

**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>	<u>Auth Limit:</u> 4 visits per year <u>Re-authorization:</u> may request up to 4 additional visits per year	<u>Auth Limit:</u> 4 visits per year <u>Re-authorization:</u> may request up to 8 additional visits per year	<u>Auth Limit:</u> 4 visits per year <u>Re-authorization:</u> may request up to 12 additional visits per year	NONE	NONE
<b>Outpatient Group</b>	<u>Auth Limit:</u> 20 hours per year <u>Re-authorization:</u> 1 per year	<u>Auth Limit:</u> 40 hours per year <u>Re-authorization:</u> 1 per year	NONE	NONE	NONE
<b>Community Support Individual</b>	<u>Initial Auth:</u> up to 8 hours with no re-authorization	<u>Initial Auth:</u> up to 8 hours for 90 days <u>Continuing Auth:</u> Up to 40 hours for 90 days with no additional authorization <u>Exception:</u> limited to 2 hours if receiving another enhanced service	<u>Initial Auth:</u> up to 8 hours for 90 days <u>Continuing Auth:</u> Up to 40 hours for 90 days with no additional authorization <u>Exception:</u> limited to 2 hours if receiving another enhanced service	<u>Initial Auth:</u> up to 8 hours for 90 days <u>Continuing Auth:</u> Up to 40 hours for 90 days with no additional authorization <u>Exception:</u> limited to 2 hours if receiving another enhanced service	<u>Initial Auth:</u> up to 8 hours for 90 days <u>Continuing Auth:</u> Up to 40 hours for 90 days with no additional authorization <u>Exception:</u> limited to 2 hours if receiving another enhanced service

November 18, 2009

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 Group</b>	Auth 3 hours weekly per 90 days	Auth 3 hours weekly per 90 days	Limited to 2 hours per month while receiving SAIOP	Limited to 2 hours per month while receiving SACOT or SAIOP	Limited to 2 hours per month while receiving residential services
<b>Community Support Team</b>	NONE	<u>Initial Auth:</u> up to 32 hours for 30 days <u>Continuing Auth:</u> up to 8 hours per week for 180 days	<u>Initial Auth:</u> up to 32 hours for 30 days <u>Continuing Auth:</u> up to 8 hours per week for 180 days	<u>Initial Auth:</u> up to 32 hours for 30 days <u>Continuing Auth:</u> up to 8 hours per week for 180 days	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 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	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 60 days	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> 30 days <u>Continuing Auth:</u> 90 days
<b>SA Halfway House</b>	NONE	NONE	NONE	NONE	60-180 days with one 90 day re-authorization per year

**November 18, 2009**

**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 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

November 18, 2009

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