



# Behavioral health quick reference benefit grid

Benefit	MMC and Medicaid SSI	Health and Recovery Plan (HARP)	Child Health Plus (CHPlus)	Essential Plan	Foster Care
Outpatient mental health (OPMH)	Covered <sup>1</sup>	Covered <sup>1</sup>	Covered <sup>1</sup>	Covered <sup>1</sup>	Covered <sup>1</sup>
Harm reduction services	Covered <sup>1</sup>	Covered <sup>1</sup>	<b>Not covered</b>	<b>Not covered</b>	Covered <sup>1</sup>
Child and family treatment support services (CFTSS); family peer support, community psychiatric and supports treatment (CPST), other licensed practitioner (OLP); psychosocial rehabilitation (PSR)	Covered <sup>1</sup>	<b>Not covered</b>	Covered <sup>1</sup>	<b>Not covered</b>	Covered <sup>1</sup>
OPMH home visits	Covered <sup>2</sup>	Covered <sup>2</sup>	Covered <sup>2</sup>	Covered <sup>2</sup>	Covered <sup>2</sup>
Children's home- and community- based services (HCBS)	Covered <sup>3</sup>	<b>Not covered</b>	<b>Not covered</b>	<b>Not covered</b>	Covered <sup>3</sup>
Psych testing	Covered <sup>4</sup>	Covered <sup>4</sup>	Covered <sup>4</sup>	Covered <sup>4</sup>	Covered <sup>4</sup>
Applied behavior analysis (ABA) services	Covered <sup>4</sup>	<b>Not covered</b>	Covered <sup>4</sup>	Covered <sup>4</sup>	Covered <sup>4</sup>
Transcranial magnetic stimulation (TMS) services	Covered <sup>1</sup>	Covered <sup>1</sup>	Covered <sup>1</sup>	Covered <sup>1</sup>	Covered <sup>1</sup>
Outpatient (OP) substance use services	Covered <sup>1</sup>	Covered <sup>1</sup>	Covered <sup>1</sup>	Covered <sup>1</sup>	Covered <sup>1</sup>
OP ambulatory detox	Covered <sup>1</sup>	Covered <sup>1</sup>	Covered <sup>1</sup>	Covered <sup>1</sup>	Covered <sup>1</sup>
Opioid treatment program (previously known as Methadone Maintenance)	Covered <sup>1</sup>	Covered <sup>1</sup>	<b>Not covered</b>	Covered <sup>1</sup>	Covered <sup>1</sup>
Inpatient (IP) psychiatric	Covered <sup>5, 6</sup>	Covered <sup>5</sup>	Covered <sup>5, 6</sup>	Covered <sup>5</sup>	Covered <sup>5, 6</sup>
IP detox	Covered <sup>7</sup>	Covered <sup>7</sup>	Covered <sup>7</sup>	Covered <sup>7</sup>	Covered <sup>7</sup>
IP substance use disorder (SUD)rehabilitation	Covered <sup>7</sup>	Covered <sup>7</sup>	Covered <sup>7</sup>	Covered <sup>7</sup>	Covered <sup>7</sup>
Electroconvulsive therapy (ECT)	Covered <sup>8</sup>	Covered <sup>8</sup>	Covered <sup>8</sup>	Covered <sup>8</sup>	Covered <sup>8</sup>
Psychiatric Partial Hospitalization Program (PHP)	Covered <sup>9</sup>	Covered <sup>9</sup>	Covered <sup>9</sup>	Covered <sup>9</sup>	Covered <sup>9</sup>

1 No authorization required for participating provider.

2 Bridge on discharge must be authorized, based on medical necessity. Licensed behavioral health provider visits do not require authorizations.

3 Must be authorized, based on care plan review.

4 Must be authorized, based on medical necessity.

5 As of September 1, 2022, notification required. If certain triggers are met, then UM will be conducted. If not, concurrent reviews begin after day 30.

6 Members under age 18: notification within 48 hours for in-network (INN) providers. If notified, no medical necessity reviews for 14 days.

If triggers are met, concurrent reviews start on day 15. If no triggers, concurrent reviews start after day 30. Out-of-network (OON) providers and INN providers who do not notify within 48 hours will require authorization.

7 Coverage is based on medical necessity. INN providers should notify within 48 hours with the required clinical. If notified, authorizations not required for 28 days. Authorization and concurrent review required for OON providers and INN providers who do not notify.

8 Coverage is based on medical necessity, requires authorization and concurrent review.

9 Requires authorization.

Benefit	MMC and Medicaid SSI	Health and Recovery Plan (HARP)	Child Health Plus (CHPlus)	Essential Plan	Foster Care
Mental health and substance use intensive outpatient (IOP)	Covered <sup>10</sup>	Covered <sup>10</sup>	Covered <sup>10</sup>	Covered <sup>10</sup>	Covered <sup>10</sup>
Intensive psychiatric rehabilitation treatment (IPRT)	Covered <sup>9</sup>	Covered <sup>9</sup>	<b>Not covered</b>	<b>Not covered</b>	Covered <sup>9</sup>
Day treatment	Covered <sup>9</sup>	Covered <sup>9</sup>	<b>Not covered</b>	<b>Not covered</b>	Covered <sup>9</sup>
Assertive community treatment (ACT)	Covered <sup>9</sup>	Covered <sup>9</sup>	Covered <sup>9</sup>	<b>Not covered</b>	Covered <sup>9</sup>
Personalized recovery oriented services (PROS)	Covered <sup>11</sup>	Covered <sup>11</sup>	<b>Not covered</b>	<b>Not covered</b>	Covered <sup>11</sup>
SUD OP rehab services	Covered <sup>7</sup>	Covered <sup>7</sup>	<b>Not covered</b>	<b>Not covered</b>	Covered <sup>7</sup>
Residential rehabilitation SUD services for youth	<b>Not covered</b>	<b>Not covered</b>	Covered <sup>7</sup>	<b>Not covered</b>	<b>Not covered</b>
Health home care coordination and management	Covered <sup>11</sup>	Covered <sup>11</sup>	<b>Not covered</b>	<b>Not covered</b>	Covered <sup>11</sup>
Behavioral health HCBS	<b>Not covered</b>	Covered <sup>9</sup>	<b>Not covered</b>	<b>Not covered</b>	<b>Not covered</b>
Community oriented recovery and empowerment (CORE) services	<b>Not covered</b>	Covered <sup>11</sup>	Not covered	<b>Not covered</b>	<b>Not covered</b>
Emergency room	Covered <sup>11</sup>	Covered <sup>11</sup>	Covered <sup>11</sup>	Covered <sup>11</sup>	Covered <sup>11</sup>
Screening, brief intervention, and referral to treatment for chemical dependence (SBIRT)	Covered <sup>11</sup>	Covered <sup>11</sup>	Covered <sup>11</sup>	Covered <sup>11</sup>	Covered <sup>11</sup>
Comprehensive Psychiatric Emergency Program (CPEP) (services need to be billed as CPEP)	Covered <sup>11</sup>	Covered <sup>11</sup>	Covered <sup>11</sup>	Covered <sup>11</sup>	Covered <sup>11</sup>
Mobile crisis services	Covered <sup>11</sup>	Covered <sup>11</sup>	Covered <sup>11</sup>	Covered <sup>11</sup>	Covered <sup>11</sup>
Residential eating disorder	<b>Not covered</b>	<b>Not covered</b>	<b>Not covered</b>	Covered <sup>9</sup>	<b>Not covered</b>
Residential rehabilitation services for SUD	Covered <sup>7</sup>	Covered <sup>7</sup>	<b>Not covered</b>	Covered <sup>7</sup>	Covered <sup>7</sup>
Children's crisis residence	Covered <sup>12</sup>	<b>Not covered</b>	<b>Not covered</b>	<b>Not covered</b>	Covered <sup>12</sup>
Residential crisis support	Covered <sup>13</sup>	Covered <sup>14</sup>	<b>Not covered</b>	<b>Not covered</b>	Covered <sup>13</sup>
Intensive crisis residence	Covered <sup>13</sup>	Covered <sup>14</sup>	<b>Not covered</b>	<b>Not covered</b>	Covered <sup>13</sup>
29-i health facilities	<b>Not covered</b>	<b>Not covered</b>	Covered	<b>Not covered</b>	Covered <sup>15</sup>

10 Requires authorization and concurrent review.

11 Does not require authorization.

12 Covered for members under age 21: Notification required.

13 Covered for members age 18 and older: Notification required.

14 Notification required.

15 Medicaid: Out of network requires authorization. CHPlus: Notification required for all providers.



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