допомогу від сертифікованого та кваліфікованого медичного перекладача.

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Farsi (فارسی)

ای لی رب طخ، گرزب پاچ، رگی دی اهنابز هب ار همان نی ا دی ناوت می
 دی ناوت می م نی نچم ه امش. دینک تفایرد دی هدی م حی جرت هک ی بل اق
 تامدخ شخب اب. تساناگی ار کمک نی. دینک تساو خرد م جرت م کی
 ای، **(888) 260-4297** نابز ی سرتسد، **(888) 460-0185** یرتشم
 دی ناوت می. میریذپ می ار هلر ی ا ه سامت ام. دیری گب سامت **TTY 711**
 کمکی ت ش ادهب ی ا ه تب قارم طی ارش دجاو و ربت عم م جرت م کی زا
 دیری گب.

Romanian (Română)

Puteți obține această scrisoare în alte limbi, cu scris cu litere majuscule, în Braille sau într-un format preferat. De asemenea, puteți solicita un interpret. Aceste servicii de asistență sunt gratuite. Apelați serviciul de asistență pentru clienți **(888) 460-0185**, acces lingvistic **(888) 260-4297**, sau **TTY 711**. Acceptăm apeluri releu. Puteți obține ajutor de la un interpret certificat și calificat în domeniul sănătății.

Need help? Call Customer Care:

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Dari (پښتو)

لی رې، گرزب پاچا، رگیدی اهنابزه، ار امانهاری ا دی ناوتی م امش
 نایرتشم تامدخ اب. نی نچمه. دی نک تفایرد دوخ هاوخلد ت م راف ای
 نابزه ی سرتسد، **(888) 460-0185** دیری گب سامت
 می نکیم لوبق ارهلری اه سامت ام. **TTY 711**، **(888) 260-4297** ای
 دجاو و هدش قی دصت ی حص تب قارم مجرتم کی زا دی ناوتی م امش
 دیری گب کمک طی ارش

Khmer/Cambodian (ខ្មែរ)

អ្នកអាចទទួលបានឯកសារនេះជាភាសាផ្ទុយសង្ខេបៀត ការបោះពុម្ពព
 ផ អក្ខរសរសុទ្ធាប ឬទម្រង់ដដែលអ្នកចូលចិត្ត។ អ្នកក៏អាចសួរសុំ
 អ្នកបកប្រែផងដែរ។ ជំនួយនេះគឺឥតគិតថ្លៃ។ ហៅទូរស័ព្ទទៅជូនកែ
 ចំណុច (888) 460-0185, ការចូលប្រតិបត្តិ
(888) 260-4297, ឬ **TTY 711**. យើងទទួលយកការហៅបញ្ជូន
 បន្ត។ អ្នកអាចទទួលបានជំនួយពីអ្នកបកប្រែជូនកែចំណុចសុខភាពដដែល
 មានការបញ្ញត្តិ និងមានលក្ខខណៈសម្របតួតគ្រប់គ្រាន់។

Amharic (አማርኛ)

ይህንን ደብዳቤ በሌሎች ቋንቋዎች፣ በትልቅ ህትመት፣ በብሬይል ወይም
 እርሶ በሚመረጡት መልኩ ማግኘት ይቻላል። በተጨማሪም አስተርጓሚ
 መጠየቅም ይቻላል። ይህ ድጋፍ የሚሰጠው በነጻ ነው። ወደ Customer
 Care **(888) 460-0185**፣ የቋንቋ መዳረሻ **(888) 260-4297**፣
 ወይም **TTY 711** ይደውሉ። የማስተላለፊያ ጥሪዎችን እንቀበላለን።
 ከተረጋገጠ እና ብቃት ካለው የጤና እንክብካቤ አስተርጓሚ እርዳታ ማግኘት
 ይቻላል።

2026 AllCare CCO Prior Authorizations Handbook

Help us improve this handbook

OHP wants to hear from you! We want to make sure you have the information you need. Your feedback can help AllCare CCO and OHP improve member handbooks.

Take the handbook survey! Scan the QR code or go to surveymonkey.com/r/tellOHP to answer a few questions.



Welcome to the 2026 AllCare CCO Member Handbook

This handbook can help you know and understand the benefits of your AllCare CCO Health Plan. If you ever have any questions, please call Customer Care between 8:00 a.m. and 8:00 p.m., Monday through Friday at (541) 471-4106 or toll free at (888) 460-0185. If you are hearing impaired, dial the TTY number 711. If you need an interpreter, call our language access number at (888) 260-4297.

Handbook updates

New and returning members are mailed a handbook when they join AllCare CCO. You can find the most up-to-date handbook at AllCareHealth.com/medicaid/services/customer-care/member-handbook. If you need help or have questions about the handbook, please call Customer Care at the phone numbers listed at the bottom of this page.

Getting Started

We will send you a health survey to help AllCare CCO know what support you need. We will ask about your physical, behavioral, dental, developmental, and social health care needs. Here is a link of what the survey looks like: AllCareHealth.com/HealthRiskAssessment. To learn more about this survey go to **page 46**.

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Complete and return your survey in any of these ways:

- Phone: (888) 460-0185, (541) 471-4106, TTY 711
- Mail: AllCare Health
Attn: Care Coordination
1701 NE 7th Street
Grants Pass, OR 97526

Helpful tips when using this handbook

Some questions have been answered or can be asked here:

<https://www.oregon.gov/oha/hsd/ohp/pages/questions.aspx>

Some AllCare CCO members can get extra benefits like food, short-term housing, mobile phones, or other items to keep you healthy. Call AllCare Customer Care at the numbers listed at the bottom of this page to find out more.

Refer to our CCO Member Handbook for definition of words that may be helpful to know.

If you are looking for:

- Benefits. Go to **page 61**.
- Primary Care Providers. Go to **page 51**.
- Prior Approvals and Referrals. Go to **page 22**.
- Rights and Responsibilities. Go to **page 32**.
- Rides to Care. Go to **page 85**.
- Care Coordination. Go to **page 69**.
- Prescriptions. Go to **page 149**.
- Emergency Care. Go to **page 157**.
- How long it takes to get care. Go to **page 66**.
- Grievances, Complaints and Appeals. Go to **page 190**.

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Always carry your OHP and AllCare CCO member ID cards with you.

- Note: These will come separately, and you will receive your OHP ID card before your AllCare CCO member ID card.

You can find your AllCare CCO ID Card in the welcome packet with this member handbook. Your ID card has the following information:

- Your Name.
- Your ID number.
- Your Plan Information.
- Your Primary Care Provider Name and Information.
- Customer Care Phone Number.
- Language Access Phone Number.
- Transportation Benefits Information.

Important information to have handy

My Primary Care Provider is: _____

Their number is: _____

My Primary Care Dentist is: _____

Their number is: _____

Other Providers I have are: _____

Their numbers are: _____

Other Providers I have are: _____

Their numbers are: _____

Other Providers I have are: _____

Their numbers are: _____

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Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

Free help in other languages and formats.

Everyone has a right to know about AllCare CCO's programs and services. All members have a right to know how to use our programs and services.

For people who speak or use a language other than English, people with disabilities or people who need other support, we can give free help.

Examples of free help:

- Sign language interpreters and certified or qualified spoken language interpreters.
- Written materials in other languages.
- Braille.
- Large print.
- Audio and other formats.

If you need help or have questions, please call Customer Care between 8:00 a.m. and 8:00 p.m., at the phone numbers listed at the bottom of this page.

Need help? Call Customer Care:

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Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

You can get information in another language or format.

You or your representative can get member materials like this handbook or CCO notices in other languages, large print, Braille or any format you prefer. **Every format has the same information.** You will get materials within 5 days of your request. This help is free. Examples of member materials are:

- This handbook.
- List of covered medications.
- List of providers.
- Letters, like complaint, denial, and appeal notices.

Your use of benefits, complaints, appeals, or hearings will not be denied or limited based on your need for another language or format.

AllCare Health can email you materials.

You can ask us to get materials electronically. Just fill out the secure contact form on our website at [**AllCareHealth.com/Contact-Us**](https://AllCareHealth.com/Contact-Us). You can find the most up-to-date handbook here:

[**AllCareHealth.com/Medicaid/Services/Customer-Care/Member-Handbook**](https://AllCareHealth.com/Medicaid/Services/Customer-Care/Member-Handbook). AllCare CCO can mail you a handbook. If you need a printed copy, need help, or have

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questions about the handbook, please call Customer Care at the phone numbers listed at the bottom of this page.

You can have an interpreter.

You, your representative, family members and caregivers can ask for a certified or qualified health care interpreter. You can also ask for sign language, written translations, or auxiliary aids and services. These services are free.

Tell AllCare CCO and your provider's office if you need an interpreter. Tell them what language or format you need. You can also ask AllCare CCO for an "I speak" card that you can use at visits.

If you need help, please call Customer Care between 8:00 a.m. and 8:00 p.m., at the phone numbers listed at the bottom of this page, or call OHP Client Services at (800) 273-0557, TTY 711.

If you do not get the help you need from AllCare CCO, you can make a complaint or call the Oregon Health Authority's Public Civil Rights Hotline at (844) 882-7889, TTY 711 or email:

oha.publiccivilrights@odhsoha.oregon.gov.

Need help? Call Customer Care:

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Our nondiscrimination policy

Discrimination is against the law. AllCare CCO and its providers must follow state and federal civil rights laws. We cannot treat people (members or potential members) unfairly in any of our programs or activities because of a person's:

- Age.
- Disability.
- National origin, primary language, and proficiency of English language.
- Race.
- Religion.
- Color.
- Sex, sex characteristics, sexual orientation, gender identity, or sex stereotypes.
- Pregnant or related conditions.
- Health status or need for services.

If you feel you were treated unfairly for any of the above reasons, you can make a complaint. This is also called filing a grievance.

Make (or file) a complaint with AllCare CCO in any of these ways:

- Phone: Call our **Section 1557 Coordinator Terri Allen** at (888) 460-0185, TTY 711
- Email: Terri.Allen@AllCareHealth.com
- Mail: 1701 NE 7th Street
Grants Pass, OR 97526
- Web: <https://www.allcarehealth.com/non-discrimination-procedure-complaint-form>

You can read more about our complaint process in our AllCare CCO Appeals and Grievances Handbook at <https://www.allcarehealth.com/medicaid/resources/how-to-file-an-appeal>.

For more information about filing a grievance, including how to appeal or ask for a hearing, please see the “Complaints, Grievances, Appeals and Fair Hearings” section of this handbook on **page 190**.

Need help? Call Customer Care:

(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

If you have a disability, AllCare CCO has these types of free help:

- Qualified sign language interpreters.
- Written information in large print, audio, or other formats.
- Other reasonable modifications.

If you need language help, AllCare CCO has these types of free help:

- Qualified interpreters.
- Written information in other languages.

Need help filing a complaint? Need language help or reasonable modifications?

Call Customer Care at the phone numbers listed at the bottom of this page to speak with a peer wellness specialist, or personal health navigator. You also have a right to file a complaint with any of these organizations:

Oregon Health Authority (OHA) Civil Rights

- Web: www.oregon.gov/OHA/EI
- Email: OHA.PublicCivilRights@odhsoha.oregon.gov
- Phone: (844) 882-7889, TTY 711
- Mail: Office of Equity and
Inclusion Division
421 SW Oak St., Suite 750,
Portland, OR 97204

Bureau of Labor and Industries Civil Rights Division

- Web: Oregon.gov/boli/civil-rights
- Email: BOLI_help@boli.oregon.gov
- Phone: (971) 673-0764
- Mail: Bureau of Labor and Industries
Civil Rights Division
800 NE Oregon St., Suite 1045
Portland, OR 97232

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U.S. Department of Health and Human Services Office for Civil Rights (OCR)

- Web: [Ocrportal.hhs.gov/ocr/smartscreen/main.jsf](https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf)
- Email: OCRComplaint@HHS.gov
- Phone: (800) 368-1019
(800) 537-7697 (TDD)
- Mail: Office for Civil Rights
200 Independence Ave., SW,
Room 509F HHH Bldg.
Washington, D.C. 20201

We keep your information private.

We only share your records with people who need to see them. This could be for treatment or for payment reasons. You can limit who sees your records. Tell us in writing if you don't want someone to see your records or if you want us to share your records with someone. You can find the form on our website at: www.allcarehealth.com/media/4153/achhc-authorized-representative-form-for-discussing-phi-v3.pdf. You can ask us for a list of who we have shared your records with.

If you want us to share your records and information with someone, please complete the **Authorized Representative Form for Discussing Personal Health Information** form. You can find this form and other member resources at: AllCarehealth.com/Medicaid/Resources/Plan-Materials.

A law called the Health Insurance Portability and Accountability Act (HIPAA) protects your medical records and keeps them private. This is also called confidentiality. We have a paper called Notice of Privacy Policy that explains how we use our members' personal information. We will send it to you if you ask. Just call AllCare CCO Customer Care at the phone numbers listed at the bottom of the page and ask for our Notice of Privacy Policy. You can read it at: AllCareHealth.com/Medicaid/Resources/Notice-of-Privacy-Practices or download here: AllCareHealth.com/NOPP.

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(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
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Health records

A health record has your health conditions and the services you used. It also shows the referrals that have been made for you.

What can you do with health records?

- Send your record to another provider as needed.
- Ask to fix or correct your records.
- Get a copy of your records, including, but not limited to:
 - Medical records from your provider
 - Dental records from your dentist
 - Records from AllCare CCO

There may be times when the law restricts your access.

Psycho therapy notes and records prepared for court cases cannot be shared.

Providers may also not share records when, in their professional judgement, sharing records could cause substantial harm to you or another person.

If a provider denies you or your authorized representative copies of your medical records, the provider must give you a written notice. The notice must explain why the request was denied and explain your rights to have another provider review the denial. The notice will also tell you how to make a complaint to the provider or the Secretary of Health and Human Services.

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AllCare CCO is right here to help you understand your benefits. Stop by our offices from 8:00 a.m. to 5:00 p.m., or call us between 8:00 a.m. and 8:00 p.m., Monday through Friday, and let us know how we can help.

Your benefits

How Oregon decides what OHP will cover.

Many services are available to you as an OHP member. How Oregon decides what services to pay for is based on the **Prioritized List of Health Services**. This list is made up of different medical conditions (called diagnoses) and the types of procedures that treat the conditions. A group of medical experts and ordinary citizens work together to develop the list. This group is called the Oregon Health Evidence Review Commission (HERC). They are appointed by the governor.

The list has combinations of all the conditions and their treatments. These are called condition/treatment pairs.

The condition/treatment pairs are ranked on the list by how serious each condition is and how effective each treatment is.

For members age 21 and older:

Not all condition and treatment pairs are covered by OHP. There is a stopping point on the list called “the line” or “the funding level.” Pairs above the line are covered, and pairs below the line are not. Some conditions and treatments above the line have certain rules and may not be covered.

For members under age 21:

All medically necessary and medically appropriate services must be covered, based on your individual needs and medical history. This includes items “below the line” on the Prioritized List as well as services that don’t appear on the Prioritized List, like Durable Medical Equipment. See **page 118** of our CCO Member Handbook or more information on coverage for members under 21.

Learn more about the Prioritized List at:

oregon.gov/oha/hsd/ohp/pages/prioritized-list.aspx.

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Getting preapproval (sometimes called a “prior authorization”)

Some services, like surgery or inpatient services, need approval before you get them. This is to make sure that the care is medically needed and right for you. Your provider will take care of this, and may submit information to us to support you getting the service. Even if the provider is not required to send us information, AllCare CCO may still need to review your case to make sure that you should receive the service.

You should know that these decisions are based only on whether the care or service is right for you and if you are covered by AllCare CCO. AllCare CCO does not reward providers or any other persons for issuing denials of coverage or care. Extra money is never given to anyone who makes a decision to say no to a request for care. Contact AllCare CCO Customer Care at the phone numbers listed at the bottom of this page if you:

- Have questions.
- Need to reach our Utilization Management Department.
- Need a copy of the clinical guidelines.

You might not get the service if it is not approved. We review preapproval requests as quickly as your health condition requires. Most service decisions are made within 7 days. Sometimes a decision may take up to 21 days. This only happens when we are waiting for more information. If you or your provider feel following the standard time frame puts your life, health or ability to function in danger, we can make a faster decision called an “expedited service authorization”. Expedited service decisions are typically made within 72 hours, but there may be a 14-day extension. You have the right to complain if you don’t agree with an extension decision. See **page <?>** for how to file a complaint.

If you need a preapproval for a prescription, we will make a decision within 24 hours. If we need more information to make a decision, it can take 72 hours.

See **page <?>** to learn about prescriptions.

You do not need approval for emergency or urgent services or for emergency aftercare services. See **page <?>** to learn about emergency services.

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No preapproval is required for these services

- Outpatient behavioral health services or peer delivered services (in network).
- Behavioral Health assessment and evaluation services.
- Medication Assisted Treatment for Substance Use Disorder (first 30 days).
- Assertive Community Treatment (ACT) and Wraparound services (a screening is required).

See the Benefits Charts on **page 25** for more information.

Provider referrals and self-referrals

For you to get care from the right provider a referral might be needed. A **referral** is a written order from your provider noting the need for a service.

For example: If your PCP cannot give you services you need they can refer you to a specialist. If preapproval is needed for the service, your provider will ask AllCare CCO for approval.

If there is not a specialist close to where you live or a specialist who works with AllCare CCO (also called in-network), they may have to work with the Care Coordination team to find you care out-of-network. To see an out-of-network provider, they must work with the Oregon Health Plan. There is no extra cost if this happens.

A lot of times your PCP can perform the services you need. If you think you might need a referral to a health care specialist, ask your PCP. You do not need a referral if you are having an emergency.



Services that need a referral:

- **Specialist Services.**
If you have special health care needs, your health care team can work together to get you access to specialists without a referral.

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- **Wraparound Services.**

If you use a dental care provider that is not your primary care dentist, you may need a referral for these services:

- Oral exams.
- Partial or complete dentures.
- Extractions.
- Root canal therapy on molars.

See the Benefits Charts on **page 25** for more information.

Some services do not need a referral from your provider. This is called a self-referral.

A **self-referral** means you can look in the provider directory to find the type of provider you would like to see. You can call that provider to set up a visit without a referral. Learn more about the Provider Directory on **page <?>**.

Services you can self-refer to:

- Visits with your PCP.
- Care for sexually transmitted infections (STIs).
- Immunizations (shots).
- Traditional health worker services.
- Routine vision providers in the network.
- Dental providers in the network.
- Family planning services (including out-of-network).
- Mental health services for problems with alcohol or other drugs.
- Assertive Community Treatment.
- Behavioral health services, including inpatient and residential services (in network).

See the Benefits Charts on **page 25** for more information.

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Preapproval may still be needed for a service when you use self-referral. Talk with your PCP or contact Customer Care at the phone numbers listed at the bottom of this page if you have questions about if you need a preapproval to get a service.

Benefits charts icon key



Services that need preapproval

Some services need approval before you get the service. Your provider must ask the CCO for approval. This is known as a preapproval.



Services that need a referral

A referral is a written order from your provider noting the need for a service. You must ask a provider for a referral.



No referral or preapproval needed

You do not need a referral or preapproval for some services. This is called direct access.

Physical health benefits

See the following chart for a list of medical benefits that are available to you at no cost. Look at the “Service” column to see how many times you can get each service for free. Look at the “How to access” column to see if you need to get a referral or preapproval for the service. AllCare CCO will coordinate services for free if you need help.

For a summary of OHP benefits and coverage, please visit [OHP.Oregon.gov/Benefits](https://www.ohp.oregon.gov/Benefits). You can get a paper or electronic copy of the summary by calling (800) 273-0057.

What OHP Covers but may need a referral or prior authorization.

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If you see an * in the benefit charts, this means a service may be covered beyond the limits listed for members under 21 if medically necessary and appropriate. Please see [page <?>](#) to learn more.

Service	How to access	Who can get it
Care Coordination <i>Care Coordination services can organize care activities, help you with chronic conditions, and bring together your care team. Example: Case management.</i> No limit. See “Get help organizing your care with Care Coordination” on page <?> for more information.	 No referral or preapproval.	All Members.
Comfort Care & Hospice Services <i>End-of-life care like help managing symptoms and pain. Example: Hospice.</i>	 No referral or preapproval.	All Members. Approved Services are limited by your individual treatment plan and the Oregon Health Plan benefit rules.
Diagnostic Services <i>Tests, exams or procedures to identify a condition or injury. Examples: Blood test or biopsy.</i> As recommended. No limit, but you must be assigned to a PCP.	 No referral or preapproval.	*All Members.

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Service	How to access	Who can get it
Durable Medical Equipment <i>Supplies and equipment that don't wear out. Examples: Walkers or diabetic supplies.</i> As recommended.	 Some services require preapproval.	All Members. Approved Services are limited by your individual treatment plan and the Oregon Health Plan benefit rules.
Early & periodic screening, diagnosis and treatment (EPSDT) services <i>Care, screenings and assessments of physical and mental health development for members under 21. Example: Well care visits, and Lead toxicity screening. This includes coverage for all medically necessary and medically appropriate services for members under 21.</i> As recommended.	 No referral or preapproval for well child care, screenings and some assessments. Referrals or preapproval may be required for other services.	Members ages 0-20 years old. Youth with Special Health Care Needs: 0-21 years old in 2026.
Elective Surgeries/ Procedures <i>Surgeries and procedures that are not medically necessary or a result of an emergency. Example: Kidney stone removal.</i>	 Some services require preapproval.	All Members. Approved Services are limited by your individual treatment plan and the Oregon Health Plan benefit rules.

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Service	How to access	Who can get it
Emergency medical transportation <i>Ride to hospital because of an emergency. Example: Ambulance ride.</i> No limit.	 No referral or preapproval.	All Members.
Emergency services <i>Immediate medical care for an emergency. Example: Care when you have trouble breathing.</i> No limit.	 No referral or preapproval.	All Members.
Family planning services and supplies <i>Care to help you plan the timing and number of children you have or do not have. Example: Birth control or annual exams.</i> Family planning services can be obtained from out of network providers.	 No referral or preapproval.	All Members. Limits based on covered drug list. See drug list at AllCareHealth.com/Medicaid/Formulary or call us.
Gender affirming care <i>Care to help support and affirm gender identity. Example: Hormone therapy.</i> No limit.	 No referral or preapproval.	All Members.

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Service	How to access	Who can get it
Hearing services* <i>These services include things to test hearing or help you hear better. Examples: Audiology or hearing aids.</i> As recommended.	 Some services require referral and/or preapproval.	*All Members. Adults who qualify are limited to one hearing aid every five years (two may be authorized if certain rules are met) Children who qualify are allowed two hearing aids every three years. Additional hearing aids will be reviewed for medical appropriateness.
Home Health Services <i>Care in your home, often during an illness or after an injury. Example: Physical therapy.</i> As recommended.	 Some services require referral and/or preapproval.	All Members.
Immunizations and Travel Vaccines <i>Shots and vaccines to help keep you healthy. Example: Flu vaccine.</i> No limit.	 No referral or preapproval.	All Members.
Inpatient Hospital services <i>Care when you must stay in the hospital overnight. Example: Surgery.</i> As recommended.	 Some services require referral and/or preapproval.	All Members.

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Service	How to access	Who can get it
Language Access Services <i>Someone to help you with interpretation and translation in the language you need.</i> No limit.	 No referral or preapproval.	All Members.
Laboratory Services, X-Rays, and other procedures <i>These are tests your provider might use to check your health. Examples: Urine test or X-ray.</i> As recommended.	 Some services require preapproval.	All Members. Approved Services are limited by your individual treatment plan and the Oregon Health Plan benefit rules.
Maternity Services <i>Care you get before, during, and after a pregnancy. Example: Prenatal visit.</i> As recommended.	 No referral or preapproval.	All Members.
Outpatient Hospital Services <i>Hospital care that you can get without staying overnight. Examples: Chemo, Radiation, or Pain Management.</i> As recommended.	 Some services require preapproval.	All Members. Approved Services are limited by your individual treatment plan and the Oregon Health Plan benefit rules.

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Service	How to access	Who can get it
Palliative Care <i>Care for members with serious illnesses, which may include services such as care coordination, mental health services, social work services, spiritual care services, pain and symptom management and 24-hour clinical phone support.</i> As recommended.	 Some services require referral and/or preapproval.	All Members.
Pharmaceutical Services (Prescription Medication) <i>Drugs you need to take to help keep or make you healthy. Example: Blood pressure medication.</i> Limits based on covered drug list. See drug list at AllCareHealth.com/Medicaid/Formulary or call us.	 Some drugs require preapproval.	All Members.** **Members eligible for Medicare Part D should get prescription drugs through a Part D plan.
Physical Therapy, Occupational Therapy, Speech Therapy <i>Therapies focused on improving or keeping your ability to move your body or perform daily activities. Example: Exercises to improve balance after a fall.</i>	 Preapproval may be required.	All Members. Approved Services are limited by your individual treatment plan and the Oregon Health Plan benefit rules. Therapy for members over age 21 is limited to a maximum of 30 visits per 12 month calendar year.

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Service	How to access	Who can get it
Preventive Services <i>Regular care and screenings to keep you and your family healthy. Some examples are: physical examinations, immunizations, , screenings (cancer, etc.), diabetes prevention, nutritional counseling, tobacco cessation services, etc.</i> As recommended.	 No referral or preapproval.	All Members.
Primary Care Provider Visits <i>Visits with your doctor for checkups, screenings, and non-urgent care. Example: Annual exam.</i> No Limit.	 No referral or preapproval.	All Members
Rides to care. Also called Non-Emergent Medical Transportation (NEMT) Services <i>Free rides to care or other transportation help like bus passes and pay for mileage.</i> Some limits apply. See page <?> for more information.	  No referral. Preapproval may be required.	All Members.

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Service	How to access	Who can get it
Sexual Abuse Exams <i>Exam after sexual abuse, can include gathering evidence and getting lab tests.</i> No limit.	 No referral or preapproval.	All Members.
Specialist Services <i>Care from a provider who has special training to care for a certain part of the body or type of illness. Example: Cardiologist (heart specialist).</i> As recommended.	  Some services require referral and/or preapproval.	*All Members.
Surgical Procedures <i>Care to physically treat, remove, or alter your body to keep or make you healthy. Example: Removing an inflamed appendix.</i> As recommended.	  Some services require referral and/or preapproval.	*All Members. Approved Services are limited by your individual treatment plan and the Oregon Health Plan benefit rules.
Telehealth Services <i>Getting care by phone, video, or online. Example: Virtual visits.</i> No limit.	 No referral or preapproval.	All Members.

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Service	How to access	Who can get it
Traditional Health Worker (THW) Services <i>Getting care or services from someone with similar life experiences. They can help you get care to support your wellbeing. Example: Peer Support Specialist.</i> No limit.	 No referral or preapproval.	All Members.
Urgent Care Services <i>Care you get when your health need is more urgent than a regular appointment. Examples: Sprains and strains.</i> No limit.	 No referral or preapproval.	All Members.
Women's Health Services (in addition to PCP) for routine and preventive care <i>Care for women's special health needs. Examples: Pap test, breast exam, or wellness visit.</i> No limit.	 No referral or preapproval.	All Members.

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Service	How to access	Who can get it
Vision Services Non-pregnant adults (21+) are covered for: • Routine eye exams every 24 months. • Medical eye exams when needed. ◦ Corrective lenses / accessories only for certain medical eye conditions. Members under 21*, pregnant adults, adults up to 12 months post-partum are covered for: • Routine eye exams when needed. • Medical eye exams when needed. • Corrective lenses / accessories when needed. <i>Examples of medical eye conditions are aphakia, keratoconus, or after cataract surgery.</i> As recommended.	 No referral or preapproval.	*All Members. *OHP Plus and CWM Plus members under age 21 can get a routine eye exam whenever it is clinically appropriate. *Corrective lenses are only covered if the member is under age 21, pregnant, or has certain eye conditions. Members under 21*, pregnant adults, adults up to 12 months post-partum are covered for: Medical eye exams when needed; Corrective lenses / accessories when needed

The table above is not a full list of services that need preapproval or referral. If you have questions about preapprovals, please call Customer Care at the phone numbers listed at the bottom of this page.

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What OHP Covers but may need a referral or prior authorization.

If you see an * in the benefit charts, this means a service may be covered beyond the limits listed for members under 21 if medically necessary and appropriate. Please see [page <?>](#) to learn more.

Service	How to access	Who can get it
Skilled Nursing Facility care. <i>Skilled nursing facility is an in-patient, short-term rehabilitation and medical treatment center staffed with trained medical professionals.</i> Limit is 20 days.	 Preapproval is required.	All Members.

The table above is not a full list of services that need preapproval or referral. If you have questions about preapprovals, please call Customer Care at the phone numbers listed at the bottom of this page.

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Dental health providers

AllCare CCO works with Advantage Dental and Capitol Dental Care for your dental needs. Please see the handbook for information about your dental plan. You can find the handbook for each dental plan on their websites, listed in the table below.

You were assigned a dental plan when you first became a member of AllCare CCO. The name and number of your dental plan can be found on the back of your Member ID card. Your dental plan will be one of the plans listed below.

Advantage Dental: (866) 268-9631 or TTY 711
8:00 a.m. to 5:00 p.m., Monday - Friday
24-Hour After Hours Call System: (866) 268-9631
[advantagedentalservices.com](https://www.advantagedentalservices.com)

Capitol Dental Care: (800) 525-6800 or TTY 711
7:00 a.m. to 6:00 p.m., Monday - Friday
interdent.com/capitoldentalcare/members/list-of-providers/

ODS Community Dental: (800) 342-0526 or TTY 711
7:00 a.m. to 5:30 p.m., Monday - Friday
odscommunitydental.com/members

Dental benefits

All Oregon Health Plan members have dental coverage. OHP covers dental checkups, annual cleanings, x-rays, fillings, and other services that keep your teeth healthy.

Healthy teeth are important at any age. Here are some important facts about dental care:

- Can help prevent pain.
- Healthy teeth keep your heart and body healthy, too.
- You should see your dentist once a year.
- When you're pregnant, keeping your teeth and gums healthy can protect your baby's health.

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- Fixing dental problems can help you control your blood sugar.
- Children should have their first dental check-up by age 1.
- Infection in your mouth can spread to your heart, brain and body.

Preventive.

- Exams - Members under 19 years old, twice (2) a year. All other members, once (1) a year.
- Cleanings - Members under 19 years old, twice (2) a year. All other members, once (1) a year.
- Fluoride Varnish - Members through age 18, twice (2) a year. Members through age 18 with high risk, four (4) times per year. Members 19 years old and up once (1) a year. Members 19 years old and up with high risk, up to four (4) times per year.
- X-rays.
- Sealants - Members 16 years and under, adult back teeth, once (1) every 5 years.

Restorative.

These services are covered if your PCD says they are dentally appropriate. Some of these services may need preapproval from your dental plan.

- Fillings.
- Partial dentures, members 16 years and older, every 5 years.
- Complete dentures, members 16 years and older, every 10 years.
- Stainless steel crowns for premolars/molars (back teeth).
- Oral surgery and endodontics.
- Tooth removal.
- Root canals for front teeth (Incisors and Canines) and Premolars.
- 1st Molar Root Canal Therapy (under 21 years old and/or currently pregnant).
- 2nd Molar Root Canal Therapy (under 21 years old).

Your primary care dentist will see you within eight (8) weeks unless there is a documented special clinical reason that makes a period of 8 weeks appropriate. If

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you're assigned clinic cannot see you within 8 weeks, call your DCO.

For pregnant women.

Initial dental screening or examination will be within four (4) weeks, unless there is a documented special clinical reason that would make access longer than four (4) weeks appropriate.

Open Access Points

In most regions in Oregon, we have special agreements with Federally Qualified Health Centers (FQHC), Rural Community Health Centers (RCHC), Indian Health Care Providers (IHCP) and Indian Health Service clinics (IHS). These special agreements allow our members to be seen in these types of facilities without being assigned to that facility and without a referral.

If you would like to have your oral health care done at one of these types of facilities, you can call the facility and ask if they work with AllCare CCO as an "Open Access Point". You can also call AllCare CCO Customer Care at the phone numbers listed at the bottom of this page and ask for a current list of Open Access Points in your region.

Your primary care dentist (PCD) may refer you to a specialist for certain types of care. Types of dental specialists include:

- Endodontists (for root canals)
- Pedodontist (for adults with special needs, and children)
- Periodontist (for gums)
- Orthodontist (in extreme cases, for braces)
- Oral surgeons (for extractions that require sedation or general anesthesia).

Please see the following tables for what dental services are covered.

All covered services are free. These are covered as long as your provider says you need the services. Look at the "Service" column to see how many times you can get each service for free. Look At the "How to access" column to see if you need to get a referral or preapproval for the service. If you see an * in the benefit charts, this means a service may be covered beyond the limits listed for members under 21 if medically necessary and appropriate. Please see **page 118** to learn more.

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Service	How to access	Who can get it
Care Coordination <i>Care Coordination services can organize care activities, help you with chronic conditions, and bring together your care team. Example: Case management.</i> No limit. See “Get help organizing your care with Care Coordination” on page <?> for more information.	 No referral or preapproval.	All Members.
Emergency and Urgent Dental care <i>Care for dental problems that need immediate attention. No limits. Examples: Extreme pain or infection, bleeding or swelling, injuries to teeth or gums.</i> No limit.	  No preapproval required.	All members.

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Oral exams <i>An oral exam is when the dentist does a check-up to look for any areas where additional care may be needed. This includes looking for cavities or gum disease.</i> Members under 21 years old: Twice a year* All other members: Once a year.	 No preapproval required. Referral needed if not your PCD.	All members.
Oral cleanings <i>Dental cleanings help with long-term oral health. When you go for your routine cleaning, the plaque, tartar, and bad bacteria are removed. This helps prevent cavities.</i> Members under 21 years old: Twice a year* All other members: Once a year.	 No preapproval required.	Pregnant women and members under 21 years of age.
Fluoride treatment <i>A treatment to help strengthen and protect teeth.</i> Member under 21: Twice a year* High risk youth and adults: Up to four times per year* All other adults: Once a year*	 No preapproval required.	Pregnant women and members under 21 years of age.

Need help? Call Customer Care:

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Dental benefits

Oral (Mouth) X-rays <i>X-rays create a picture of your teeth and bones. Your dentist uses this to help review your oral health. Routine X-rays are covered once a year; more are covered if dentally or medically appropriate.</i> Once a year.	 No preapproval required.	All members.
Sealants <i>Thin coatings painted on the back teeth (molars) that can prevent cavities (tooth decay) for many years.</i>	 No preapproval required.	Under Age 16: Permanent molars once every 5 years.
Fillings <i>A filling is used to treat a small hole, or cavity, in a tooth. There are no limitations. Replacement of a tooth-colored filling for a tooth not seen while smiling is limited to once every 5 years.*</i> As needed.	 No preapproval required.	All members.*

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Partial or complete dentures <i>Dentures replace missing teeth. There are two types of dentures: complete and partial dentures.</i> - Partial dentures are artificial, and usually removable replacements of one or more teeth. Once Every 5 Years. - Complete dentures are used when all the teeth are missing and partial dentures are used when some natural teeth are left. Once Every 10 Years.	  Preapproval required. Referral needed if not your PCD.	All members.
Crowns Crowns are not covered for all teeth. Some Upper and Lower Front Teeth. 4 Crowns Every 7 Years.* <i>A dental crown is a tooth-shaped cap that covers a damaged tooth.</i>	  Preapproval required. Referral needed if not your PCD.	Pregnant members or members under age 21.*

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Dental benefits

Extractions <i>An extraction is the removal of a tooth or teeth from the mouth.</i> As needed.	 Referral needed if not your PCD.	All members.
Root Canal Therapy <i>Root Canal therapy is a dental procedure to remove inflamed or infected pulp on the inside of the tooth which is then carefully cleaned and disinfected, then filled and sealed.</i> Not covered on third molars (Wisdom teeth). All members: Coverage for front teeth, anterior and bicuspid teeth. Pregnant members: Coverage for anterior, bicuspid teeth and first molars. Members under 21: Coverage for anterior, bicuspid teeth, and first and second molars.	  Preapproval required for molars. Referral needed if not your PCD.	All members.
Orthodontics As needed. <i>Care to diagnose and treat teeth or jaws that do not align. Examples: For cleft lip and palate, or when speech, chewing and other functions are affected.</i>	 Preapproval required.	Members under 21.*

The table above is not a full list of services that need preapproval or referral. If you have questions about preapprovals, please call Customer Care at the phone numbers listed at the bottom of this page.

Veteran and Compact of Free Association (COFA) Dental Program members

If you are a member of the Veterans Dental Program or COFA Dental Program, AllCare CCO only provides dental benefits and free rides to dental appointments.

OHP and AllCare CCO do not provide access to physical health or behavioral health services or free rides for these services, which are non-covered services without care coordination.

If you have questions regarding coverage and what benefits are available contact Customer Care at the phone numbers listed at the bottom of this page.

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Behavioral Health Benefits

Behavioral Health means treatment for Mental Health and Substance Use Disorders.

- These services are available to all OHP members at no cost. Important: **You do not need prior approval or a referral to get behavioral health services from an in-network provider.** Many of these services are offered in the places you already get care. Some primary care clinics have behavioral health services available in the clinic. You might also get some of these services at locations like:
 - Your women's health clinic.
 - Your school.
 - One of the many in-network therapists.
 - A Substance Use Disorder (SUD) treatment program.

If you have special health care needs or get long-term services and supports, you get direct access to behavioral health specialists. Call your Care Coordinator if you see a specialist.

A Community Mental Health Program (CMHP) will be the best place to get all this care in one place. The list of in-network CMHPs begins on **page 49**.

Behavioral Health treatment services include:

- Assessment.
- Counseling.
- Groups.

Behavioral Health Crisis Hot Lines

Jackson (541) 774-8201

Josephine (541) 474-5360

Douglas (800) 866-9780

Curry (877) 519-9322

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- Medication management.
- Skills training.
- Case management.
- Peer delivered services/peer support.
- Programs to help with daily and community living.
- Intensive outpatient.
- Acupuncture.
- Medication Assisted Treatment (MAT) to help you cut down or stop using alcohol or drugs. Prior Authorization is not required for the first 30 days. These treatments include:
 - Methadone.
 - Suboxone.
 - Buprenorphine.
 - Vivitrol.
- Medical detox.
- Residential treatment for adults, youth and parents with young children.

Peer Delivered Services

Peer Delivered Services are services from a peer support specialist or peer wellness specialist. These are people who have lived through some of the same things you have. They can:

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- Show you how to get the right services for you and your family.
- Go to meetings with you.
- Support you in your recovery.
- Support you in parenting children with special physical or behavioral health needs.

See the following tables for a list of behavioral health benefits that are available to you at no cost. AllCare CCO will coordinate services for free if you need help.

Preapproval may still be needed for a service when you use self-referral. Talk with your PCP or contact Customer Care at the phone numbers listed at the bottom of this page if you have questions about if you need a preapproval to get a service.

Benefits charts icon key



Services that need preapproval

Some services need approval before you get the service. Your provider must ask the CCO for approval. This is known as a preapproval.



Services that need a referral

A referral is a written order from your provider noting the need for a service. You must ask a provider for a referral.



No referral or preapproval needed

You do not need a referral or preapproval for some services. This is called direct access.

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Community Mental Health Programs (CMHP)

Children and youth might need more support and can access these programs from an in-network Community Mental Health Program (CMHP):

Program	What is it?	Who is eligible?	How do you get it?
Wraparound Care	A planning process that helps children and their families achieve their goals by putting them at the center of their care.	Children and youth that meet medical criteria.  Referral needed.	Anyone can complete a Wraparound Referral. Any place you get health care can work with a member or family to complete a referral. Referrals are given to your local Community Mental Health Program (CMHP) or directly to the local Wraparound Review Committee. Once eligible for wraparound, children and youth may receive services through age 25.

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Program	What is it?	Who is eligible?	How do you get it?
Early Assessment and Support Alliance (EASA)	A statewide network of programs which identify youth with symptoms of psychosis as early as possible. EASA provides team based support and treatment.	Members aged 15 to 25 who may be having their first psychotic episode.  No preapproval required.	Anyone can refer to EASA. If you think you or someone else might be having the first signs of psychosis, you can call your nearest EASA team for more information or to make an appointment. • Jackson County (541) 770-7768 • Josephine County (541) 244-3138 • Curry County (877) 408-8941 or visit the EASA website at: <u>EasaCommunity.org</u>

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Program	What is it?	Who is eligible?	How do you get it?
Applied Behavior Analysis (ABA)	A service that helps reduce behaviors that interfere with learning or which may be harmful.	Members with Autism.  Preapproval and referral required.	Before a member can be referred to ABA, they must have an evaluation by a doctor with experience diagnosing Autism.
Parent-Child Interaction Therapy (PCIT)	A treatment for young children that have a behavioral problem. Professionals observe and coach the interactions of parents or caregivers and their child. This helps to improve the child and parent skills and relationship.	Members ages 2 to 7 and their parents or caregivers who are having parent-child relationship or behavioral problems.  No preapproval required.	Parents or caregivers can call or go to an in-network CMHP to ask about PCIT. They will do an assessment to see if you and your child might benefit from PCIT.

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Program	What is it?	Who is eligible?	How do you get it?
Psychiatric Day Treatment	An intensive five-day-per-week program for children with severe emotional and behavioral problems. This includes mental health treatment, family therapy, and schooling.	Members ages 5 to 15 who have a mental health diagnosis. Their behaviors make life, school, and relationships difficult. They need mental health treatment almost every day for several hours each day.  No preapproval required.	Parents or caregivers can call or go to an in-network CMHP to ask about Day Treatment. Your child's school can also refer for Day Treatment. CMHP will do an assessment and talk to your child's school to see if Day Treatment is the best treatment.

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Program	What is it?	Who is eligible?	How do you get it?
Psychiatric Residential Treatment Services (PRTS)	An intensive mental health treatment 24 hours a day, 7 days a week for children with severe emotional and behavioral problems.	Members ages 0 to 17 who have serious mental health diagnosis. They need mental health treatment 24 hours a day. Lower levels of care have not made much improvement to their emotions and behaviors.  Referral needed.	PRTS is a specialized service that requires your mental health provider and a child psychiatrist to agree that this level of care is needed for your child. You, your child's school, or another care provider can request that the CMHP start the referral process.

Adults with serious mental illness may need more support and can access these programs from an in-network Community Mental Health Program (CMHP):

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Program	What is it?	Who is eligible?	How do you get it?
Assertive Community Treatment (ACT)	An intensive treatment for adults with serious persistent mental illness (SPMI). ACT provides a team that works with a member in the community. A counselor, case manager, psychiatrist, nurse, and others are on the team.	Adult Members aged 18 and older with a SPMI diagnosis. Their mental health problems make it difficult for them to get treatment at a mental health agency.  No preapproval required.	A member with SPMI, their family, or another provider can call or go to the in-network CMHP to get screened for ACT services.
Supported Employment (SE)	A program that helps members with serious mental illness get employment or education.	Adult members aged 18 and older with serious mental illness who express the desire to work or go to school.  No preapproval required.	Members, their family, or providers can call or go to an in-network CMHP and request SE services. The SE specialist will work with the member to determine which services are best.

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Program	What is it?	Who is eligible?	How do you get it?
Choice Model	Coordination for adults with serious mental illness who are in Oregon State Hospital (OSH) or residential programs. The goal is to make sure members are getting mental health care at the lowest level of care possible.	Adults aged 18 and older with serious mental illness who need residential or long-term mental health care.  No preapproval required.	The member, their family, or mental health provider can talk to the Choice Model Coordinator for the member's county. Curry County Adapt Integrated Health Care Jackson County Jackson County Mental Health Josephine County Options for Southern Oregon

The table above is not a full list of services that need preapproval or referral. If you have questions about preapprovals, please call Customer Care at the phone numbers listed at the bottom of this page.

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Behavioral Health prescriptions

Most medications that people take for behavioral health illness are paid directly by the Oregon Health Authority (OHA). Please show your pharmacist your Oregon Health Plan Member ID and your AllCare CCO Member ID cards. The pharmacy will know where to send the bill.

Substance Use Treatment Benefits

AllCare CCO covers Substance Use Disorder (SUD) treatment to help you stop using alcohol and drugs at no cost to you. You do not need a referral—you may visit a SUD treatment provider on your own. SUD treatment services include:

- Drug and alcohol assessment.
- Outpatient treatment.
- Residential treatment.
- Acupuncture.
- Behavioral health screenings (typically done at your doctor's office).
- Medication assisted treatment, including Methadone maintenance. Prior Authorization is not required for the first 30 days.
- Individual and group counseling for you and your family members.
- Care coordination for members who need help finding or connecting to services. Especially if there are special health care needs such as disability, elderly, mental illness, pregnancy, limited English, etc.
- Peer services and supports.
- Intensive outpatient treatment.
- Detoxification.
- Case management.

Confidentiality: Federal and state laws protect the privacy of all OHP members. No one may release information to anyone outside AllCare CCO about a member's substance use disorder without the member's written permission. AllCare CCO and

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its providers may not release or disclose any information about an OHP member for any purpose except as directed by the OHP member. AllCare CCO and its providers may not give information, except for purposes directly related to the administration of the Oregon Health Plan.

When you call a substance use disorders treatment provider, a counselor will schedule a date and time to talk with you about your substance use and make a treatment plan.

See the following tables for a list of substance use disorder benefits that are available to you at no cost. AllCare CCO will coordinate services for free if you need help.

Preapproval may still be needed for a service when you use self-referral. Talk with your PCP or contact Customer Care at the phone numbers listed at the bottom of this page if you have questions about if you need a preapproval to get a service.

Benefits charts icon key



Services that need preapproval

Some services need approval before you get the service. Your provider must ask the CCO for approval. This is known as a preapproval.



Services that need a referral

A referral is a written order from your provider noting the need for a service. You must ask a provider for a referral.



No referral or preapproval needed

You do not need a referral or preapproval for some services. This is called direct access.

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Service	How to access	Who can get it
Class 7 & 11 prescription drugs (behavioral health drugs). <i>Class 7 & 11 prescription drugs (behavioral health drugs) are strong medications to treat behavioral health disorders.</i> These drugs are paid for by fee-for-service OHP, not AllCare CCO. Talk to your doctor about preapproval.	 Some drugs require a preapproval.	*All Members** **Members eligible for Medicare Part D should get prescription drugs through a Part D plan.
Detoxification and residential treatment services. <i>Detoxification and residential treatment services is treatment to help you stop using alcohol and drugs.</i> No limit.	 Admission notification is required for detoxification and residential treatment services.	All members.
Intensive and inpatient mental health treatment. <i>Intensive and inpatient mental health treatment is an overnight or longer stay in a psychiatric hospital or psychiatric unit of a hospital, with treatment that is greater than normal therapy.</i> No limit.	 Some intensive and inpatient treatments require a preapproval.	*All Members

(MAT) Medication assisted therapy (drugs) for Substance Use Disorder (addiction). <i>(MAT) Medication assisted therapy (drugs) are medications used with counseling and behavioral therapies for the treatment of substance use disorders.</i> Limits based on covered drug list. See drug list at AllCareHealth.com/Medicaid/Formulary or call us.	 Some drugs require a preapproval. Formulary MAT drugs for substance use disorder is always covered without preapproval for the first 30 days of treatment.	All members** **Members eligible for Medicare Part D should get prescription drugs through a Part D plan.
Substance Use Disorder (addiction) detoxification and residential treatment services. <i>Substance Use Disorder (addiction) detoxification and residential treatment services is treatment to help you stop using alcohol and drugs.</i> No limit.	 Admission notification is required for detoxification and residential treatment services.	All Members.

The table above is not a full list of services that need preapproval or referral. If you have questions about preapprovals, please call Customer Care at the phone numbers listed at the bottom of this page.

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January 1, 2026



An Oregon Benefit Company

AllCareHealth.com/CCO



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