

MENTAL HEALTH PARTNERS
Child Mental Health/SA State Benefit Plan

| Service Array | Level A Mild ASAM I.0 GAF: 71-100 | Level B Moderate ASAM II.I GAF: 51-70 | Level C Serious ASAM II.5 GAF: 31-50 | Level D Severe ASAM greater than II.5 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- 16 visits per year | 4-16 visits per year |
| Psychological Testing | Prior Approval Required | Prior Approval Required | Prior Approval Required | Prior Approval Required |
| Outpatient Individual and Family | up to 12 visits per year | up to 16 visits per year | up to 20 visits per year | up to 24 visits per year |
| Outpatient Group | up to 20 hours per year | up to 32 hours per year | up to 40 hours per year | up to 40 hours per year |
| SO Specific Treatment Pkg. | up to 60 visits per year | up to 60 visits per year | up to 60 visits per year | up to 60 visits per year |
| Targeted Case Management MH/SA (At Level C and D consider referring to a higher level of care, i.e. Intensive In-Home 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 |

June 3, 2011

Application for Medicaid is required prior to request for Medicaid covered services

MENTAL HEALTH PARTNERS
Child Mental Health/SA State Benefit Plan

| Service Array | Level A Mild ASAM I.0 GAF: 71-100 | Level B Moderate ASAM II.I GAF: 51-70 | Level C Serious ASAM II.5 GAF: 31-50 | Level D Severe ASAM greater than II.5 GAF: 30 or below |
|--|-----------------------------------|---|---|--|
| Multi-systemic Therapy <i>(please note this is an episode of care)</i> | NONE | NONE | <u>Initial Auth:</u> for 30 days with 12 contacts minimum for the first month of service. <u>Continuing Auth:</u> minimum average of 6 contacts required for next 2 months. Then titrate down during the fourth and fifth months with a minimum average of 4 contacts per month. No more than 120 hours can be provided during a 3 month period of time. | <u>Initial Auth:</u> for 30 days with 12 contacts minimum for the first month of service. <u>Continuing Auth:</u> minimum average of 6 contacts required for next 2 months. Then titrate down during the fourth and fifth months with a minimum average of 4 contacts per month. No more than 120 hours can be provided during a 3 month period of time. |
| Day Treatment | NONE | NONE | <u>Initial Auth:</u> 3 hours per day for 2 months <u>Continuing auth:</u> 3 hours per day for 6 months. Clinical justification required for additional 3 months authorization. | <u>Initial Auth:</u> 3 hours per day for 2 months <u>Continuing auth:</u> 3 hours per day for 6 months. Clinical justification required for additional 3 months authorization. |
| Intensive In-Home <i>(please note this is an episode of care)</i> | NONE | <u>Initial Auth:</u> for 30 days with 12 contacts minimum for the first month of service. <u>Continuing Auth:</u> minimum average of 6 contacts required for next 2 months. Then titrate down during the fourth and fifth months with a minimum average of 4 contacts per month. No more than 120 hours can be provided during a 3 month period of time. | <u>Initial Auth:</u> for 30 days with 12 contacts minimum for the first month of service. <u>Continuing Auth:</u> minimum average of 6 contacts required for next 2 months. Then titrate down during the fourth and fifth months with a minimum average of 4 contacts per month. No more than 120 hours can be provided during a 3 month period of time. | <u>Initial Auth:</u> for 30 days with 12 contacts minimum for the first month of service. <u>Continuing Auth:</u> minimum average of 6 contacts required for next 2 months. Then titrate down during the fourth and fifth months with a minimum average of 4 contacts per month. No more than 120 hours can be provided during a 3 month period of time. |

June 3, 2011

Application for Medicaid is required prior to request for Medicaid covered services

MENTAL HEALTH PARTNERS
Child Mental Health/SA State Benefit Plan

| Service Array | Level A Mild ASAM I.0 GAF: 71-100 | Level B Moderate ASAM II.I GAF: 51-70 | Level C Serious ASAM II.5 GAF: 31-50 | Level D Severe ASAM greater than II.5 GAF: 30 or below |
|---|--|---|---|---|
| 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 |
| Adolescent SAIOP (<i>please note this is an episode of care</i>) | NONE | <u>Initial Auth:</u> 12 sessions per 30 days (3 hrs 3 x per week required) <u>Continuing Auth:</u> 24 sessions for 60 days | <u>Initial Auth:</u> 12 sessions per 30 days (3 hrs 3 x per week required) <u>Continuing Auth:</u> 24 sessions for 60 days | <u>Initial Auth:</u> 12 sessions per 30 days (3 hrs 3 x per week required) <u>Continuing Auth:</u> 24 sessions for 60 days |
| Residential Level II | NONE | <u>Initial Auth:</u> 30 days <u>Continuing Auth:</u> every 2 months | <u>Initial Auth:</u> 30 days <u>Continuing Auth:</u> every 2 months | NONE |
| Residential Level III | NONE | NONE | <u>Initial Auth:</u> 30 days | <u>Initial Auth:</u> 30 days |
| Residential IV | NONE | NONE | NONE | <u>Initial Auth:</u> 30 days |
| PTRF | NONE | NONE | NONE | NONE |
| Respite YP 730 | <u>Crisis:</u> up to 7 days and review | <u>Crisis:</u> up to 7 days and review | <u>Crisis:</u> up to 7 days and review. <u>Planned:</u> based on PCP | <u>Crisis:</u> up to 7 days and review. <u>Planned:</u> based on PCP |
| Respite YA 213 | NONE | NONE | <u>Crisis:</u> up to 7 days and review <u>Planned:</u> based on PCP | <u>Crisis:</u> up to 7 days and review <u>Planned:</u> based on PCP |

June 3, 2011

Application for Medicaid is required prior to request for Medicaid covered services