



MHPAEA FINAL REPORT

I. INTRODUCTION

The Centers for Medicare & Medicaid Services (CMS) issued a final rule that applies requirements of the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) to Medicaid managed care organization (MCO) members' benefits, Medicaid alternative benefit plans (ABPs), and the Children's Health Insurance Program (CHIP)¹. The State of New Mexico Human Services Department (HSD) and its contracted Medicaid/CHIP MCOs were required to be in compliance with the final Medicaid/CHIP parity rule on or before October 2, 2017. During the fall of 2017, however, HSD was dedicating significant resources to key projects in the Medicaid program, including renewal of the Section 1115 Demonstration Waiver (to implement Centennial Care 2.0) and MCO procurement for Centennial Care 2.0. Because of this, HSD requested and received an additional three months (to January 1, 2018) from CMS to complete the parity review. This report serves as HSD's parity compliance documentation in accordance with 42 CFR Part 438 for benefit packages with beneficiaries enrolled (members) in the four MCOs contracted with HSD for calendar year (CY) 2018. HSD will update this documentation as needed to reflect implementation of Centennial Care 2.0, which is scheduled for CY 2019.

This final report reflects over 12 months of work by the HSD and its MCOs to conduct a review of the Medicaid/CHIP delivery system to become compliant with the final Medicaid/CHIP parity rule. In the fall of 2016, the HSD established a "parity workgroup" that was tasked with overseeing the HSD/MCO parity analyses. The workgroup included representatives from HSD, the New Mexico Behavioral Health Services Division (BHSD) and the HSD's Medical Assistance Division (MAD).

HSD is the umbrella agency that oversees the Medicaid/CHIP program. BHSD serves as the Mental Health and Substance Abuse State Authority and oversees the mental health and substance use disorder (MH/SUD) system for adults. The New Mexico Children, Youth and Families Department (CYFD) collaborates with HSD on MH/SUD and SED issues for youth in New Mexico. MAD administers the Centennial Care program (the State's Medicaid/CHIP managed care program) and collaborates with BHSD on MCO oversight and monitoring. HSD, BHSD, CYFD and MAD all participate in the New Mexico Behavioral Health Collaborative (<http://newmexico.networkofcare.org/mh/index.aspx>), which establishes policies and implements strategies to manage the State's MH/SUD system.

II. METHODOLOGY

The approach and results of each component of the parity analysis are discussed in greater detail in later sections of this report. In general, HSD's approach to conducting the parity analysis followed CMS guidance as outlined in the CMS parity toolkit, *"Parity Compliance Toolkit Applying Mental Health and*

¹ New Mexico's CHIP program is a Medicaid expansion, so the requirements of 42 CFR Part 438 (not 42 CFR Part 457) apply.

*Substance Use Disorder Parity Requirements to Medicaid and Children's Health Insurance Programs*² and included the following steps:

1. Identifying all benefit packages to which parity applies.
2. Determining whether the State or MCO is responsible for the parity analysis (by benefit package).
3. Defining mental health (MH), substance use disorder (SUD), and medical/surgical (M/S) services and determining which covered services are MH, SUD, and/or M/S services.
4. Defining the four benefit classifications (inpatient, outpatient, prescription drugs, and emergency care) and mapping MH/SUD and M/S services to these classifications.
5. Determining whether any aggregate lifetime or annual dollar limits (AL/ADLs) apply to MH/SUD services.
6. Determining whether any financial requirements (FRs) or quantitative treatment limitations (QTLs) apply to MH/SUD services in a benefit package and testing the applicable financial requirement for compliance with parity.
7. Identifying and analyzing non-quantitative treatment limitations (NQTLs) that apply to MH/SUD services in a benefit package.

III. MEDICAID/CHIP DELIVERY SYSTEM AND BENEFIT PACKAGES

Medicaid/CHIP Delivery System

Over 78% of Medicaid/CHIP beneficiaries in New Mexico are enrolled in MCOs. This includes 90% of beneficiaries in New Mexico's adult expansion category of eligibility in the alternative benefit plan (ABP) and 91% of beneficiaries in New Mexico's CHIP program.³ HSD implemented the State's Medicaid managed care program, known as Centennial Care, in January of 2014 under the authority of a Section 1115 Demonstration Waiver. Centennial Care modernized the Medicaid/CHIP program by improving the efficiency and effectiveness of health care delivery; integrating physical, behavioral and long-term care services and supports (LTSS); advancing person-centered models of care; and slowing the growth of program costs. A key component of Centennial Care was the combination of physical and behavioral health services into a fully-integrated model of care, placing the responsibility of all of a member's needs with a single entity (an MCO). As noted above, HSD is in the process of renewing the 1115 Demonstration Waiver (Centennial Care 2.0), which is scheduled to be implemented on January 1, 2019.

HSD provides Home and Community-Based Services (HCBS) through four waiver programs:

- **1915(c) Developmental Disabilities Waiver (DDW)** – serves individuals with ID or persons with specific related conditions and DD that occur before the age of 22, including MCO members.
- **1915(c) Medically Fragile Waiver (MFW)** – serves individuals who are diagnosed with a medically fragile condition, have a developmental disability, developmental delay, and/or are at risk for developmental delay before reaching 22 years of age, including MCO members.

² Parity Compliance Toolkit Applying Mental Health and Substance Use Disorder Parity Requirements to Medicaid and Children's Health Insurance Programs, <https://www.medicaid.gov/medicaid/benefits/downloads/bhs/parity-toolkit.pdf>

³ As noted above, New Mexico's CHIP program is a Medicaid expansion

- **1915(c) Mi Via Waiver (MVW)** – serves Medically Fragile (MF) individuals and individuals with Intellectual or Developmental Disabilities (ID/DD), includes MCO members.
- **Section 1115 Centennial Care Demonstration Waiver** – includes MCO members who are eligible for Community Benefits and meet a Nursing Facility level of care criteria (NF LOC) that includes needing assistance with two or more activities of daily living. There are two different Community Benefit service delivery models within Centennial Care: Agency Based Community Benefit (ABCB) and Self-Directed Community Benefit (SDCB).

Benefit Packages

HSD identified 19 benefit packages (listed in Table 1 below) subject to the requirements in the final Medicaid/CHIP parity rule. See Appendix 1 for detailed information on the benefit packages, including a mapping of MH, SUD, and M/S services by classification for each benefit package. In each benefit package, New Mexico covers MH and SUD services in each classification in which there is an M/S service (all four benefit classifications).

TABLE 1 – MCO MEMBER BENEFIT PACKAGES

Benefit Packages

- 1) Medicaid adults (21 and over)
 - 2) Medicaid children (under 21)
 - 3) Medicaid adults (21 and over) receiving the agency-based community benefit
 - 4) Medicaid children (under 21) receiving the agency-based community benefit
 - 5) Medicaid adults (21 and over) receiving the self-directed community benefit
 - 6) Medicaid children (under 21) receiving the self-directed community benefit
 - 7) ABP MCO adults (21 and over)
 - 8) ABP MCO children (19-20)
 - 9) CHIP children (0-18)⁴
 - 10) Working disabled (WDI) adults (21 and over)
 - 11) WDI children (18-20)
 - 12) Pregnant women adults (21 and over)
 - 13) Pregnant women children (under 21)
 - 14) DDW adults (21 and over)
 - 15) DDW children (under 21)
 - 16) MFW adults (21 and over)
 - 17) MFW children (under 21)
 - 18) MVW adults (21 and over)
 - 19) MVW children (under 21)
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⁴ As noted above, New Mexico's CHIP program is a Medicaid expansion.

IV. DEFINITION OF MH/SUD AND M/S SERVICES

For the purposes of the parity analysis, HSD adopted the most recent version of the International Classification of Diseases (ICD), the ICD-10-CM, as its standard for defining MH/SUD and M/S services. ICD-10-CM is the current version of the ICD, which is identified in the final Medicaid/CHIP parity rule as an example of a “generally recognized independent standard of current medical practice” for defining M/S, MH, and SUD conditions.

HSD defined⁵ MH/SUD services as services for the conditions listed in ICD-10-CM, Chapter 5 “Mental, Behavioral, and Neurodevelopmental Disorders” with the exception of:

- The conditions listed in subchapter 1, “Mental disorders due to known physiological conditions” (F01 to F09);
- The conditions listed in subchapter 8, “Intellectual disabilities” (F70 to F79); and
- The conditions listed in subchapter 9, “Pervasive and specific developmental disorders” (F80 to F89).

HSD defined M/S services as services for the conditions listed in ICD-10-CM Chapters 1-4, subchapters 1, 8 and 9 of Chapter 5, and Chapters 6-20. Given these definitions, HSD determined that, because members must meet ID/DD level of care criteria to participate in a 1915(c) waiver program, and a MH/SUD diagnosis is not a qualifying criterion for waiver participation, all 1915(c) waiver services are considered M/S services.

HSD excluded subchapter 1 from the definition of MH/SUD because these mental disorders are due to known physiological conditions (e.g., vascular dementia and delirium due to known physiological condition) and all, except one, require that the physiological condition is coded first, indicating that the physiological (rather than the mental health) condition is the focus of services. HSD based this exclusion on the structure of the ICD-10-CM.

HSD excluded subchapters 8 (intellectual disabilities) and 9 (developmental disorders) from the definition of MH/SUD consistent with the structure and content of the ICD-10-CM. Chapter 5 of the ICD-10-CM is entitled Mental, Behavioral, and Neurodevelopmental Disorders and is divided into three subsets of disorders; only two of which are Mental and Behavioral. In addition, not including these disorders as MH/SUD disorders is consistent with CMS’ definition of “mental disease,” in the State Medicaid Manual (SMM) Section 4390.D, which provides as follows: “...the term ‘mental disease’ includes diseases listed as mental disorders in the [ICD-9-CM], with the exception of mental retardation, senility, and organic brain syndrome.”⁶ Also, this definition is consistent with the definition of “Persons with related conditions” in 42 CFR 435.1010: “Persons with related conditions means individuals who have a severe, chronic disability that meets all of the following conditions: (a) It is attributable to (1) Cerebral palsy or epilepsy; or (2) Any

⁵ Note the definition of MH/SUD was for purposes of the parity analysis and ensuring that MH/SUD services are provided in parity with M/S services. The exclusion of certain conditions from the parity analysis will not impact eligibility or treatment for conditions excluded from the parity definition of MH/SUD.

⁶ State Medicaid Manual – Part 4 Services, <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R74SMM.pdf>

other condition, other than mental illness, found to be closely related to Intellectual Disability because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for these persons..." (Sections (b) through (d) omitted; emphasis supplied).⁷

V. BENEFIT CLASSIFICATIONS

HSD defined each of the four benefit classifications identified in the Medicaid/CHIP parity rule as described below.

Inpatient (IP): All covered accommodations, services and items (including medications) provided to a member when the member is admitted to a facility that provides overnight care that is not a foster home or non-institutional residence.

Outpatient (OP): All covered services or items (including medications) provided to a member that does not otherwise meet the definition of inpatient, emergency care or prescription drugs. This can include services provided in treatment foster care (TFC), offices, group homes, OP hospitals, agencies and at home. Follow-up services from an IP stay (e.g., heart transplant) that are billed separately from an IP claim are also considered OP services for the purpose of the parity analysis.

Emergency Care (EC): All covered emergency services or items (including medications) provided in an emergency department (ED) or emergency room (ER) setting in an OP hospital setting. Services or items such as urgent care or walk-in clinics that are not specifically ED/ER settings are considered OP.

Prescription Drugs (PD): Covered medications and drugs that: 1) have been assigned a National Drug Code Number by the FDA, 2) have an "effective" rating by the FDA, and (3) are dispensed for self-administration by the beneficiary, or for the beneficiary to take to a practitioner for periodic administration. This also includes insulin, biologicals other than vaccines that are approved by the public health service, and other drugs declared approved by the FDA on an emergency basis.

VI. AGGREGATE LIFETIME AND ANNUAL DOLLAR LIMITS (AL/ADLS)

No aggregate lifetime or annual dollar limits in any classification, apply to Medicaid/CHIP MH/SUD services in any benefit package.

VII. FINANCIAL REQUIREMENTS (FRS) AND QUANTITATIVE TREATMENT LIMITATIONS (QTLS)

Financial Requirements

No financial requirements are applied to MH/SUD services in the inpatient, outpatient or emergency care classifications of any benefit package. For the prescription drugs classification, the MCOs apply copayments to CHIP (\$2 / prescription) and WDI (\$5 / prescription) benefit packages. Copayments are applied without regard to whether the drug is generally prescribed for M/S services or for MH/SUD

⁷ 42 CFR § 435.1010 - DEFINITIONS RELATING TO INSTITUTIONAL STATUS, <https://www.gpo.gov/fdsys/pkg/CFR-2015-title42-vol4/xml/CFR-2015-title42-vol4-sec435-1010.xml>

services. Consistent with federal Medicaid requirements, certain drugs (e.g., prenatal and family planning drugs) are exempt from copayment requirements. Aside from these exclusions, pharmacy copayments are applied to 100% of M/S prescription drugs, and copayment levels are applied consistently within each benefit package. Given the limited number of M/S drugs exempt from copayments, the State determined that no cost-based analysis was necessary, and the prescription drug copayments are compliant with the Medicaid/CHIP parity rule.

The MCOs apply an annual out-of-pocket maximum of 5% of household income for CHIP and WDI members subject to copayments. These out-of-pocket maximums are applied to all copayments and do not accumulate separately for MH/SUD and M/S services in any classification of any benefit package. As such, the State determined that the application of out-of-pocket maximums is compliant with the Medicaid/CHIP parity rule regarding cumulative financial requirements.

Quantitative Treatment Limitations

HSD does not apply any QTLs in any classification to MH/SUD services that cannot be exceeded when medically necessary. Behavioral health respite was subject to a QTL that set a maximum number of service hours per year, but the State decided to allow the limit to be exceeded based on medical necessity. This change aligns the exceptions process for BH respite with the exceptions process for M/S respite services. Given this change, this limitation was analyzed as an NQTL (see Section VIII of this report). See Section IX below for steps to be taken to add an exceptions process for BH respite.

VIII. NON-QUANTITATIVE TREATMENT LIMITATIONS (NQTLs)

Identifying NQTLs and Information Collection

Based on the illustrative list of NQTLs in the final Medicaid/parity rule, the parity toolkit, written guidance from the Department of Labor regarding the commercial parity rule (including FAQs, MHPAEA enforcement updates, and a document identifying potential “red flag” NQTLs), information from the State’s consultant, and discussion during the workgroup meetings, HSD identified a list of NQTLs that could be applied by the MCOs to MH/SUD services. This list included NQTLs related to medical management, benefits coverage, provider network admission, and prescription drugs. HSD developed a request for information (RFI) for each MCO and State agency that administer benefits to complete with information needed to conduct the NQTL analysis. The RFI included the list of NQTLs identified by HSD as described above and also asked the MCOs and State agencies to identify any additional NQTLs that the MCOs apply to MH/SUD services. The RFI addressed processes, strategies, evidentiary standards, and other factors in writing and operation for each of the NQTLs that applied to MH/SUD and M/S services, broken down by classification and benefit package group. The RFI included prompts to help identify the type of information relevant to the parity analysis. Separate sets of prompts were provided for processes, strategies, and evidentiary standards for each component of the NQTL analysis (comparability and stringency). The information provided was reviewed by the workgroup, which conducted follow-up requests for additional detail or clarification as needed.

To streamline the NQTL analysis, HSD rolled up the benefit packages into two main groups (see Table 2 below): (1) MCO members receiving all of their services through the MCO, and (2) MCO members

receiving services through the MCO and also enrolled in a 1915(c) waiver program managed by HSD on a fee-for-service (FFS) basis.

TABLE 2 – NQTL MCO MEMBER BENEFIT PACKAGE GROUPS

Benefit Package Group	Benefit Packages
Group 1: MCO members receiving covered services through the MCO	Benefit packages 1-13 as noted in Table 1 above.
Group 2: MCO members receiving covered services through the MCO and enrolled in a 1915(c) waiver program managed by HSD as fee-for-service (FFS)	Benefit packages 14-19 as noted in Table 1 above.

While there is some variation in covered services in Group 1 (i.e., ABP services vs. 1115 services), the MCOs did not indicate any differences in the way the NQTLs were applied in responses to the RFI. Similarly, the FFS 1915(c) services for Group 2 vary by benefit package and each of the MCOs stated that NQTLs were applied to MCO covered services in the same way regardless of the benefit package. In addition, the State applies NQTLs to FFS 1915(c) services in the same way regardless of the benefit package. Based on HSD’s definition of MH/SUD and M/S (see Section IV), HSD determined that all of the 1915(c) services are medical/surgical (M/S) services. As a result of these consistencies across benefit packages and NQTLs, the analysis was simplified to reflect that:

- NQTLs that apply to MH/SUD services also apply to 1915(c) waiver services and the processes, strategies and evidentiary standards for the NQTL as it applies to 1915(c) M/S waiver services were included in the NQTL analyses in addition to the processes, strategies and evidentiary standards used in applying the NQTL to M/S non-waiver services.
- Because the strategy for applying the NQTL to outpatient waiver services was different from the strategy for applying the NQTL to MH/SUD outpatient services, the NQTL analysis was conducted relative to the application of the NQTL to non-waiver M/S services using the same strategy.

Conducting the NQTL Analysis

HSD conducted a side-by-side analysis of the RFI responses and compared the processes, strategies, evidentiary standards and other factors for each MH/SUD NQTL as it applied to MH/SUD services and M/S services, by classification for each benefit package. These factors were reviewed for comparability and stringency in writing and in operation.

The NQTL analysis consisted of the following steps:

- Consolidation of the NQTL information collected from the State agencies and the MCOs into a side-by-side structure by benefit package group and classification. The information included the MH/SUD and

M/S services to which the NQTL applied and a summary of the NQTL's processes, strategies, and evidentiary standards.

- Analysis of the side-by-side information to develop a preliminary determination for each MH/SUD NQTL, by benefit package group and classification.
- Review and revision of the side-by-side summary information and preliminary determinations.
- MCO review of the side-by-side summary information and preliminary determinations.
- Workgroup review of the side-by-side summary information and preliminary determinations and final determination of compliance.

List of MH/SUD NQTLs

Tables 3 through 6 lists the NQTLs that apply to MH/SUD services, by delivery system, all of which HSD has determined comply with parity. The table also identifies the applicable benefit package groups and classification. In the tables below, a "ü" indicates the NQTL applies to a certain benefit package(s) group and classification(s). Grayed out sections in the tables below indicate the NQTL does not apply to a certain benefit package or classification.

TABLE 3 – NQTLS – BLUE CROSS BLUE SHIELD OF NEW MEXICO									
NQTL Name	Benefit Package Group/Applicable Classifications								
	Group 1				Group 2				
	IP	OP	EC	PD	IP	OP	EC	PD	
Development/Modification/Addition of Medical Necessity/Medical Appropriateness	ü	ü			ü	ü			
Prior Authorization/Concurrent Review/Retrospective Review	ü	ü		ü	ü	ü		ü	
Retrospective DUR				ü				ü	
Step Therapy				ü				ü	
Provider Reimbursement – In Network	ü	ü	ü	ü	ü	ü	ü	ü	
Out of Network Requirements	ü	ü			ü	ü			
Provider Enrollment and Credentialing	ü	ü	ü	ü	ü	ü	ü	ü	
Formulary/PDL Development				ü				ü	

IP=Inpatient, OP=Outpatient, EC=Emergency Care, PD=Prescription Drugs

TABLE 4 – NQTLS – MOLINA HEALTHCARE OF NEW MEXICO									
NQTL Name	Benefit Package Group/Applicable Classifications								
	Group 1				Group 2				
	IP	OP	EC	PD	IP	OP	EC	PD	
Development/Modification/Addition of Medical Necessity/Medical Appropriateness	ü	ü			ü	ü			
Prior Authorization/Concurrent Review/Retrospective Review	ü	ü		ü	ü	ü		ü	
Retrospective DUR				ü				ü	
Step Therapy				ü				ü	
Provider Reimbursement – In Network	ü	ü	ü	ü	ü	ü	ü	ü	ü
Out of Network Requirements	ü	ü			ü	ü			
Provider Enrollment and Credentialing	ü	ü	ü	ü	ü	ü	ü	ü	ü
Formulary/PDL Development				ü				ü	

IP=Inpatient, OP=Outpatient, EC=Emergency Care, PD=Prescription Drugs

TABLE 5 – NQTLS – PRESBYTERIAN HEALTH PLAN									
NQTL Name	Benefit Package Group/Applicable Classifications								
	Group 1				Group 2				
	IP	OP	EC	PD	IP	OP	EC	PD	
Development/Modification/Addition of Medical Necessity/Medical Appropriateness	ü	ü			ü	ü			
Prior Authorization/Concurrent Review/Retrospective Review	ü	ü		ü	ü	ü		ü	
Retrospective DUR				ü				ü	
Step Therapy				ü				ü	
Provider Reimbursement – In Network	ü	ü	ü	ü	ü	ü	ü	ü	ü
Out of Network Requirements	ü	ü			ü	ü			
Provider Enrollment and Credentialing	ü	ü	ü	ü	ü	ü	ü	ü	ü
Formulary/PDL Development				ü				ü	

IP=Inpatient, OP=Outpatient, EC=Emergency Care, PD=Prescription Drugs

TABLE 6 – NQTLS – UNITEDHEALTHCARE COMMUNITY PLAN									
NQTL Name	Benefit Package Group/Applicable Classifications								
	Group 1				Group 2				
	IP	OP	EC	PD	IP	OP	EC	PD	
Development/Modification/Addition of Medical Necessity/Medical Appropriateness	ü	ü			ü	ü			
Prior Authorization/Concurrent Review/Retrospective Review	ü	ü		ü	ü	ü		ü	
Retrospective DUR				ü				ü	
Step Therapy				ü				ü	
Provider Reimbursement – In Network	ü	ü	ü	ü	ü	ü	ü	ü	
Out of Network Requirements	ü	ü			ü	ü			
Provider Enrollment and Credentialing	ü	ü	ü	ü	ü	ü	ü	ü	
Formulary/PDL Development				ü				ü	

IP=Inpatient, OP=Outpatient, EC=Emergency Care, PD=Prescription Drugs

IX. COMPLIANCE PLAN

To ensure ongoing compliance with the final Medicaid/CHIP parity rule, HSD will take the following steps identified in Table 7.

TABLE 7 – MEDICAID/CHIP PARITY RULE COMPLIANCE PLAN

Task	Implementation Date
HSD will issue a MHPAEA Letter of Direction (LOD) to all participating MCOs for calendar year 2018 that: <ul style="list-style-type: none"> - Prohibits copayments for MH/SUD services in the inpatient, outpatient and emergency care classifications. - Requires MCOs to adhere to State policy for prescription drug copayments for CHIP (\$2/prescription) and WDI (\$5/prescription) members with exceptions consistent with federal Medicaid requirements (e.g., prenatal and family planning drugs). - Prohibits MCOs from applying the out-of-pocket maximum to any MH/SUD services separately from M/S services, in any classification of any benefit package. - Requires MCOs to establish an exceptions process for BH Respite to allow the limit to be exceeded based on medical necessity. 	Early January 2018
HSD will amend all appropriate authorities to remove copayment requirements for all MH/SUD services (other than for prescription drugs).	First Quarter of 2018
HSD will update the sample contract for Centennial Care 2.0 (CY19), including provisions from the LOD issued in January 2018 and copayment changes to MH/SUD services.	February/March 2018

X. CONCLUSION

Following the comprehensive review of the State's Medicaid/CHIP delivery system, HSD has determined (including the steps noted in Section IX) to be in compliance with the parity requirements in 42 CFR Part 438 for the current delivery system (CY 2018). HSD will continue to monitor compliance with the final Medicaid/CHIP parity rule on an ongoing basis, including through the upcoming Centennial Care procurement process and will update this documentation as needed to reflect implementation of Centennial Care 2.0, which is scheduled for CY 2019.

XI. APPENDICES

APPENDIX 1 – BENEFIT PACKAGE AND SERVICES GRID

Appendix 1 - Benefit Package and Services Grid

Appendix 1 - Benefit Package and Services Grid				Key												
MCO Managed Services				Covered for the specified population									ü			
				Not covered for the specified population									NA			
				Covered if beneficiary meets additional eligibility criteria									EC			
	Benefits	MH/SUD or M/S	Classification (IP, OP, PD, EC)	1 1115 Adult (21+)	2 1115 Child (Under 21)	3 Adult-Preg (21+)	4 Child-Preg (Under 21)	5 CB/NF Adult (21+)	6 CB/NF Child (Under 21)	7 CB/NF Adult w/SD (21+)	8 CB/NF Child w/SD (Under 21)	9 ABP - Adult (21+)	10 ABP - Child (19-20)	11 CHIP w/co pay (0-18)	12 1115 WDI - Adult (21+)	13 1115 WDI - Child (18 - 20)
Classifications:																
Inpatient (IP) - All covered accommodations, services and items (including medications) provided to a member when the member is admitted to a facility that provides overnight care that is not a foster home or non-institutional residence.																
Outpatient (OP) - All covered services or items (including medications) provided to a member that does not otherwise meet the definition of inpatient, emergency care or prescription drugs. This can include services provided in treatment foster care (TFC), offices, group homes, OP hospitals, agencies and at home. Follow-up services from an IP stay (e.g., heart transplant) that are billed separately from an IP claim are also considered OP services for the purpose of the parity analysis.																
Emergency Care (EC) - All covered emergency services or items (including medications) provided in an emergency department (ED) or emergency room (ER) setting in an OP hospital setting. Services or items such as urgent care or walk-in clinics that are not specifically ED/ER settings are considered OP.																
Prescription Drugs (PD) - Covered medications and drugs that: 1) have been assigned a National Drug Code Number by the FDA, 2) have an "effective" rating by the FDA, and (3) are dispensed for self-administration by the beneficiary, or for the beneficiary to take to a practitioner for periodic administration. This also includes insulin, biologicals other than vaccines that are approved by the public health service, and other drugs declared approved by the FDA on an emergency basis.																
A	Centennial Care Program	1115 (non-community services included under CC)														
A.1	General Covered Services															
A.1.1	Ambulatory surgical services	M/S	OP	ü	ü	EC	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.1.2	Anesthesia services	M/S	IP,OP	ü	ü	EC	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.1.3	Audiology services	M/S	IP,OP	ü	ü	EC	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.1.4	Client transportation (incl meals and lodging)	Both	OP	ü	ü	ü	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.1.5	Community intervener	M/S	OP	ü	ü	EC	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.1.6	Dental services	M/S	OP	ü	ü	EC	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.1.7	Diagnostic imaging and therapeutic radiology services	M/S	OP	ü	ü	EC	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.1.8	Dialysis services	M/S	IP,OP	ü	ü	ü	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.1.9	Durable medical equipment and medical supplies	M/S	IP, OP, EC	ü	ü	EC	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.1.10	Emergency and non-emergency transportation services	Both	OP	ü	ü	EC	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.1.11	Home health services	M/S	OP	ü	ü	EC	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.1.12	Hospice services.	M/S	IP, OP	ü	ü	EC	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.1.13	Hospital outpatient services	Both	OP	ü	ü	EC	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.1.14	Inpatient hospital services (General Acute Care)	Both	IP	ü	ü	EC	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.1.15	Laboratory services	Both	IP, OP, EC	ü	ü	EC	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.1.16	Nursing facility services	M/S	IP	ü	ü	EC	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.1.17	Physical health services	M/S	IP,OP, EC	ü	ü	EC	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.1.18	Prosthetics and orthotics	M/S	IP, OP, EC	ü	ü	EC	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.1.19	Rehabilitation services	M/S	IP,OP	ü	ü	EC	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.1.20	Private duty nursing (other than home health agency)	M/S	OP	ü	ü	EC	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.1.21	Swing bed hospital services	M/S	IP	ü	ü	EC	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.1.22	Tobacco cessation services	Both	OP	ü	ü	ü	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.1.23	Transplant services	M/S	IP, OP, EC	ü	ü	EC	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.1.24	Nutrition services	M/S	OP	ü	ü	ü	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.1.25	Podiatry	M/S	IP,OP	ü	ü	EC	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.1.26	Vision and eye care services	M/S	IP, OP, EC	ü	ü	EC	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.1.27	Inpatient Specialty Hospital and separate Inpatient Rehab Units in Acute Care Hosp	M/S	IP	ü	ü	EC	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.1.28	Longterm Acute Care Specialty Hospital	M/S	IP	ü	ü	EC	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.2	Specific Case Management Programs															
A.2.1	CM for adults with developmental disabilities	M/S	OP	EC	NA	EC	EC	NA	NA	NA	NA	NA	NA	NA	EC	NA
A.2.2	CM for pregnant women and their infants	M/S	OP	ü	ü	ü	ü	NA	NA	NA	NA	NA	NA	ü	ü	ü
A.2.3	CM for traumatically brain injured adults	M/S	OP	EC	NA	EC	EC	NA	NA	NA	NA	NA	NA	NA	EC	NA
A.2.4	CM for children up to the age of three	M/S	OP	NA	EC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	EC
A.2.5	CM for the medically at risk children (EPSDT)	M/S	OP	NA	EC	NA	EC	NA	NA	NA	NA	NA	NA	NA	NA	EC

Appendix 1 - Benefit Package and Services Grid

	Benefits	MH/SUD or M/S	Classification (IP, OP, PD, EC)	1 1115 Adult (21+)	2 1115 Child (Under 21)	3 Adult-Preg (21+)	4 Child-Preg (Under 21)	5 CB/NF Adult (21+)	6 CB/NF Child (Under 21)	7 CB/NF Adult w/SD (21+)	8 CB/NF Child w/SD (Under 21)	9 ABP - Adult (21+)	10 ABP - Child (19-20)	11 CHIP w/co pay (0-18)	12 1115 WDI - Adult (21+)	13 1115 WDI - Child (18 - 20)
A.3	Pharmacy Services	Both	PD	ü	ü	ü	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.4	EPSDT															
A.4.1	EPSDT nutritional counseling and services	M/S	OP	NA	ü	NA	ü	NA	ü	NA	ü	NA	NA	ü	NA	ü
A.4.2	EPSDT personal care	M/S	OP	NA	ü	NA	ü	NA	ü	NA	ü	NA	NA	ü	NA	ü
A.4.3	EPSDT private duty nursing	M/S	OP	NA	ü	NA	ü	NA	ü	NA	ü	NA	NA	ü	NA	ü
A.4.4	EPSDT rehabilitation services	M/S	OP	NA	ü	NA	ü	NA	ü	NA	ü	NA	NA	ü	NA	ü
A.4.5	Services provided in school	Both	OP	NA	ü	NA	ü	NA	ü	NA	ü	NA	NA	ü	NA	ü
A.4.6	Tot-to-teen health checks	M/S	OP	NA	ü	NA	ü	NA	ü	NA	ü	NA	NA	ü	NA	ü
A.5	Reproductive Health Services	M/S	IP,OP	ü	ü	ü	ü	ü	ü	ü	ü	NA	NA	ü	NA	ü
A.6	Preventive Physical Health Services															
A.6.1	Initial assessment	M/S	IP,OP	ü	ü	ü	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.6.2	Family planning	M/S	IP,OP	ü	ü	ü	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.6.3	Guidance	M/S	IP,OP	ü	ü	ü	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.6.4	Immunizations	M/S	IP,OP	ü	ü	ü	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.6.5	Nurse advice line	M/S	IP,OP	ü	ü	ü	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.6.6	Prenatal care	M/S	IP,OP	ü	ü	ü	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.6.7	Screens	M/S	IP,OP	ü	ü	ü	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.7	Telemedicine Services	Both	IP, OP, EC	ü	ü	ü	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.8	Behavioral Health Services															
A.8.1	Applied behavior analysis	M/S	OP	NA	ü	NA	ü	NA	ü	NA	ü	NA	NA	ü	NA	ü
A.8.2	Assertive community treatment services (ACT)	MH/SUD	OP	ü	ü	ü	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.8.3	Behavioral health respite	MH/SUD	OP	NA	ü	NA	ü	NA	ü	NA	ü	NA	NA	ü	NA	ü
A.8.4	Comprehensive community support services	MH/SUD	OP	ü	ü	ü	ü	ü	ü	NA	ü	NA	NA	ü	ü	ü
A.8.5	Family support services	MH/SUD	OP	ü	ü	NA	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.8.6	Hospital outpatient services	MH/SUD	OP	ü	ü	ü	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.8.7	Inpatient hospital services (freestanding psych hospital)	MH/SUD	IP	ü	ü	ü	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.8.8	Intensive outpatient (IOP) services	MH/SUD	OP	ü	ü	ü	ü	NA	ü	NA	ü	NA	NA	ü	ü	ü
A.8.9	Medication assisted treatment for opioid addiction	MH/SUD	OP	ü	ü	ü	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.8.10	Outpatient therapy services	MH/SUD	OP	ü	ü	ü	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.8.11	Psychological rehabilitation services	MH/SUD	OP	ü	ü	ü	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.8.12	Recovery services	MH/SUD	OP	ü	ü	NA	NA	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.9	Behavioral Health - EPSDT Services															
A.9.1	Accredited residential treatment center (ARTC)	MH/SUD	IP	NA	ü	NA	ü	NA	ü	NA	ü	NA	NA	ü	NA	ü
A.9.2	Behavior management skills development services (BMS)	MH/SUD	OP	NA	ü	NA	ü	NA	ü	NA	ü	NA	NA	ü	NA	ü
A.9.3	Day treatment services	MH/SUD	OP	NA	ü	NA	ü	NA	ü	NA	ü	NA	NA	ü	NA	ü
A.9.4	Inpatient hospitalization services provided in freestanding psychiatric hospitals	MH/SUD	IP	ü	ü	ü	ü	ü	ü	ü	ü	NA	NA	ü	ü	ü
A.9.5	Multi-systemic therapy (MST)	MH/SUD	OP	NA	ü	NA	ü	NA	ü	NA	ü	NA	NA	ü	NA	ü
A.9.6	Psychosocial rehabilitation services (PSR) EPSDT	MH/SUD	OP	NA	ü	NA	ü	NA	ü	NA	ü	NA	NA	ü	NA	ü
A.9.7	Treatment foster care I (TFC I)	MH/SUD	OP	NA	ü	NA	ü	NA	ü	NA	ü	NA	NA	ü	NA	ü
A.9.8	Treatment foster care II (TFC II)	MH/SUD	OP	NA	ü	NA	ü	NA	ü	NA	ü	NA	NA	ü	NA	ü
A.9.9	Residential non-accredited treatment center (RTC) and group home	MH/SUD	IP	NA	ü	NA	ü	NA	ü	NA	ü	NA	NA	ü	NA	ü
B	Agency-Based Community Benefit (included under CC)	A member must meet NF LOC and be determined through a CNA or reassessment to need MCO CB services.														
B.1	Adult Day Health	M/S	OP	NA	NA	NA	NA	ü	NA	ü	NA	NA	NA	NA	NA	NA
B.2	Assisted Living	M/S	IP	NA	NA	NA	NA	ü	NA	ü	NA	NA	NA	NA	NA	NA
B.3	Behavior Support Consultation	M/S	OP	NA	NA	NA	NA	ü	NA	ü	NA	NA	NA	NA	NA	NA
B.4	Community Transition Services	M/S	OP	NA	NA	NA	NA	ü	NA	ü	NA	NA	NA	NA	NA	NA
B.5	Emergency Response	M/S	OP	NA	NA	NA	NA	ü	ü	ü	ü	NA	NA	NA	NA	NA
B.6	Employment Supports	M/S	OP	NA	NA	NA	NA	ü	ü	ü	ü	NA	NA	NA	NA	NA
B.7	Environmental Modifications	M/S	OP	NA	NA	NA	NA	ü	ü	ü	ü	NA	NA	NA	NA	NA

Appendix 1 - Benefit Package and Services Grid

	Benefits	MH/SUD or M/S	Classification (IP, OP, PD, EC)	1 1115 Adult (21+)	2 1115 Child (Under 21)	3 Adult-Preg (21+)	4 Child-Preg (Under 21)	5 CB/NF Adult (21+)	6 CB/NF Child (Under 21)	7 CB/NF Adult w/SD (21+)	8 CB/NF Child w/SD (Under 21)	9 ABP - Adult (21+)	10 ABP - Child (19-20)	11 CHIP w/co pay (0-18)	12 1115 WDI - Adult (21+)	13 1115 WDI - Child (18 - 20)
B.8	Home Health Aide	M/S	OP	NA	NA	NA	NA	ü	ü	ü	ü	NA	NA	NA	NA	NA
B.9	Personal Care Services	M/S	OP	NA	NA	NA	NA	ü	NA	ü	NA	NA	NA	NA	NA	NA
B.10	Private Duty Nursing for Adults	M/S	OP	NA	NA	NA	NA	ü	NA	ü	NA	NA	NA	NA	NA	NA
B.11	Respite	M/S	OP	NA	NA	NA	NA	ü	ü	ü	ü	NA	NA	NA	NA	NA
B.12	Skilled Maintenance Therapy Services	M/S	OP	NA	NA	NA	NA	ü	NA	ü	NA	NA	NA	NA	NA	NA
C	Self-Directed Community Benefit (included under CC)	A member must meet NF LOC, be determined through a CNA or reassessment to need MCO CB services, and be approved by the member's MCO for the SDCB approach.														
C.1	Behavior Support Consultation	M/S	OP	NA	NA	NA	NA	ü	ü	ü	ü	NA	NA	NA	NA	NA
C.2	Customized Community Support	M/S	OP	NA	NA	NA	NA	ü	NA	ü	ü	NA	NA	NA	NA	NA
C.3	Emergency Response	M/S	OP	NA	NA	NA	NA	ü	ü	ü	ü	NA	NA	NA	NA	NA
C.4	Employment Supports	M/S	OP	NA	NA	NA	NA	ü	ü	ü	ü	NA	NA	NA	NA	NA
C.5	Environmental Modifications	M/S	OP	NA	NA	NA	NA	ü	ü	ü	ü	NA	NA	NA	NA	NA
C.6	Home Health Aide	M/S	OP	NA	NA	NA	NA	ü	ü	ü	ü	NA	NA	NA	NA	NA
C.7	Homemaker/Personal Care	M/S	OP	NA	NA	NA	NA	ü	NA	ü	NA	NA	NA	NA	NA	NA
C.8	Nutritional Counseling	M/S	OP	NA	NA	NA	NA	ü	NA	ü	ü	NA	NA	NA	NA	NA
C.9	Private Duty Nursing for Adults	M/S	OP	NA	NA	NA	NA	ü	NA	ü	NA	NA	NA	NA	NA	NA
C.10	Related Goods	M/S	OP	NA	NA	NA	NA	ü	ü	ü	ü	NA	NA	NA	NA	NA
C.11	Respite	M/S	IP,OP	NA	NA	NA	NA	ü	ü	ü	ü	NA	NA	NA	NA	NA
C.12	Skilled Maintenance Therapy Services	M/S	OP	NA	NA	NA	NA	ü	NA	ü	NA	NA	NA	NA	NA	NA
C.13	Specialized Therapies	M/S	OP	NA	NA	NA	NA	ü	NA	ü	ü	NA	NA	NA	NA	NA
D	Alternative Benefit Plan (included under CC)	All early and periodic screening, diagnosis and treatment (EPSDT) program services are available to an ABP eligible recipient under 21 years. ABP services for an ABP eligible recipient under the age of 21 years not subject to duration, frequency, and annual or lifetime benefit limitations that are applied to an ABP eligible recipient 21 years of age or older.														
D.1	General ABP Covered Services															
D.1.1	Ambulatory surgical services	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	NA	NA	NA
D.1.2	Anesthesia services	M/S	IP,OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	NA	NA	NA
D.1.3	Audiology services	M/S	IP,OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	NA	NA	NA
D.1.4	ABP eligible recipient transportation	Both	OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	NA	NA	NA
D.1.5	Dental services	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	NA	NA	NA
D.1.6	Diagnostic imaging and therapeutic radiology services	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	NA	NA	NA
D.1.7	Dialysis services	M/S	IP,OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	NA	NA	NA
D.1.8	Durable medical equipment and medical supplies	M/S	IP, OP, EC	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	NA	NA	NA
D.1.9	Emergency and non-emergency transportation services	Both	OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	NA	NA	NA
D.1.10	Home health services	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	NA	NA	NA
D.1.11	Hospice services.	M/S	IP, OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	NA	NA	NA
D.1.12	Hospital outpatient services	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	NA	NA	NA
D.1.13	Inpatient hospital services	M/S	IP	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	NA	NA	NA
D.1.14	Laboratory services	M/S	IP, OP, EC	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	NA	NA	NA
D.1.15	Physical health services	M/S	IP,OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	NA	NA	NA
D.1.16	Rehabilitation and habilitation services	M/S	IP,OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	NA	NA	NA
D.1.17	Private duty nursing (other than home health and EPSDT)	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	NA	NA	NA
D.1.18	Tobacco cessation services	Both	OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	NA	NA	NA
D.1.19	Transplant services	M/S	IP	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	NA	NA	NA
D.1.20	Vision services and eye care	M/S	IP, OP, EC	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	NA	NA	NA
D.1.21	Prosthetics and orthotics	M/S	IP, OP, EC	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	NA	NA	NA
D.1.22	Nutritional Counseling (non-EPSDT) Pregnant women	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	NA	NA	NA
D.1.23	Podiatry	M/S	IP, OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	NA	NA	NA
D.1.24	Client transportation (incl meals and lodging)	Both	OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	NA	NA	NA
D.1.25	Community Interveners	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	ü	NA	NA	NA
D.1.26	Nursing Facilities, and Long Term Acute Care Hospital	M/S	IP	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	NA	NA	NA
D.1.27	Swing Bed Hospital Services	M/S	IP	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	NA	NA	NA

Appendix 1 - Benefit Package and Services Grid

	Benefits	MH/SUD or M/S	Classification (IP, OP, PD, EC)	1 1115 Adult (21+)	2 1115 Child (Under 21)	3 Adult-Preg (21+)	4 Child-Preg (Under 21)	5 CB/NF Adult (21+)	6 CB/NF Child (Under 21)	7 CB/NF Adult w/SD (21+)	8 CB/NF Child w/SD (Under 21)	9 ABP - Adult (21+)	10 ABP - Child (19-20)	11 CHIP w/co pay (0-18)	12 1115 WDI - Adult (21+)	13 1115 WDI - Child (18 - 20)
D.128	Rehabilitation Specialty Hospital and Separate Rehab units in general acute care	M/S	IP	NA	NA	NA	NA	NA	NA	NA	NA	Ü	Ü	NA	NA	NA
D.2	Pharmacy Services	Both	PD	NA	NA	NA	NA	NA	NA	NA	NA	Ü	Ü	NA	NA	NA
D.3	EPSDT															
D.3.1	General physical health EPSDT services	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	Ü	NA	NA	NA
D.3.2	Behavioral health EPSDT services	MH/SUD	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	Ü	NA	NA	NA
D.4	Reproductive Health Services	M/S	IP,OP	NA	NA	NA	NA	NA	NA	NA	NA	Ü	Ü	NA	NA	NA
D.5	Preventive Physical Health Services															
D.5.1	Initial assessment	Both	OP	NA	NA	Ü	Ü	NA	NA	NA	NA	Ü	Ü	NA	NA	NA
D.5.2	Prenatal care and screenings	Both	IP,OP	NA	NA	Ü	Ü	NA	NA	NA	NA	Ü	Ü	NA	NA	NA
D.5.3	Preventive Medicine and supplements	M/S	IP,OP	NA	NA	Ü	Ü	NA	NA	NA	NA	Ü	Ü	NA	NA	NA
D.5.4	Screens and preventive screens	Both	IP,OP	NA	NA	Ü	Ü	NA	NA	NA	NA	Ü	Ü	NA	NA	NA
D.6	Telemedicine Services	Both	OP	NA	NA	NA	NA	NA	NA	NA	NA	Ü	Ü	NA	NA	NA
D.7	Behavioral Health Services															
D.7.1	Assertive community treatment services (ACT)	MH/SUD	OP	NA	NA	NA	NA	NA	NA	NA	NA	Ü	Ü	NA	NA	NA
D.7.2	Comprehensive community support services	MH/SUD	OP	NA	NA	NA	NA	NA	NA	NA	NA	Ü	Ü	NA	NA	NA
D.7.3	Hospital outpatient services	MH/SUD	OP	NA	NA	NA	NA	NA	NA	NA	NA	Ü	Ü	NA	NA	NA
D.7.4	Inpatient hospital services (free standing psych hospital)	MH/SUD	IP	NA	NA	NA	NA	NA	NA	NA	NA	Ü	Ü	NA	NA	NA
D.7.5	Intensive outpatient (IOP) services	MH/SUD	OP	NA	NA	NA	NA	NA	NA	NA	NA	Ü	Ü	NA	NA	NA
D.7.6	Medication assisted treatment for opioid addiction	MH/SUD	IP,OP	NA	NA	NA	NA	NA	NA	NA	NA	Ü	Ü	NA	NA	NA
D.7.7	Outpatient therapy services	MH/SUD	OP	NA	NA	NA	NA	NA	NA	NA	NA	Ü	Ü	NA	NA	NA
D.7.8	Psychological rehabilitation services	MH/SUD	IP,OP	NA	NA	NA	NA	NA	NA	NA	NA	Ü	Ü	NA	NA	NA
D.7.9	Applied behavior analysis	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	Ü	NA	NA	NA
D.8	Behavioral Health - EPSDT Services															
D.8.1	Accredited residential treatment center (ARTC)	MH/SUD	IP	NA	NA	NA	NA	NA	NA	NA	NA	NA	Ü	NA	NA	NA
D.8.2	Behavior management skills development services (BMS)	MH/SUD	IP,OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	Ü	NA	NA	NA
D.8.3	Day treatment services	MH/SUD	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	Ü	NA	NA	NA
D.8.4	Inpatient hospitalization services provided in freestanding psychiatric hospitals	MH/SUD	IP	NA	NA	NA	NA	NA	NA	NA	NA	NA	Ü	NA	NA	NA
D.8.5	Multi-systemic therapy (MST)	MH/SUD	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	Ü	NA	NA	NA
D.8.6	Psychosocial rehabilitation services (PSR)	MH/SUD	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	Ü	NA	NA	NA
D.8.7	Treatment foster care I (TFC I)	MH/SUD	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	Ü	NA	NA	NA
D.8.8	Treatment foster care II (TFC II)	MH/SUD	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	Ü	NA	NA	NA
D.8.9	Residential non-accredited treatment center (RTC) and group home	MH/SUD	IP	NA	NA	NA	NA	NA	NA	NA	NA	NA	Ü	NA	NA	NA

Appendix 1 - Benefit Package and Services Grid

Appendix 1 - Benefit Package and Services Grid				Key					
State Managed Services (FFS)				Covered for the specified population		Ü			
				Not covered for the specified population		NA			
				Covered if beneficiary meets additional eligibi EC					
	Benefits	MH/SUD or M/S	Classification (IP, OP, PD, EC)	14 DD FFS Adult	15 DD FFS Child	16 MI VIA FFS Adult	17 MI VIA FFS Child	18 MF FFS Adult	19 MF FFS Child
E	1915 C Waiver - MI VIA	Serves Medically Fragile (MF) individuals and individuals with Intellectual or Developmental Disabilities (ID/DD), includes MCO enrollees.							
E.1	Living Supports								
E.1.1	Homemaker direct support services	M/S	OP	NA	NA	Ü	NA	NA	NA
E.1.2	Home health aide services	M/S	OP	NA	NA	Ü	NA	NA	NA
E.1.3	In-home living supports	M/S	OP	NA	NA	Ü	Ü	NA	NA
E.2	Community Membership Support								
E.2.1	Community direct support	M/S	OP	NA	NA	Ü	Ü	NA	NA
E.2.2	Employment supports	M/S	OP	NA	NA	Ü	Ü	NA	NA
E.2.3	Customized community group supports	M/S	OP	NA	NA	Ü	Ü	NA	NA
E.3	Health and Wellness								
E.3.1	Extended skilled therapy 21+	M/S	OP	NA	NA	Ü	NA	NA	NA
E.3.2	Physical therapy	M/S	OP	NA	NA	Ü	Ü	NA	NA
E.3.3	Occupational therapy	M/S	OP	NA	NA	Ü	NA	NA	NA
E.3.4	Speech and language pathology	M/S	OP	NA	NA	Ü	NA	NA	NA
E.3.5	Behavior support consultation	M/S	OP	NA	NA	Ü	Ü	NA	NA
E.3.6	Nutritional counseling	M/S	OP	NA	NA	Ü	Ü	NA	NA
E.3.7	Private duty nursing for adults	M/S	OP	NA	NA	Ü	NA	NA	NA
E.3.8	Health and Wellness - Specialized therapies								
E.3.8.1	Acupuncture	M/S	OP	NA	NA	Ü	Ü	NA	NA
E.3.8.2	Biofeedback	M/S	OP	NA	NA	Ü	Ü	NA	NA
E.3.8.3	Chiropractic	M/S	OP	NA	NA	Ü	Ü	NA	NA
E.3.8.4	Cognitive rehabilitation therapy	M/S	OP	NA	NA	Ü	Ü	NA	NA
E.3.8.5	Hippotherapy	M/S	OP	NA	NA	Ü	Ü	NA	NA
E.3.8.6	Massage therapy	M/S	OP	NA	NA	Ü	Ü	NA	NA
E.3.8.7	Naprapathy	M/S	OP	NA	NA	Ü	Ü	NA	NA
E.3.8.8	Native American healers	M/S	OP	NA	NA	Ü	Ü	NA	NA
E.3.8.9	Play therapy	M/S	OP	NA	NA	Ü	Ü	NA	NA
E.4	Other Supports								
E.4.1	Transportation	M/S	OP	NA	NA	Ü	Ü	NA	NA
E.4.2	Emergency response services	M/S	OP	NA	NA	Ü	Ü	NA	NA
E.4.3	Respite	M/S	OP	NA	NA	Ü	Ü	NA	NA

Appendix 1 - Benefit Package and Services Grid

	Benefits	MH/SUD or M/S	Classification (IP, OP, PD, EC)	14 DD FFS Adult	15 DD FFS Child	16 MI VIA FFS Adult	17 MI VIA FFS Child	18 MF FFS Adult	19 MF FFS Child
E.4.4	Related Goods	M/S	OP	NA	NA	ü	ü	NA	NA
E.4.5	Environmental modifications	M/S	OP	NA	NA	ü	ü	NA	NA
F	1915 C Waiver - DD	Serves individuals with ID or persons with specific related conditions and DD that occur before the age of 22, includes MCO enrollees.							
F.1	0-18 Years of Age								
F.1.1	Behavioral Support Consultation	M/S	OP	NA	ü	NA	NA	NA	NA
F.1.2	Case Management	M/S	OP	NA	ü	NA	NA	NA	NA
F.1.3	Customized community support	M/S	OP	NA	ü	NA	NA	NA	NA
F.1.4	Environmental modification services	M/S	OP	NA	ü	NA	NA	NA	NA
F.1.5	Assistive technology purchasing agent service	M/S	OP	NA	ü	NA	NA	NA	NA
F.1.6	Personal support technology/on-site response service	M/S	OP	NA	ü	NA	NA	NA	NA
F.1.7	Socialization and sexuality education service	M/S	OP	NA	ü	NA	NA	NA	NA
F.1.8	Respite	M/S	OP	NA	ü	NA	NA	NA	NA
F.1.9	Non-medical transportation	M/S	OP	NA	ü	NA	NA	NA	NA
F.1.10	Supplemental dental care	M/S	OP	NA	ü	NA	NA	NA	NA
F.1.11	Nutritional counseling	M/S	OP	NA	ü	NA	NA	NA	NA
F.2	18+ Years of Age								
F.2.1	Case Management	M/S	OP	ü	NA	NA	NA	NA	NA
F.2.2	Respite services	M/S	OP	ü	NA	NA	NA	NA	NA
F.2.3	Adult nursing services	M/S	OP	ü	NA	NA	NA	NA	NA
F.2.4	Therapy Services								
F.2.4.1	Physical Therapy	M/S	OP	ü	NA	NA	NA	NA	NA
F.2.4.2	Occupational therapy	M/S	OP	ü	NA	NA	NA	NA	NA
F.2.4.3	Speech language pathology	M/S	OP	ü	NA	NA	NA	NA	NA
F.2.5	Living Supports								
F.2.5.1	Family living (home studies/family living services)	M/S	IP	ü	NA	NA	NA	NA	NA
F.2.5.2	Supported living	M/S	IP	ü	NA	NA	NA	NA	NA
F.2.5.3	Intensive medical living services	M/S	IP	ü	NA	NA	NA	NA	NA
F.2.6	Customized community supports	M/S	OP	ü	NA	NA	NA	NA	NA
F.2.7	Community integrated employment	M/S	OP	ü	NA	NA	NA	NA	NA
F.2.8	Behavioral support consultation services	M/S	OP	ü	NA	NA	NA	NA	NA
F.2.9	Nutritional counseling services	M/S	OP	ü	NA	NA	NA	NA	NA
F.2.10	Environmental modification services	M/S	OP	ü	NA	NA	NA	NA	NA
F.2.11	Crisis supports	M/S	OP	ü	NA	NA	NA	NA	NA

Appendix 1 - Benefit Package and Services Grid

	Benefits	MH/SUD or M/S	Classificat ion (IP, OP, PD, EC)	14 DD FFS Adult	15 DD FFS Child	16 MI VIA FFS Adult	17 MI VIA FFS Child	18 MF FFS Adult	19 MF FFS Child
F.2.12	Non-medical transportation	M/S	OP	ü	NA	NA	NA	NA	NA
F.2.13	Supplemental dental care	M/S	OP	ü	NA	NA	NA	NA	NA
F.2.14	Assistive technology purchasing agent service	M/S	OP	ü	NA	NA	NA	NA	NA
F.2.15	Independent living transition services	M/S	OP	ü	NA	NA	NA	NA	NA
F.2.16	Personal support technology/on-site response service	M/S	OP	ü	NA	NA	NA	NA	NA
F.2.17	Preliminary risk screening and consultation related to inappropriate sexual behavior	M/S	OP	ü	NA	NA	NA	NA	NA
F.2.18	Socialization and sexuality education service	M/S	OP	ü	NA	NA	NA	NA	NA
F.2.19	Customized in-home supports	M/S	OP	ü	NA	NA	NA	NA	NA
G	1915 C Waiver - Medically Fragile	Serves individuals diagnosed with a medically fragile condition, have a developmental disability, developmental delay, and/or are at risk for developmental delay before reaching 22 years of age, includes MCO enrollees.							
G.1	Case Management	M/S	OP	NA	NA	NA	NA	ü	ü
G.2	Home health aide	M/S	OP	NA	NA	NA	NA	ü	ü
G.3	Private duty nursing	M/S	OP	NA	NA	NA	NA	ü	ü
G.4	Skilled Therapy for Adults								
G.4.1	Physical therapy	M/S	OP	NA	NA	NA	NA	ü	ü
G.4.2	Occupational therapy	M/S	OP	NA	NA	NA	NA	ü	ü
G.4.3	Speech language therapy	M/S	OP	NA	NA	NA	NA	ü	ü
G.5	Behavior support consultation services	M/S	OP	NA	NA	NA	NA	ü	ü
G.6	Institutional and in-home respite care services	M/S	IP,OP	NA	NA	NA	NA	ü	ü
G.7	Nutritional Counseling	M/S	OP	NA	NA	NA	NA	ü	ü
G.8	Specialized medical equipment and supplies	M/S	OP	NA	NA	NA	NA	ü	ü