

MENTAL HEALTH PARTNERS
Adult MH State Funded Benefit Plan

Service Array	Level A Mild GAF 71-100	Level B Moderate GAF 51-70	Level C Serious GAF 31-50	Level D Severe GAF 30 or below
Dx Assessment	Prior Approval Required	Prior Approval Required	Prior Approval Required	Prior Approval Required
Clinical Evaluation	1 per provider yearly	1 per provider yearly	1 per provider yearly	1 per provider yearly
Psychiatric Evaluation	1 per provider yearly	1 per provider yearly	1 per provider yearly	1 per provider yearly
Medication Mgt.	4-6 visits per year	4-9 visits per year	4- 12 visits per year	4-12 visits per year
Psychological Testing	Prior Approval Required	Prior Approval Required	Prior Approval Required	Prior Approval Required
Outpatient Individual and Family	12 visits per year	16 visits per year	20 visits per year	24 visits per year
Outpatient Group	up to 16 hours per year	up to 24 hours per year	up to 32 hours per year	up to 40 hours per year
SO Specific Treatment Pkg	NONE	up to 42 visits per year with no more than 2 visits being individual or family therapy, all remaining sessions are group. No reauthorizations.	up to 42 visits per year with no more than 2 visits being individual or family therapy, all remaining sessions are group. No reauthorizations.	up to 42 visits per year with no more than 2 visits being individual or family therapy, all remaining sessions are group. No reauthorizations.
Targeted Case Management MH/SA (At Level C and D consider referring to a higher level of care, i.e. CST or ACTT, if appropriate.) (please note this is an episode of care)	NONE	<u>Initial Auth:</u> minimum of one event per week (Billing requirement is 15 minutes per week) for 90 days total. <u>Re- authorization:</u> minimum of one event per week up to 60 days. Maximum total of 23 weeks per year allowed	<u>Initial Auth:</u> minimum of one event per week (Billing requirement is 15 minutes per week) for 90 days total. <u>Re- authorization:</u> minimum of one event per week up to 60 days. Maximum total of 23 weeks per year allowed	<u>Initial Auth:</u> minimum of one event per week (Billing requirement is 15 minutes per week) for 90 days total. <u>Re- authorization:</u> minimum of one event per week up to 60 days. Maximum total of 23 weeks per year allowed

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Community Support Team	NONE	NONE	Initial Auth: up to 32 hours for 60 days (Minimum of 8 contacts required). Continuing Auth: 64 hours for additional 4 months *Limited to 6 months-see exception criteria in MHP Procedural Update #26	Initial Auth: up to 32 hours for 60 days (Minimum of 8 contacts required). Continuing Auth: 64 hours for additional 4 months *Limited to 6 months-see exception criteria in MHP Procedural Update #26
Assertive Community Treatment Team	NONE		Initial Auth: 12 contacts per 30 days. Continuing Auth: 26 contacts per 2 months with 3 additional 3 months re-authorizations if needed (39 contacts per 3 months period) A minimum of 3 contacts per week required.	Initial Auth: 12 contacts per 30 days. Continuing Auth: 26 contacts per 2 months with 3 additional 3 months re-authorizations if needed (39 contacts per 3 months period) A minimum of 3 contacts per week required.
Psychosocial Rehabilitation	NONE	Auth: up to 520 hours per 6 months x one re-auth per year	Auth: up to 520 hours per 6 months x one re-auth per year	NONE
Supported Employment Individual and Group	NONE	Auth up to 540 hours for up to 6 months with one re-auth per year	Auth up to 540 hours for up to 6 months with one re-auth per year	Auth up to 540 hours for up to 6 months with one re-auth per year
Long Term Support	NONE	Auth 2 hours monthly up to 6 months with one additional re-auth per year	Auth 2 hours monthly up to 6 months with one additional re-auth per year	Auth 2 hours monthly up to 6 months with one additional re-auth per year

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Day Activity	NONE	up to 720 hours per 6 months x one re-auth	up to 720 hours per 6 months x one re-auth	up to 720 hours per 6 months x one re-auth
Group Living - Low/Moderate/High Intensity	NONE	NONE	Per day up to 6 months with one 6 months reauth if needed	Per day up to 6 months with one 6 months reauth if needed
Supervised Living- Low/Moderate/High	NONE	NONE	Per day up to 6 months with one 6 months reauth if needed	Per day up to 6 months with one 6 months reauth if needed
Family Living Low or Moderate	NONE	NONE	Per day up to 6 months with one 6 months reauth if needed	Per day up to 6 months with one 6 months reauth if needed
Mobile Crisis	Up to 8 hours without prior approval. Additional 2- 16 hours per request	Up to 8 hours without prior approval. Additional 2-16 hours per request	Up to 8 hours without prior approval. Additional 2-16 hours per request	Up to 8 hours without prior approval. Additional 2-16 hours per request
Facility Based Crisis	NONE	NONE	3-5 days with re-authorization of up to 5 days if indicated	3-5 days with re-authorization of up to 5 days if indicated

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