## Behavioral Health Benefits Comparison: Essential Health Benefits Benchmark Plan and Medicaid as of May 31, 2013

| | | CareFirst Small Group Plan/GEHA | | | | Medicaid State Plan | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Benefit** | **Benefit Description** | **Covered** | **Limits** | **Exclusions** | **Add'l Information** | **Adults Covered** | **Children Covered** | **Limits** | **Exclusions** | **Add'l Information** |
| **Mental Health Outpatient Services** | Outpatient hospital and emergency room (non-accidental injury) mental/behavioral health services | Yes | No Quantitative Limit on Service | (1) Services by pastoral, marital, drug/alcohol and other counselors including therapy for sexual problems,<br>(2) Treatment for learning disabilities and mental retardation,<br>(3) Telephone therapy,<br>(4) Travel time to the member's home to conduct therapy,<br>(5) Services rendered or billed by schools, or halfway houses or members of their staff,<br>(6) Marriage counseling, and<br>(7) Services that are not medically necessary | Covered services include:<br>(1) Services such as partial hospitalization or intensive day treatment program and<br>(2) Outpatient services and supplies billed by a hospital or emergency room treatment | Yes | Yes | No Quantitative Limit on Service | | |
| **Mental Health Inpatient Services** | Inpatient hospital and inpatient residential treatment centers (RTC) mental/behavioral health services | Yes | No Quantitative Limit on Service | (1) Services by pastoral, marital, drug/alcohol and other counselors including therapy for sexual problems,<br>(2) Treatment for learning disabilities and mental retardation,<br>(3) Telephone therapy,<br>(4) Travel time to the member's home to conduct therapy,<br>(5) Services rendered or billed by schools, or halfway houses or members of their staff,<br>(6) Marriage counseling, and<br>(7) Services that are not medically necessary | Covered services include:<br>(1) Room and board, such as ward, semiprivate, or intensive care accommodations,<br>(2) General nursing care,<br>(3) Meals and special diets, and<br>(4) Services provided by a hospital or licensed residential treatment center (RTC). | Yes,<br>No RTC svcs. | Yes | No Quantitative Limit on Service | RTC services covered for children only | |

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| **Substance Use Disorder Inpatient Services** | Inpatient hospital and inpatient residential treatment centers (RTC) mental/behavioral health services | Yes | No Quantitative Limit on Service | (1) Services by pastoral, marital, drug/alcohol and other counselors including therapy for sexual problems,<br>(2) Treatment for learning disabilities and mental retardation,<br>(3) Telephone therapy,<br>(4) Travel time to the member's home to conduct therapy,<br>(5) Services rendered or billed by schools, or halfway houses or members of their staff,<br>(6) Marriage counseling, and<br>(7) Services that are not medically necessary | Covered services include:<br>(1) Room and board, such as ward, semiprivate, or intensive care accommodations,<br>(2) General nursing care,<br>(3) Meals and special diets, and<br>(4) Services provided by a hospital or licensed residential treatment center (RTC). | Yes, No RTC svcs. | Yes | No Quantitative Limit on Service | RTC services covered for children only | |
| **Substance Use Disorder Outpatient Services** | Outpatient hospital and emergency room (non-accidental injury) substance abuse disorder services | Yes | No Quantitative Limit on Service | (1) Services by pastoral, marital, drug/alcohol and other counselors including therapy for sexual problems,<br>(2) Treatment for learning disabilities and mental retardation,<br>(3) Telephone therapy,<br>(4) Travel time to the member's home to conduct therapy,<br>(5) Services rendered or billed by schools, or halfway houses or members of their staff,<br>(6) Marriage counseling, and<br>(7) Services that are not medically necessary | Covered services include:<br>(1) Services such as partial hospitalization or intensive day treatment program and<br>(2) Outpatient services and supplies billed by a hospital or emergency room treatment | Yes | Yes | No Quantitative Limit on Service | | |

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| **Professional Services by Licensed Mental Health and Substance Abuse Practitioners** | Professional Services by Licensed Mental Health and Substance Abuse Practitioners When Operating within the Scope of Their License | Yes | No Quantitative Limit on Service<br><br>(Precert. required for professional charges for intensive outpatient treatment in a provider's office or other professional setting) | (1) Services by pastoral, marital, drug/alcohol and other counselors including therapy for sexual problems,<br>(2) Treatment for learning disabilities and mental retardation,<br>(3) Telephone therapy,<br>(4) Travel time to the member's home to conduct therapy,<br>(5) Services rendered or billed by schools, or halfway houses or members of their staff,<br>(6) Marriage counseling, and<br>(7) Services that are not medically necessary | Covered services include:<br>(1) Diagnostic evaluation,<br>(2) Crisis intervention and stabilization for acute episodes,<br>(3) Medication evaluation and management (pharmacotherapy),<br>(4) Treatment and counseling (including individual or group therapy visits),<br>(5) Diagnosis and treatment of alcoholism and drug abuse, including detoxification, treatment and counseling,<br>(6) Professional charges for intensive outpatient treatment in a provider's office or other professional setting,<br>(7) Electroconvulsive therapy, and<br>(8) Inpatient professional fees | Yes | Yes | No Quantitative Limit on Service | | |
| **Diagnostics for Mental/ Behavioral Health and Substance Abuse Disorders** | Diagnostics for Mental/Behavioral Health and Substance Abuse Disorders | Yes | No Quantitative Limit on Service | | Covered diagnostic services include:<br>(1) Outpatient diagnostic tests provided and billed by a licensed mental health and substance abuse practitioner,<br>(2) Outpatient diagnostic tests provided and billed by a laboratory, hospital, or other covered facility, and<br>(3) Psychological and neuropsychological testing necessary to determine the appropriate psychiatric treatment. | Yes | Yes | No Quantitative Limit on Service | | |

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| **Mobile Treatment Services (COMAR 10.09.59)** | Individualized care or treatment that is provided in a variety of community settings to children and adults who require intensive services that are delivered in settings that are acceptable and accessible to the individual served. | - | - | - | - | Yes | Yes | No Quantitative Limit on Service | | |
| **Psychiatric Rehabilitation Programs (COMAR 10.09.59)** | Medical or remedial services directed toward reducing the individuals; psychiatric disability and maximizing the individual's ability to function successfully in the community. | - | - | - | - | Yes | Yes | No Quantitative Limit on Service | | |
| **Outpatient Mental Health Clinic Services (not assoc. with a hospital) (COMAR 10.09.59)** | Mental health treatment services delivered by qualified staff through an approved outpatient clinic. | - | - | - | - | Yes | Yes | No Quantitative Limit on Service | | |

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| **Medicaid Emergency Psychiatric Demonstration Waiver** | Inpatient emergency psychiatric care to adults who have expressed suicidal or homicidal thoughts or gestures, and are determined to be dangerous to themselves or others. Treatment is provided in an institution for mental disease (IMD) | - | - | - | - | Yes | n/a | | Covers adults aged 21-64 | 3-year demo. project |
| **Targeted Case Management (TCM) (COMAR 10.09.45)** | Assist individuals with gaining access to the full range of mental health services, as well as to any additional needed medical, social, financial assistance, counseling, educational, housing, and other support services. | - | - | - | - | Yes | Yes | No Quantitative Limit on Service | Limited to<br>(1) Individuals with serious emotional disturbance at risk of or needs continued treatment to prevent inpatient psychiatric treatment, treatment in an RTC, or an out-of-home placement; or<br>(2) Individuals with serious and persistent mental health disorders at risk of or needs continued treatment to prevent inpatient psychiatric treatment, homelessness, or incarceration.<br><br>Diagnostic criteria may be waived in certain circumstances. | |