

SERVICES		ACUTE CARE XIX		ALTCs				CHIP* XXI
		<21	>21	E/PD		DDD		<19
				<21	>21	<21	>21	
Behavioral Health Counseling and Therapy	Individual	X	X	X	X	X	X	X
	Group and Family	X	X	X	X	X	X	X
Assessment, Evaluation and Screening Services	Screening	X	X	X	X	X	X	X
	Evaluation	X	X	X	X	X	X	X
	Assessment	X	X	X	X	X	X	X
	Testing	X	X	X	X	X	X	X
Other Professional**	Alcohol and/or drug services: Intensive Outpatient (Treatment Program that operates at least three hours/day and at least three hours/day week and is based on an individualized treatment plan) including assessment, counseling, crisis intervention and activity therapies or education	X	X	X	X	X	X	X
	Multisystemic Therapy for Juveniles	X	NA	X	NA	X	NA	X
	Mental Health Services (formerly Traditional Healing)		**	**i	**i	NA	NA	**
	Auricular Acupuncture		**	**i	**i	NA	NA	**
Skills, Training and Development, and Psychosocial Rehabilitation Living Skills Training		X	X	X	X	X	X	X
Cognitive Rehabilitation		X	X	X	X	X	X	X
Behavioral Health Prevention/Promotion Education and Medication Training and Support Services (Health Promotion)		X	X	X	X	X	X	X
Psycho Educational Services and Ongoing Support to Maintain Employment		X	X	X	X	X	X	X
Medical Services ***		X	X	X	X	X	X	X
Laboratory, Radiology, and Medical Imaging		X	X	X	X	X	X	X
Medical Management		X	X	X	X	X	X	X
Electro-Convulsive Therapy		X	X	X	X	X	X	X
Case Management		X	X	X	X	X	X	X
Personal Care Services		X	X	X	X	X	X	X
Home Care Training Family (Family Support)		X	X	X	X	X	X	X
Self-Help/Peer Services		X	X	X	X	X	X	X
Home Care Training to Home Care Client (HCTC)		X	X	X	X	X	X	X
Unskilled Respite Care <sup>ii</sup>		X	X	X	X	X	X	X
Supported Housing Services <sup>iii</sup>		X	X	X	X	X	X	X

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Sign Language or Oral Interpretative Services		Provided at no charge to the member						
Transportation	Emergency	X	X	X	X	X	X	X
	Non-Emergency	X	X	X	X	X	X	X
Crisis Intervention Services	(Mobile Community Based)	X	X	X	X	X	X	X
	(Stabilization, Facility Based)	X	X	X	X	X	X	X
	(Telephone)	X	X	X	X	X	X	X
Hospital		X	X	X	X	X	X	X
Subacute Facility		X	X	X	X	X	X	X
Residential Treatment Center		X	X	X	X	X	X	X
Behavioral Health Residential Facility (Without Room and Board)		X	X	X	X	X	X	X
Mental Health Services NOS (Room and Board) **		**	**	X**	X**	X**	X**	**
Supervised Behavioral Health Treatment and Day Programs		X	X	X	X	X	X	
Therapeutic Behavioral Health Services and Day Programs		X	X	X	X	X	X	
Community Psychiatric Supportive Treatment and Medical Day Programs		X	X	X	X	X	X	

**LIMITATIONS:**

- \* Services may be available through federal block grants.
- \*\* Services not available with Title XIX/XXI funding but may be provided if other funds are available.
- \*\*\* See the Behavioral Health Drug List for further information on covered medication.

**Refer to AMPM Policy 310-B, AMPM Policy 320-T1, and/or AMPM Policy 320-T2 for restrictions, scope and time limitations, provider requirements and eligibility limitations for Title XIX and Title XXI behavioral health services.**

<sup>i</sup> Effective 10/1/17 for members determined to have a Serious Mental Illness

<sup>ii</sup> No more than 600 hours of respite care per contract year (October 1st through September 30th) per person

<sup>iii</sup> Limited to comprehensive wraparound services addressing needed support to treat behavioral health symptoms impacting a member’s stability in housing, which cannot otherwise be billed under other services. This does not pertain to funding for housing expenses including rental subsidies, move-in kits, assistance with deposits, utility payments, eviction prevention efforts, and property improvements.