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## ***Behavioral Health Quick Reference Benefit Grid***

This applies to In-Network Providers (INN providers). All services rendered by Out-of-Network Providers (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
<b>Outpatient mental health (OPMH)</b>	Covered — Authorization is not needed for in-network providers.	Covered — Authorization is not needed for in-network providers.	Covered — Authorization is not needed for in-network providers.	Covered — Authorization is not needed for in-network providers.	Covered — Authorization is not needed for in-network providers.
<b>Harm-reduction services</b>	Covered — Authorization is not needed for in-network providers.	Covered — Authorization is not needed for in-network providers.	Not covered	Not covered	Covered — Authorization is not needed for in-network providers.
<b>Child and family treatment support services (CFTSS); family peer support, community psychiatric and supports treatment (CPST), other licensed practitioner (OLP); psychosocial rehabilitation (PSR)</b>	Covered — Authorization is not needed for in-network providers.	Not covered	Covered — Authorization is not needed for in-network providers.	Not covered	Covered — Authorization is not needed for in-network providers.
<b>Bridge — Outpatient home visits</b>	Covered — Authorization needed	Covered — Authorization needed	Covered — Authorization needed	Covered — Authorization needed	Covered — Authorization needed
<b>Children's home- and community-based services (HCBS)</b>	Covered — Authorization needed	Not covered	Covered — Authorization needed	Not covered	Covered — Authorization needed
<b>Psych testing</b>	Covered — Authorization needed	Covered — Authorization needed	Covered — Authorization needed	Covered — Authorization needed	Covered — Authorization needed
<b>Applied behavior analysis (ABA) services</b>	Covered — Authorization needed	Not covered	Covered — Authorization needed	Covered — Authorization needed	Covered — Authorization needed
<b>Transcranial magnetic stimulation (TMS) services</b>	Covered — Authorization is not needed for in-network providers.	Covered — Authorization is not needed for in-network providers.	Covered — Authorization is not needed for in-network providers.	Covered — Authorization is not needed for in-network providers.	Covered — Authorization is not needed for in-network providers.
<b>Outpatient substance use services</b>	Covered — Authorization is not needed for in-network providers.	Covered — Authorization is not needed for in-network providers.	Covered — Authorization is not needed for in-network providers.	Covered — Authorization is not needed for in-network providers.	Covered — Authorization is not needed for in-network providers.
<b>Outpatient ambulatory detox</b>	Covered — Authorization is not needed for in-network providers.	Covered — Authorization is not needed for in-network providers.	Covered — Authorization is not needed for in-network providers.	Covered — Authorization is not needed for in-network providers.	Covered — Authorization is not needed for in-network providers.
<b>Opioid treatment program (previously known as methadone maintenance)</b>	Covered — Authorization is not needed for in-network providers.	Covered — Authorization is not needed for in-network providers.	Not covered	Covered — Authorization is not needed for in-network providers.	Covered — Authorization is not needed for in-network providers.



Benefit	Medicaid Managed Care (MMC) and Medicaid Supplemental Security Income (SSI)	Health and Recovery Plan (HARP)	Child Health Plus (CHPlus)	Essential Plan	Foster Care
<b>Inpatient psychiatric</b>	Covered — Notification is required within two Business Days (BD). If notified and member does not meet high-risk criteria as identified by the state, then no concurrent review until day 31. If there is no notification within two BD or if high-risk criteria is not met, there will be an ongoing concurrent review.	Covered — Notification is required within two BD. If notified and member does not meet high-risk criteria as identified by the state, then no concurrent review until day 31. If there is no notification within two BD or if high-risk criteria is not met, there will be an ongoing concurrent review.	Covered — Notification is required within two BD. If notified and member does not meet high-risk criteria as identified by the state, then no concurrent review until day 31. If there is no notification within two BD or if high-risk criteria is not met, there will be an ongoing concurrent review.	Covered — Notification is required within two BD. If notified and member does not meet high-risk criteria as identified by the state, then no concurrent review until day 31. If there is no notification within two BD or if high-risk criteria is not met, there will be an ongoing concurrent review.	Covered — Notification is required within two BD. If notified and member does not meet high-risk criteria as identified by the state, then no concurrent review until day 31. If there is no notification within two BD or if high-risk criteria is not met, there will be an ongoing concurrent review.





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<b>Personalized recovery- oriented services (PROS)</b>	Covered — Authorization is not needed for in-network providers.	Covered — Authorization is not needed for in-network providers.	Not covered	Not covered	Covered — Authorization is not needed for in-network providers.
<b>SUD outpatient rehab services</b>	Covered — Notification is required within two BD. If notified, then no concurrent review until day 29. If there is no notification within two BD there will be an ongoing concurrent review.	Covered — Notification is required within two BD. If notified, then no concurrent review until day 29. If there is no notification within two BD there will be an ongoing concurrent review.	Not covered	Not covered	Covered — Notification is required within two BD. If notified, then no concurrent review until day 29. If there is no notification within two BD there will be an ongoing concurrent review.
<b>Residential rehabilitation SUD services for youth</b>	Not covered	Not covered	Covered — Notification is required within two BD. If notified, then no concurrent review until day 29. If there is no notification within two BD there will be an ongoing concurrent review.	Not covered	Not covered
<b>Health home care coordination and management</b>	Covered — Authorization is not needed for in-network providers.	Covered — Authorization is not needed for in-network providers.	Not covered	Not covered	Covered — Authorization is not needed for in-network providers.

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<b>Behavioral health HCBS</b>	Not covered	Covered — Authorization needed	Not covered	Not covered	Not covered
<b>Community-oriented recovery and empowerment (CORE) services</b>	Not covered	Covered — Authorization is not needed for in-network providers.	Not covered	Not covered	Not covered
<b>Emergency room (ER)</b>	Covered — Authorization not needed	Covered — Authorization not needed	Covered — Authorization not needed	Covered — Authorization not needed	Covered — Authorization not needed
<b>Screening, brief intervention, and referral to treatment (SBIRT) for chemical dependence</b>	Covered — Authorization not needed	Covered — Authorization not needed	Covered — Authorization not needed	Covered — Authorization not needed	Covered — Authorization not needed
<b>Comprehensive Psychiatric Emergency Program (CPEP) (services need to be billed as CPEP)</b>	Covered — Authorization not needed	Covered — Authorization not needed	Covered — Authorization not needed	Covered — Authorization not needed	Covered — Authorization not needed
<b>Mobile crisis services</b>	Covered — Authorization not needed	Covered — Authorization not needed	Covered — Authorization not needed	Covered — Authorization not needed	Covered — Authorization not needed
<b>Residential Services to treat Eating Disorders</b>	Not covered	Not covered	Not covered	Covered — Authorization needed	Not covered
<b>Residential rehabilitation services for SUD</b>	Covered Notification is required within two BD. If notified, then no concurrent review until day 29. If there is no notification within two BD there will be an ongoing concurrent review.	Covered Notification is required within two BD. If notified, then no concurrent review until day 29. If there is no notification within two BD there will be an ongoing concurrent review.	Not covered	Covered Notification is required within two BD. If notified, then no concurrent review until day 29. If there is no notification within two BD there will be an ongoing concurrent review.	Covered Notification is required within two BD. If notified, then no concurrent review until day 29. If there is no notification within two BD there will be an ongoing concurrent review.
<b>Crisis Residential Services for Children</b>	Covered — Notification is required	Not covered	Not covered	Not covered	Covered — Notification required
<b>Intensive Crisis Residential Services</b>	Covered — Notification is required	Covered — Notification is required	Not covered	Not covered	Covered — Notification required
<b>Residential Crisis Support Services</b>	Covered — Notification is required	Covered — Notification is required	Not covered	Not covered	Covered — Notification required
<b>29-i health facilities</b>	Not covered	Not covered	Covered — Authorization is not needed for in-network providers.	Not covered	Covered — Authorization is not needed for in-network providers.

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