



Behavioral health quick reference benefit grid

Note: This applies to INN providers. All services rendered by OON providers require authorizations.

Benefit	Medicaid Managed Care (MMC) and Medicaid Supplemental Security Income (SSI)	Health and Recovery Plan (HARP)	Child Health Plus (CHPlus)	Essential Plan	Foster Care
Outpatient mental health (OPMH)	Covered ¹	Covered ¹	Covered ¹	Covered ¹	Covered ¹
Harm reduction services	Covered ¹	Covered ¹	Not covered	Not covered	Covered ¹
Child and family treatment support services (CFTSS); family peer support, community psychiatric and supports treatment (CPST), other licensed practitioner (OLP); psychosocial rehabilitation (PSR)	Covered ¹	Not covered	Covered ¹	Not covered	Covered ¹
Bridge — OP home visits	Covered ²	Covered ²	Covered ²	Covered ²	Covered ²
Children's home- and community- based services (HCBS)	Covered ²	Not covered	Not covered	Not covered	Covered ²
Psych testing	Covered ²	Covered ²	Covered ²	Covered ²	Covered ²
Applied behavior analysis (ABA) services	Covered ²	Not covered	Covered ²	Covered ²	Covered ²
Transcranial magnetic stimulation (TMS) services	Covered ¹	Covered ¹	Covered ¹	Covered ¹	Covered ¹
Outpatient (OP) substance use services	Covered ¹	Covered ¹	Covered ¹	Covered ¹	Covered ¹
OP ambulatory detox	Covered ¹	Covered ¹	Covered ¹	Covered ¹	Covered ¹
Opioid treatment program (previously known as Methadone Maintenance)	Covered ¹	Covered ¹	Not covered	Covered ¹	Covered ¹
Inpatient (IP) psychiatric	Covered ³	Covered ³	Covered ³	Covered ³	Covered ³
IP detox	Covered ⁴	Covered ⁴	Covered ⁴	Covered ⁴	Covered ⁴
IP substance use disorder (SUD) rehabilitation	Covered ⁴	Covered ⁴	Covered ⁴	Covered ⁴	Covered ⁴
Electroconvulsive therapy (ECT)	Covered ¹	Covered ¹	Covered ¹	Covered ¹	Covered ¹
Psychiatric Partial Hospitalization Program (PHP)	Covered ⁵	Covered ⁵	Covered ⁵	Covered ⁵	Covered ⁵
Mental health intensive outpatient (IOP) Program	Covered ⁵	Covered ⁵	Covered ⁵	Covered ⁵	Covered ⁵
Substance use intensive outpatient (IOP)	Covered ⁴	Covered ⁴	Covered ⁴	Covered ⁴	Covered ⁴
Day treatment	Covered ²	Covered ²	Not covered	Not covered	Covered ²
Assertive community treatment (ACT)	Covered ¹	Covered ¹	Covered ¹	Not covered	Covered ¹
Personalized recovery oriented services (PROS)	Covered ¹	Covered ¹	Not covered	Not covered	Covered ¹
SUD OP rehab services	Covered ⁴	Covered ⁴	Not covered	Not covered	Covered ⁴
Residential rehabilitation SUD services for youth	Not covered	Not covered	Covered ⁴	Not covered	Not covered



Benefit	Medicaid Managed Care (MMC) and Medicaid Supplemental Security Income (SSI)	Health and Recovery Plan (HARP)	Child Health Plus (CHPlus)	Essential Plan	Foster Care
Health home care coordination and management	Covered ¹	Covered ¹	Not covered	Not covered	Covered ¹
Behavioral health HCBS	Not covered	Covered ²	Not covered	Not covered	Not covered
Community oriented recovery and empowerment (CORE) services	Not covered	Covered ¹	Not covered	Not covered	Not covered
Emergency room	Covered ⁶	Covered ⁶	Covered ⁶	Covered ⁶	Covered ⁶
Screening, brief intervention, and referral to treatment for chemical dependence (SBIRT)	Covered ⁶	Covered ⁶	Covered ⁶	Covered ⁶	Covered ⁶
Comprehensive Psychiatric Emergency Program (CPEP) (services need to be billed as CPEP)	Covered ⁶	Covered ⁶	Covered ⁶	Covered ⁶	Covered ⁶
Mobile crisis services	Covered ⁶	Covered ⁶	Covered ⁶	Covered ⁶	Covered ⁶
Residential eating disorder	Not covered	Not covered	Not covered	Covered ²	Not covered
Residential rehabilitation services for SUD	Covered ⁴	Covered ⁴	Not covered	Covered ⁴	Covered ⁴
Children's crisis residence	Covered ⁷	Not covered	Not covered	Not covered	Covered ⁷
Residential crisis support	Covered ⁷	Covered ⁷	Not covered	Not covered	Covered ⁷
Intensive crisis residence	Covered ⁷	Covered ⁷	Not covered	Not covered	Covered ⁷
29-i health facilities	Not covered	Not covered	Covered ¹	Not covered	Covered ¹

¹ Authorization is not needed for INN.

² Authorization is needed.

³ Notification required within 2 BD. If notified and member does not meet high risk criteria as identified by the state, then no concurrent review until day 31. If no notification within 2 BD or if high risk criteria is met ongoing concurrent review.

⁴ Notification required within 2 BD. If notified then no concurrent review until day 29. If no notification within 2 BD ongoing concurrent review.

⁵ Notification required within 2 BD. If notified then no concurrent review until day/unit 31. If no notification within 2 BD ongoing concurrent review.

⁶ Authorization is not needed.

⁷ Notification is required.

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