

**MENTAL HEALTH PARTNERS**  
**Adult SA State Funded Benefit Plan**

<b>Service Array</b>	<b>Level A-OP Treatment ASAM 1.0 (Substance Abuse)</b>	<b>Level B-OP Treatment ASAM 1.0 (Substance Dependence)</b>	<b>Level C-Intensive OP Treatment ASAM 2.1</b>	<b>Level D-SA Comprehensive OP Treatment ASAM 2.5</b>	<b>Level E-Residential ASAM 3.0 or higher</b>
<b>Dx Assessment</b>	Prior Approval Required	Prior Approval Required	Prior Approval Required	Prior Approval Required	Prior Approval Required
<b>Clinical Evaluation</b>	1 per provider per year	1 per provider per year	1 per provider per year	1 per provider per year	1 per provider per year
<b>Psychiatric Evaluation</b>	1 per provider per year	1 per provider per year	1 per provider per year	1 per provider per year	1 per provider per year
<b>Medication Management</b>	4 visits per year	8 visits per year	10 visits per year	10 visits per year	12 visits per year
<b>Psychological Testing</b>	Prior Approval Required	Prior Approval Required	Prior Approval Required	Prior Approval Required	Prior Approval Required
<b>Outpatient Individual and Family</b>	up to 8 visits per year	up to 12 visits per year	up to 16 visits per year	NONE	NONE
<b>Outpatient Group</b>	Initial Auth: 20 hours per year Re-authorization: 1 per year	Initial Auth: 40 hours per year Re-authorization: 1 per year	NONE	NONE	NONE
<b>Community Support Individual (Case Management component only)</b>	Initial Auth: up to 4 hours per month for 30 days. Re-authorization: 4 hours per month X 3 months until service definition ends.	Initial Auth: up to 4 hours per month for 30 days. Re-authorization: 4 hours per month X 3 months until service definition ends.	Initial Auth: up to 4 hours per month for 30 days. Re-authorization: 4 hours per month X 3 months until service definition ends.	Initial Auth: up to 4 hours per month for 30 days. Re-authorization: 4 hours per month X 3 months until service definition ends.	Initial Auth: up to 4 hours per month for 30 days. Re-authorization: 4 hours per month X 3 months until service definition ends.

June 4, 2010

Application for Medicaid is required prior to request for re-authorization for Medicaid covered services

**MENTAL HEALTH PARTNERS**  
**Adult SA State Funded Benefit Plan**

<b>Community Support Team</b>	NONE	<u>Initial Auth:</u> up to 32 hours for 30 days (Minimum of 8 contacts required). <u>Continuing Auth:</u> 130 hours for 6 months (up to 5 hours per week). May request one re-authorization for an additional 110 hours for 5 months (up to 5 hours per week).	<u>Initial Auth:</u> up to 32 hours for 30 days (Minimum of 8 contacts required). <u>Continuing Auth:</u> 130 hours for 6 months (up to 5 hours per week). May request one re-authorization for an additional 110 hours for 5 months (up to 5 hours per week).	<u>Initial Auth:</u> up to 32 hours for 30 days (Minimum of 8 contacts required). <u>Continuing Auth:</u> 130 hours for 6 months (up to 5 hours per week). May request one re-authorization for an additional 110 hours for 5 months (up to 5 hours per week).	NONE
<b>SAIOP</b>	NONE	NONE	<u>Initial Auth:</u> 12 sessions per 30 days (3 hrs 3 x per week required) <u>Continuing Auth:</u> 24 sessions for 2 months	<u>Initial Auth:</u> 12 sessions per 30 days (3 hrs 3 x per week required) <u>Continuing Auth:</u> 24 sessions for 2 months	NONE
<b>SACOT Not available at this time</b>	NONE	NONE	<u>NONE</u>	<u>Initial Auth:</u> 80-160 hours for 4 weeks <u>Continuing Auth:</u> up to 160-320 hours for 2 months	NONE
<b>Mobile Crisis</b>	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	Up to 8 hours without prior approval. Additional: 2-16 hours per request
<b>Facility Based Crisis</b>	NONE	NONE	NONE	NONE	3-5 days with re-authorization up to 5 additional days if indicated
<b>SA Non-Medical Residential</b>	NONE	NONE	NONE	NONE	<u>Initial Auth:</u> 1 month <u>Continuing Auth:</u> 3 months

June 4, 2010

Application for Medicaid is required prior to request for re-authorization for Medicaid covered services

**MENTAL HEALTH PARTNERS**  
**Adult SA State Funded Benefit Plan**

<b>SA Halfway House</b>	NONE	NONE	NONE	NONE	2-6 months with one 3 months re-authorization per year
<b>SA Non-Medical Detox</b>	NONE	NONE	NONE	NONE	3-7 days with one 3-7 day re-authorization per year
<b>SA Medical Detox</b>	NONE	NONE	NONE	NONE	5-7 days with one reauthorization per year
<b>Ambulatory Detox</b>	7-10 days with one 7-10 day re-auth per year	7-10 days with one 7-10 day re-auth per year	7-10 days with one 7-10 day re-auth per year	7-10 days with one 7-10 day re-auth per year	7-10 days with one 7-10 day re-auth per year

June 4, 2010

Application for Medicaid is required prior to request for re-authorization for Medicaid covered services