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 (MHPAEA) to Medicaid managed care organizations (MCOs), the Children's Health Insurance Program (CHIP), and Medicaid alternative benefit plans (ABPs). Delaware and its contracted Medicaid/CHIP MCOs must be in compliance with the final Medicaid/CHIP parity rule on or before October 2, 2017. This report, including the appendices, demonstrates the State of Delaware's compliance with the final Medicaid/CHIP parity rule. This final report reflects over ten months of work by the State and its MCOs to conduct a review of the State's Medicaid/CHIP delivery system to assess compliance with the final Medicaid/CHIP parity rule. This process started in the fall of 2016 with the establishment of a cross-agency workgroup tasked with conducting the parity analysis. The workgroup included representatives from state agencies involved in the administration of the State's Medicaid/CHIP program, including:

- The Division of Medicaid and Medical Assistance (DMMA)
- The Division of Substance Abuse and Mental Health (DSAMH)
- The Department of Services for Children, Youth and Their Families (DSCYF)
- The Division of Developmental Disabilities Services (DDDS)

While not required by the Medicaid/CHIP parity rule or state law, DMMA chose to provide a public notice and comment period regarding the draft parity compliance report similar to that required for state plan amendments. This included publishing a notice of public comment in the Delaware Register, News Journal, and Delaware State News, posting the notice and a draft of the parity compliance report on its website, and holding three public hearings (one in each county of the state). One person provided testimony during the public hearings, and DMMA received one stakeholder letter commenting on the report. Where appropriate, this report has been updated to reflect comments from stakeholders. DMMA has also provided responses directly to the commenters.

Delaware currently has commercial insurance laws related to MHPAEA (see 18 Del.C. §§3343 and 3578 regarding coverage of serious mental illness and drug and alcohol dependencies). In addition, Governor Carney is scheduled to sign Senate Bill 109 (SB109) into law on September 29. This bill amends Delaware's current commercial mental health and substance use disorder (MH/SUD) coverage requirements (18 Del.C. §§3343 and 3578) and applies those requirements to Medicaid. The bill impacts a couple of the non-quantitative treatment limitations (NQTLs) analyzed for parity. In particular, the bill prohibits MCOs/the State from requiring prior authorization for SUD benefits and only allows concurrent review after a certain number of days (e.g., 14 days of any inpatient/residential admission, 30 days of intensive outpatient treatment, and 5 days of inpatient withdrawal management), but allows MCOs/the State to conduct a retrospective medical necessity review using the American Society of Addiction Medicine (ASAM) criteria. Once DMMA confirmed that the Governor intended to sign SB109, DMMA

worked with the State's two MCOs to ensure they implemented the SB109 requirements, and both MCOs are currently in compliance with the requirements (SB109 will be effective upon signature). Thus, this final report reflects the changes implemented by the MCOs and the State to comply with SB109.

II. METHODOLOGY

The approach and results of each component of the analysis are discussed in detail in later sections of this report. Delaware's approach to conducting the parity analysis followed CMS guidance as outlined in the CMS parity toolkit, *"Parity Compliance Toolkit Applying Mental Health and Substance Use Disorder Parity Requirements to Medicaid and Children's Health Insurance Programs*"[1] 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) benefits and determining which covered benefits are MH, SUD, and/or M/S benefits.
4. Defining the four benefit classifications (inpatient, outpatient, prescription drugs, and emergency care) and mapping MH/SUD and M/S benefits to these classifications.
5. Determining whether any aggregate lifetime or annual dollar limits (AL/ADLs) apply to MH/SUD benefits.
6. Determining whether any financial requirements (FRs) or quantitative treatment limitations (QTLs) apply to MH/SUD benefits and testing the applicable financial requirement (prescription drug copayment) for compliance with parity.
7. Identifying and analyzing non-quantitative treatment limitations (NQTLs) that apply to MH/SUD benefits.

III. MEDICAID/CHIP DELIVERY SYSTEM AND BENEFIT PACKAGES

Medicaid/CHIP Delivery System

Over 90% of Medicaid/CHIP beneficiaries in Delaware are enrolled in MCOs. This includes 100% of beneficiaries in Delaware's alternative benefit plan (ABP) and 100% of beneficiaries in Delaware's separate CHIP (S-CHIP) program.[2] Delaware's Medicaid/CHIP managed care program, comprised of the Diamond State Health Plan (DSHP) and DSHP Plus, is authorized under the authority of a Section 1115 demonstration. DSHP was implemented in 1996 and requires most Medicaid/CHIP beneficiaries to receive acute physical and behavioral health care services through an MCO. In 2012, Delaware implemented the DSHP Plus program, which expanded the populations required to enroll in managed care to include dual eligibles and individuals receiving nursing facility or home and community-based services (HCBS) as an alternative to nursing facility services. It also expanded the MCO benefit package to include long-term nursing facility services and HCBS for Medicaid clients who meet the applicable level of care.

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[1] 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

[2] Delaware's CHIP program, called the Delaware Healthy Children Program (DHCP), is a combination of Medicaid expansion and a separate program. All S-CHIP beneficiaries are enrolled in MCOs as a condition of eligibility. MCOs are responsible for covering EPSDT for S-CHIP enrollees. However, the State does not currently cover non-emergency medical transportation (NEMT) for S-CHIP beneficiaries.

DMMA currently contracts with two MCOs, Highmark Health Options and United Healthcare Community Health Plan to serve DSHP and DSHP Plus beneficiaries. Certain services, including some MH/SUD benefits, are provided fee-for-service (FFS).

Delaware has a complex MH/SUD delivery system, with MH/SUD services being covered by MCOs and/or FFS (managed by two different agencies) for different populations. MCOs are responsible for providing 30 units of MH/SUD outpatient services to members under 18; all MH/SUD benefits for members 18 and older who are not enrolled in PROMISE; and inpatient, crisis, and pharmacy services (other than medication assisted treatment for SUD) to members who are enrolled in PROMISE.[3] The MH/SUD benefits for children under age 18 that are carved out of the MCOs are managed by DSCYF and the MH/SUD benefits for adults 18 and older enrolled in PROMISE are managed by DSAMH. While there is some overlap in covered services and provider network, DSAMH and DSCYF manage separate delivery systems. In addition, while the MCOs provide many of the MH/SUD state plan benefits provided by DSCYF and DSAMH and there is some overlap in provider networks among DSCYF, DSAMH, and the MCOs, each MCO manages its own delivery system.

Benefit Packages

Delaware identified 12 benefit packages subject to the requirements in the final Medicaid/CHIP parity rule). See Appendix 1 for detailed information on the benefit packages, including the MH, SUD, and M/S benefits by classification. For each benefit package, Delaware covers MH and SUD benefits in each classification in which there is an M/S benefit (all four benefit classifications).

For the purposes of the NQTL analysis, Delaware structured the benefit packages into three groups based on how MH/SUD benefits are delivered (see Table 1 below). As noted above, the MCO is responsible for providing MH/SUD benefits to adults who are not in PROMISE, and DSAMH is responsible for providing the majority of MH/SUD benefits to adults in PROMISE. The MCO is responsible for providing 30 units of outpatient MH/SUD benefits to children, and DSCYF is responsible for providing services to children who need services beyond the 30 units of outpatient or require more intensive services than those provided by the MCO. Note that as part of the NQTL request for information (see Section VIII of this report) both the State agencies and MCOs were asked to identify any differences in the application of an NQTL within a benefit package group.

[3] Promoting Optimal Mental Health for Individuals through Supports and Empowerment (PROMISE) is a program authorized under the State's Section 1115 demonstration that is administered by DSAMH and provides home and community based services (HCBS) in the most integrated setting to adults 18 and older meeting targeted behavioral health diagnostic and functional limitations.

TABLE 1 – BENEFIT PACKAGE GROUPS

Adults not in PROMISE (Adult)	PROMISE	Children
• DSHP adults who are not ABP nor PROMISE • DSHP adults who are ABP but not PROMISE • DSHP Plus adults who are not LTSS and not PROMISE • DSHP Plus LTSS adults who are not PROMISE	• DSHP adults who are not ABP but are PROMISE • DSHP adults who are also ABP and PROMISE • DSHP Plus adults who are not LTSS but are PROMISE • DSHP Plus LTSS adults who are PROMISE	• Medicaid children under age 18 • Medicaid children age 18 – 21 • Children in separate CHIP (under age 18) • Children in separate CHIP (age 18-19)

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

For the purposes of the parity analysis, Delaware 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 benefits. 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.

Delaware defined MH/SUD benefits as benefits 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).

Delaware defined M/S benefits as benefits for the conditions listed in ICD-10-CM Chapters 1-4, subchapters 1, 8 and 9 of Chapter 5, and Chapters 6-20.

Delaware 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 be coded first, indicating that the physiological (rather than the MH) condition is the focus of services. Delaware based this exclusion on the structure of the ICD-10-CM. This exclusion is also consistent with the State's current structure and practice (i.e., services for these conditions are provided through DMMA, not DSAMH or DSCYF).

Delaware excluded subchapters 8 and 9 from the definition of MH/SUD because these chapters identify neurodevelopmental disorders as opposed to mental or behavioral disorders. Excluding subchapters 8 (intellectual disabilities) and 9 (developmental disorders) from the definition of MH/SUD is consistent with

the State's current structure and practice. Services for these conditions are managed by DDDS, not by DSAMH or DSCYF. 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."[4] Also, not including F70 to F79 (intellectual disabilities) and F80 to F89 (pervasive and specific developmental disorders) 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 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).[5]

It is important to note that this definition of MH/SUD was for purposes of the parity analysis and ensuring that MH/SUD benefits are provided in parity with M/S benefits. 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.

V. BENEFIT CLASSIFICATIONS

Delaware developed the following definitions for each of the four benefit classifications identified in the Medicaid/CHIP parity rule.

Inpatient: All covered services or items (including medications) provided to a member while in a setting (other than a home and community-based setting as defined in 42 CFR Part 441) that requires an overnight stay.

Outpatient: All covered services or items (including medications) provided to a member that do not otherwise meet the definition of inpatient, emergency care, or prescription drugs.

Emergency Care: All covered services or items (including medications) delivered in an emergency department (ED) setting or free standing emergency room.

Prescription Drugs: Covered medications, drugs and associated supplies and services that require a prescription to be dispensed. These products are claimed using the National Council for Prescription Drug Programs (NCPDP) format.

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

[5] 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

As noted above, Delaware's state plan covers MH and SUD benefits in each classification in which there is an M/S benefit. See Appendix 1 for a mapping of MH/SUD and M/S benefits to each classification.

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

No aggregate lifetime or annual dollar limits apply to Medicaid/CHIP MH/SUD benefits in any benefit package. Note that the 2017 MCO contract prohibits the MCOs from applying aggregate lifetime and annual dollar limits to MH/SUD benefits (see section 3.4.12.2 of the MCO contract).

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

Financial Requirements

Only one financial requirement (FR), a tiered copayment for prescription drugs, applies to Medicaid/CHIP benefits. Delaware's tiered copayment for prescription drugs is based on the Medicaid cost/payment for the drug. This tiered copayment applies to all prescription drugs and to both Medicaid FFS beneficiaries and MCO enrollees who are not exempt from the copayment. See below for the copayment schedule. The copayment amount is based on the Medicaid payment for the drug and not whether the drug is used for the treatment of a MH/SUD or M/S condition, and the same level of copayment is applied across each tier without regard to whether the drug is for the treatment of a MH/SUD or M/S condition.

There is an out-of-pocket monthly maximum of $15. This out-of-pocket maximum applies to all prescription drugs; the out-of-pocket maximum does not apply separately to M/S and MH/SUD drugs.

Medicaid Payment for the Drug	**Copayment**
$10.00 or less	$.50
$10.01 to $25.00	$1.00
$25.01 to $50.00	$2.00
$50.01 or more	$3.00

The 2017 MCO contract requires that any cost sharing comply with parity (see Section 3.4.9.1.2), prohibits the MCO from applying cumulative financial requirements separately for MH/SUD benefits (see Section 3.4.12.5), and prohibits the MCO from applying any FRs to MH/SUD benefits that do not comply with parity requirements (see Section 3.4.12.3 of the MCO contract).

Quantitative Treatment Limitations

Delaware does not apply any quantitative treatment limitations to MH/SUD benefits that cannot be exceeded based on medical necessity. Thus, these limitations were analyzed as NQTLs (see Section VIII of this report). In addition, the 2017 MCO contract prohibits the MCO from applying any QTLs to MH/SUD benefits that do not comply with parity requirements (see Section 3.4.12.3 of the MCO contract).

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, information provided through the Substance Abuse and Mental Health Services Administration (SAMHSA)

Medicaid/CHIP parity policy academy,[6] 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, Delaware identified a list of potential NQTLs, including NQTLs related to medical management, benefits coverage, and provider admission, and a few NQTLs specific to prescription drugs. DSAMH and DSCYF reviewed the list to determine which NQTLs applied to MH/SUD benefits managed by their agency. The State developed a request for information (RFI) for each agency to complete with information needed to conduct the NQTL analysis, including information on the processes, strategies, and evidentiary standards in both writing and operations for each of the NQTLs the agency applies to MH/SUD benefits managed by the state agency, by classification and benefit package. This RFI included prompts to help identify the type of information relevant to the parity analysis. Separate prompts were provided for processes, strategies, and evidentiary standards for each part of the NQTL analysis (comparability and stringency) and to collect information on how the factors apply both in writing and in operation. The information provided by each state agency was reviewed by the workgroup, which conducted follow up as necessary.

In addition to collecting information on NQTLs that apply to MH/SUD benefits managed by the State (referenced as the FFS MH/SUD NQTLs), the State developed a request for information (RFI) to collect information from each MCO on how the MCO applies the FFS NQTLs to MH/SUD and M/S benefits managed by the MCO as well as any additional NQTLs applied by the MCOs to MH/SUD benefits (including information on how the MCO applies those NQTLs to M/S benefits). The RFI included the list of NQTLs identified by the State as described above but also asked the MCOs to identify any other NQTLs that they apply to MH/SUD benefits. The MCOs completed a summary grid that identified which FFS MH/SUD NQTLs and other NQTLs they apply to MH/SUD benefits, by benefit package and classification, and provided information, by benefit package and classification, on the MH/SUD and M/S benefits to which the NQTL applies and the processes, strategies, and evidentiary standards for each of the NQTLs. As in the State RFI, the MCO RFI included prompts to help the MCOs provide the information needed for the parity analysis. The information provided by each MCO was reviewed by the workgroup, and the State conducted follow up as needed.

Conducting the NQTL Analysis

The State used the information from the RFIs to compare the processes, strategies, evidentiary standards and other factors for each MH/SUD NQTL as it applies to MH/SUD benefits and M/S benefits, in writing and in operation, in a classification, for each benefit package. The processes, strategies, evidentiary standards and other factors were reviewed for comparability and stringency in writing and in operation.

[6] Delaware applied for and was accepted as a participant in SAMHSA's Medicaid/CHIP parity policy academy (MPPA), which was designed to provide technical assistance to states to ensure compliance with parity requirements.

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 with information on MH/SUD on one side and M/S on the other side for each NQTL, by benefit package and classification. The information included the MH/SUD and M/S benefits to which the NQTL applies and a summary of the NQTL's processes, strategies, and evidentiary standards.
- Review of the side-by-side information to develop a preliminary determination for each NQTL, by benefit package 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.

In addition, the NQTL analysis had to be revised to reflect SB109. As noted above, SB109 prohibits prior authorization for SUD benefits and specifies lengths of time during which concurrent review may not occur for certain SUD benefits. Thus, the workgroup revised the side-by-side summary information and compliance determinations for those NQTLs (prior authorization and concurrent review).

List of MH/SUD NQTLs

Table 2 and 3 lists the NQTLs that apply to MH/SUD benefits and the State 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) and classification(s). Grayed out sections in the tables below indicate the NQTL does not apply to a certain benefit package or classification.

Additional information on the applicable benefits is included in Appendix 2.

TABLE 2 – NQTLS – HIGHMARK HEALTH OPTIONS

NQTL Name	Benefit Package Group											
	Adults not in PROMISE (Adult)				PROMISE				Children			
	IP	OP	EC	PD	IP	OP	EC	PD	IP	OP	EC	PD
Development/Modification/Addition of Medical Necessity/ Medical Appropriateness/Level of Care Guidelines*	ü	ü			ü	ü			ü	ü		
Prior Authorization*	ü	ü		ü		ü		ü	ü	ü		ü
Concurrent Review*	ü	ü			ü	ü			ü	ü		
Retrospective Review	ü	ü			ü	ü			ü	ü		
Requiring Use of Preferred Drugs before Approving Non-preferred Agents (Step Therapy)				ü				ü				ü

TABLE 2 – NQTLS – HIGHMARK HEALTH OPTIONS

NQTL Name	Benefit Package Group											
	Adults not in PROMISE (Adult)				PROMISE				Children			
	IP	OP	EC	PD	IP	OP	EC	PD	IP	OP	EC	PD
Experimental/Investigational Determinations	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü
Provider Reimbursement (in-network)*	ü	ü		ü	ü	ü		ü	ü	ü		ü
Usual, Customary and Reasonable (UCR) Determinations (out-of-network provider reimbursement)	ü	ü	ü		ü	ü	ü		ü	ü	ü	
Provider Enrollment and Credentialing Requirements*	ü	ü	ü		ü	ü	ü		ü	ü	ü	
Geographic Restrictions	ü	ü	ü		ü	ü	ü		ü	ü	ü	
Standards for Out-of-Network Coverage	ü	ü	ü		ü	ü	ü		ü	ü	ü	
Drugs not Covered Pursuant to Section 1927(d)(2)				ü				ü				ü
Early Refills				ü				ü				ü
Copay Tiers				ü				ü				ü
Pharmacy Lock-In				ü				ü				ü

* Applies to FFS MH/SUD
IP=Inpatient, OP=Outpatient, EC=Emergency Care, PD=Prescription Drugs

TABLE 3 – NQTLS – UNITEDHEALTHCARE COMMUNITY PLAN

NQTL Name	Benefit Package Group											
	Adults not in PROMISE (Adult)				PROMISE				Children			
	IP	OP	EC	PD	IP	OP	EC	PD	IP	OP	EC	PD
Development/Modification/Addition of Medical Necessity/ Medical Appropriateness/Level of Care Guidelines*	ü	ü			ü	ü			ü	ü		
Prior Authorization*	ü	ü		ü		ü		ü	ü	ü		ü
Concurrent Review*	ü	ü	ü		ü	ü	ü		ü	ü	ü	
Retrospective Review	ü	ü	ü		ü	ü	ü		ü	ü	ü	
Requiring Use of Preferred Drugs before Approving Non-preferred Agents (Step Therapy)				ü				ü				ü
Experimental/Investigational Determinations	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü
Provider Reimbursement (in-network)*	ü	ü		ü	ü	ü		ü	ü	ü		ü
Usual, Customary and Reasonable (UCR) Determinations (out-of-network provider reimbursement)	ü	ü	ü		ü	ü	ü		ü	ü	ü	
Provider Enrollment and Credentialing Requirements*	ü	ü	ü		ü	ü	ü		ü	ü	ü	
Geographic Restrictions	ü	ü	ü		ü	ü	ü		ü	ü	ü	
Standards for Out-of-Network Coverage	ü	ü	ü		ü	ü	ü		ü	ü	ü	
Drugs not Covered Pursuant to Section 1927(d)(2)				ü				ü				ü
Early Refills				ü				ü				ü
Copay Tiers				ü				ü				ü
Pharmacy Lock-In				ü				ü				ü

* Applies to FFS MH/SUD
IP=Inpatient, OP=Outpatient, EC=Emergency Care, PD=Prescription Drugs

The 2017 MCO contract prohibits the MCO from applying NQTLs to MH/SUD benefits unless the NQTL meets the applicable requirements of the Medicaid/CHIP parity rule (see Section 3.4.12.6 of the MCO contract).

APPENDIX 1 – BENEFIT PACKAGE GRID

APPENDIX 2A – LIST OF NQTLS AND MH/SUD BENEFITS BY CLASSIFICATION AND BENEFIT PACKAGE GROUP – HIGHMARK HEALTH OPTIONS

APPENDIX 2B – LIST OF NQTLS AND MH/SUD BENEFITS BY CLASSIFICATION AND BENEFIT PACKAGE GROUP – UNITEDHEALTHCARE COMMUNITY PLAN

Key

Covered for the specified population	ü
Not covered for the specified population	NA
Covered if member meets additional eligibility criteria	EC

				Adults Not in Promise (Adult)				PROMISE				Children				
	Benefit	MH/SUD or M/S Benefit	Benefit Classification	DSHP adults who are not ABP nor PROMISE	DSHP adults who are ABP but not PROMISE	DSHP Plus Adults who are not LTSS and not PROMISE	DSHP Plus LTSS adults who are not PROMISE	DSHP adults who are not ABP but are PROMISE	DSHP adults who are also ABP and PROMISE	DSHP Plus Adults who are not LTSS but are PROMISE	DSHP Plus LTSS adults who are PROMISE	Medicaid Children Under Age 18	Medicaid Children Age 18 - 21	Children in Separate CHIP Under Age 18	Children in Separate CHIP Age 18 to 19	Note(s)
A	**MCO DSHP Benefit Package (Two MCOs)**															
A.1	Administrative fee for vaccines to children	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	ü	ü	
A.2	Behavioral health crisis intervention services, including facility-based crisis services and mobile crisis teams	MH/SUD	OP	ü	ü	ü	ü	ü	ü	ü	ü	30 units and then FFS	ü	30 units and then FFS	ü	See Section D for FFS MH/SUD benefits provided by DSCYF for Medicaid/CHIP children under age
A.3	Clinic services including ambulatory surgical centers and end stage renal disease clinics	M/S	OP	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	
A.4	Durable medical equipment (DME) and supplies including prosthetic and orthotic devices	M/S	OP	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	
A.5	Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, including periodic preventive health screens and other necessary diagnostic and treatment services for members under age 21	Both	OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	NA	NA	
A.6	Emergency medical transportation services	Both	Emergency	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	
A.7	Extended services for pregnant women to assure they receive the medical and social support positively impacting on the outcome of their pregnancies (known as “Smart Start” in Delaware)	M/S	OP	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	
A.8	Family planning services (including voluntary sterilization if consent form is signed after member turns age 21)	M/S	OP and IP	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	
A.9	Federally Qualified Health Center services	Both	OP	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	
A.10	Home health services	M/S	OP	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	
A.11	Hospice services	M/S	OP and IP	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	
A.12	Inpatient behavioral health services	MH/SUD	IP	ü	ü	ü	ü	ü	ü	ü	ü	NA - FFS	ü	NA - FFS	ü	See Section D for FFS MH/SUD benefits provided by DSCYF for Medicaid/CHIP children under age 18
A.13	Inpatient hospital services	M/S	IP	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	
A.14	Laboratory and radiology services, including invasive and non-invasive imaging	Both	OP	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	
A.15	Licensed behavioral health practitioner services, including licensed psychologists, clinical social workers, professional counselors and marriage and family therapists	MH/SUD	OP	ü	ü	ü	ü	FFS	FFS	FFS	FFS	30 units and then FFS	If in PROMISE FFS	30 units and then FFS	If in PROMISE FFS	See Section D for FFS MH/SUD benefits provided by DSCYF for Medicaid/CHIP children under age 18 and section E for FFS MH/SUD benefits for PROMISE participants.
A.16	Medicare deductible/co-insurance and remainder up to the Medicaid allowed amount	NA	NA	NA	NA	ü	ü	NA	NA	ü	ü	ü	ü	NA	NA	
A.17	Nurse-midwife services	M/S	OP	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	
A.18	Nursing facility services	M/S	IP	ü	ü	ü	DSHP Plus LTSS	ü	ü	ü	DSHP Plus LTSS	ü	ü	ü	ü	
A.19	Optometry/optician services	M/S	OP	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	
A.20	Outpatient behavioral health services for members under age 18, including assessment, individual/ family/group therapy, crisis intervention, intensive outpatient and behavioral health rehabilitative services for children	MH/SUD	OP	NA	NA	NA	NA	NA	NA	NA	NA	30 units and then FFS	NA	30 units and then FFS	NA	See Section D for FFS MH/SUD benefits provided by DSCYF for Medicaid/CHIP children under age 18.

				Adults Not in Promise (Adult)				PROMISE				Children				
	Benefit	**MH/SUD or M/S Benefit**	**Benefit Classification**	**DSHP adults who are not ABP nor PROMISE**	**DSHP adults who are ABP but not PROMISE**	**DSHP Plus Adults who are not LTSS and not PROMISE**	**DSHP Plus LTSS adults who are not PROMISE**	**DSHP adults who are not ABP but are PROMISE**	**DSHP adults who are also ABP and PROMISE**	**DSHP Plus Adults who are not LTSS but are PROMISE**	**DSHP Plus LTSS adults who are PROMISE**	**Medicaid Children Under Age 18**	**Medicaid Children Age 18 - 21**	**Children in Separate CHIP Under Age 18**	**Children in Separate CHIP Age 18 to 19**	**Note(s)**
A.21	Outpatient hospital services, including emergency rooms	Both	OP	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	
A.22	Pharmacy including physician administered drugs	Both	Prescribed drugs and OP (physician administered drugs)	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	
A.23	Physical and occupational therapy and speech, hearing and language therapy	M/S	OP	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	
A.24	Physician services, including certified nurse practitioner services	Both	OP and IP	ü	ü	ü	ü	Yes, but if part of PROMISE service (e.g., ACT), FFS	Yes, but if part of PROMISE service (e.g., ACT), FFS	Yes, but if part of PROMISE service (e.g., ACT), FFS	Yes, but if part of PROMISE service (e.g., ACT), FFS	ü	Yes, but if part of PROMISE service (e.g., ACT), FFS	ü	Yes, but if part of PROMISE service (e.g., ACT), FFS	See section E for FFS MH/SUD benefits for PROMISE participants.
A.25	Podiatry services	M/S	OP	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	
A.26	Preventive services, including the services specified in 45 CFR 147.30	Both	OP	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	
A.27	Private duty nursing (PDN)	M/S	OP	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	
A.28	Rehabilitation agency services	Both	OP	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	
A.29	School-Based Wellness Center (SBWC) services	Both	OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	ü	ü	
A.30	Substance use disorder services, including all levels of the American Society of Addiction Medicine (ASAM), Medication Assisted Treatment (MAT) and licensed opioid treatment programs	MH/SUD	Outpatient services OP; residential services IP; MAT OP and prescribed drugs	ü	ü	ü	ü	FFS	FFS	FFS	FFS	30 units and then FFS	If in PROMISE, FFS	30 units and then FFS	If in PROMISE, FFS	See Section D for FFS MH/SUD benefits provided by DSCYF for Medicaid/CHIP children under age 18 and section E for FFS MH/SUD benefits for PROMISE participants.
B	**MCO DSHP Plus LTSS Benefit Package (Two MCOs)**															
B.1	Adult day services	M/S	OP	NA	NA	NA	ü	NA	NA	NA	ü	NA	NA	NA	NA	
B.2	Attendant care services	M/S	OP	NA	NA	NA	ü	NA	NA	NA	ü	NA	NA	NA	NA	
B.3	Cognitive services	M/S	OP	NA	NA	NA	ü	NA	NA	NA	ü	NA	NA	NA	NA	
B.4	Community-based residential alternatives that include assisted living facilities	M/S	OP	NA	NA	NA	ü	NA	NA	NA	ü	NA	NA	NA	NA	
B.5	Day habilitation	M/S	OP	NA	NA	NA	ü	NA	NA	NA	ü	NA	NA	NA	NA	
B.6	Home-delivered meals	M/S	OP	NA	NA	NA	ü	NA	NA	NA	ü	NA	NA	NA	NA	
B.7	Independent activities of daily living (Chore) service	M/S	OP	NA	NA	NA	ü	NA	NA	NA	ü	NA	NA	NA	NA	
B.8	Minor home modifications	M/S	OP	NA	NA	NA	ü	NA	NA	NA	ü	NA	NA	NA	NA	
B.9	Nursing facility services	M/S	IP	NA	NA	NA	ü	NA	NA	NA	ü	ü	ü	ü	ü	
B.10	Nutritional supplements for individuals diagnosed with HIV/AIDS that are not covered under the State Plan	M/S	OP	NA	NA	NA	ü	NA	NA	NA	ü	NA	NA	NA	NA	
B.11	Personal emergency response system (PERS)	M/S	OP	NA	NA	NA	ü	NA	NA	NA	ü	NA	NA	NA	NA	
B.12	Respite care, both at home and in nursing and assisted living facilities	M/S	OP and IP	NA	NA	NA	ü	NA	NA	NA	ü	NA	NA	NA	NA	
B.13	Specialized medical equipment and supplies not covered under the Medicaid State Plan	M/S	OP	NA	NA	NA	ü	NA	NA	NA	ü	NA	NA	NA	NA	
B.14	Support for self-directed attendant care services	M/S	OP	NA	NA	NA	ü	NA	NA	NA	ü	NA	NA	NA	NA	
B.15	Transition services for those moving from a nursing facility to the community under the Money Follows the Person (MFP) program	M/S	OP	NA	NA	NA	ü	NA	NA	NA	ü	NA	NA	NA	NA	

				Adults Not in Promise (Adult)				PROMISE				Children				
	Benefit	**MH/SUD or M/S Benefit**	**Benefit Classification**	**DSHP adults who are not ABP nor PROMISE**	**DSHP adults who are ABP but not PROMISE**	**DSHP Plus Adults who are not LTSS and not PROMISE**	**DSHP Plus LTSS adults who are not PROMISE**	**DSHP adults who are not ABP but are PROMISE**	**DSHP adults who are also ABP and PROMISE**	**DSHP Plus Adults who are not LTSS but are PROMISE**	**DSHP Plus LTSS adults who are PROMISE**	**Medicaid Children Under Age 18**	**Medicaid Children Age 18 - 21**	**Children in Separate CHIP Under Age 18**	**Children in Separate CHIP Age 18 to 19**	**Note(s)**
B.16	Workshops for those moving from a nursing facility to the community under the MFP program	M/S	OP	NA	NA	NA	ü	NA	NA	NA	ü	NA	NA	NA	NA	
C	**FFS**															
C.1	Additional mental health/substance use disorder services	MH/SUD	See below	NA	NA	NA	NA	ü	ü	ü	ü	ü	ü	ü	ü	
C.2	Chiropractic services	M/S	OP	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	
C.3	Dental services	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	ü	ü	ü	
C.4	Employment services and related supports provided through the Pathways program for eligible members	M/S	OP	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	
C.4.1	Employment navigator	M/S	OP	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	
C.4.2	Career exploration and assessment	M/S	OP	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	
C.4.3	Supported employment – individual	M/S	OP	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	
C.4.4	Supported employment – small group	M/S	OP	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	
C.4.5	Benefits counseling	M/S	OP	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	
C.4.6	Financial coaching	M/S	OP	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	
C.4.7	Non-medical transportation	M/S	OP	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	
C.4.8	Personal care (including self-directed option)	M/S	OP	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	
C.4.9	Orientation, mobility and assistive technology	M/S	OP	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	
C.5	Non-emergency medical transportation	NA	NA	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	NA	ü	
C.6	Prescribed pediatric extended care (PPEC) services for children with severe disabilities	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	EC	EC	EC	EC	
C.7	Specialized services for nursing facility residents not in DSHP or DSHP Plus LTSS benefit package	Both	OP	NA	NA	NA	EC	NA	NA	NA	EC	EC	EC	EC	EC	
D	**FFS - DSCYF (under 18 years of age)**															DSCYF is responsible for providing MH/SUD benefits to children under age 18 who require additional units beyond the 30 outpatient units covered by the MCO or require more intensive services than those provided by the MCO.
D.1	Non-physician licensed behavioral health practitioners (LBHPs) services (e.g., therapies)	MH/SUD	OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	NA	ü	NA	
D.2	Children's Rehab Services - MH	MH/SUD														
D.2.1	Community Psychiatric Support and Treatment (CPST)	MH/SUD	OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	NA	ü	NA	
D.2.2	Therapeutic Support for Families (TSF)	MH/SUD	OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	NA	ü	NA	
D.2.3	Partial Hospital Program (PHP)	MH/SUD	OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	NA	ü	NA	
D.2.4	Day Treatment	MH/SUD	OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	NA	ü	NA	
D.2.5	Evidence-Based Practices under CPST and OLP	MH/SUD	OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	NA	ü	NA	
D.2.5.1	Multi-Systemic Therapy (MST)	MH/SUD	OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	NA	ü	NA	
D.2.5.2	Family Based Mental Health Services (FBMHS)	MH/SUD	OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	NA	ü	NA	
D.2.5.3	Parent-Child Interaction Therapy (PCIT)	MH/SUD	OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	NA	ü	NA	
D.2.5.4	Dialectical Behavior Therapy (DBT)	MH/SUD	OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	NA	ü	NA	
D.2.5.5	Family functional therapy (FFT)	MH/SUD	OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	NA	ü	NA	
D.2.6	Psychosocial Rehabilitation (PSR)	MH/SUD	OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	NA	ü	NA	
D.2.7	Crisis Intervention (includes mobile or facility based)	MH/SUD	OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	NA	ü	NA	
D.2.8	Family Peer Support Services (FPSS)	MH/SUD	OP	NA	NA	NA	NA	NA	NA	NA	NA	ü	NA	ü	NA	
D.2.9	Rehabilitative Residential Treatment (RRT)	MH/SUD	IP	NA	NA	NA	NA	NA	NA	NA	NA	ü	NA	ü	NA	

				Adults Not in Promise (Adult)				PROMISE				Children				
	Benefit	**MH/SUD or M/S Benefit**	**Benefit Classification**	**DSHP adults who are not ABP nor PROMISE**	**DSHP adults who are ABP but not PROMISE**	**DSHP Plus Adults who are not LTSS and not PROMISE**	**DSHP Plus LTSS adults who are not PROMISE**	**DSHP adults who are not ABP but are PROMISE**	**DSHP adults who are also ABP and PROMISE**	**DSHP Plus Adults who are not LTSS but are PROMISE**	**DSHP Plus LTSS adults who are PROMISE**	**Medicaid Children Under Age 18**	**Medicaid Children Age 18 - 21**	**Children in Separate CHIP Under Age 18**	**Children in Separate CHIP Age 18 to 19**	**Note(s)**
D.3	Substance Use Disorder (SUD)— Outpatient and Residential Addiction Services	MH/SUD	OP, IP (residential services), and Prescribed drugs	NA	NA	NA	NA	NA	NA	NA	NA	ü	NA	ü	NA	
D.4	Psychiatric Residential Treatment Facility (PRTF)	MH/SUD	IP	NA	NA	NA	NA	NA	NA	NA	NA	ü	NA	ü	NA	
E	**FFS - DSAMH (18 and older and in PROMISE)**															Medicaid members under age 18 receive FFS MH/SUD through DSCYF. See Section D above. S-CHIP members age 18 and older who are not eligible for PROMISE, receive all their MH/SUD benefits through the MCOs. See Sections A and B above.
E.1	PROMISE Services	MH/SUD	OP	NA	NA	NA	NA	ü	ü	ü	ü	NA	EC	NA	EC	
E.1.1	Care management	MH/SUD	OP	NA	NA	NA	NA	ü	ü	ü	ü	NA	EC	NA	EC	
E.1.2	Benefits counseling	MH/SUD	OP	NA	NA	NA	NA	ü	ü	ü	ü	NA	EC	NA	EC	
E.1.3	Community psychiatric support and treatment (CPST), including ACT/ICM	MH/SUD	OP	NA	NA	NA	NA	ü	ü	ü	ü	NA	EC	NA	EC	
E.1.4	Community-based residential supports excluding assisted living	MH/SUD	OP	NA	NA	NA	NA	ü	ü	ü	ü	NA	EC	NA	EC	
E.1.5	Financial coaching	MH/SUD	OP	NA	NA	NA	NA	ü	ü	ü	ü	NA	EC	NA	EC	
E.1.6	IADL/chore	MH/SUD	OP	NA	NA	NA	NA	ü	ü	ü	ü	NA	EC	NA	EC	
E.1.7	Individual employment supports	MH/SUD	OP	NA	NA	NA	NA	ü	ü	ü	ü	NA	EC	NA	EC	
E.1.8	Non-medical transportation	MH/SUD	OP	NA	NA	NA	NA	ü	ü	ü	ü	NA	EC	NA	EC	
E.1.9	Nursing that is in addition to nursing services covered in the State Plan and included in the DSHP benefit package	MH/SUD	OP	NA	NA	NA	NA	ü	ü	ü	ü	NA	EC	NA	EC	
E.1.10	Peer support	MH/SUD	OP	NA	NA	NA	NA	ü	ü	ü	ü	NA	EC	NA	EC	
E.1.11	Personal care	MH/SUD	OP	NA	NA	NA	NA	ü	ü	ü	ü	NA	EC	NA	EC	
E.1.12	Psychosocial rehabilitation (PSR)	MH/SUD	OP	NA	NA	NA	NA	ü	ü	ü	ü	NA	EC	NA	EC	
E.1.13	Respite	MH/SUD	OP	NA	NA	NA	NA	ü	ü	ü	ü	NA	EC	NA	EC	
E.1.14	Small group and supported employment	MH/SUD	OP	NA	NA	NA	NA	ü	ü	ü	ü	NA	EC	NA	EC	
E.2	State Plan Services	MH/SUD		NA	NA	NA	NA	ü	ü	ü	ü	NA	EC	NA	EC	
E.2.1	Substance use disorder (SUD) services other than medically managed intensive inpatient detoxification	MH/SUD	OP, IP (residential services), and Prescribed drugs	NA	NA	NA	NA	ü	ü	ü	ü	NA	EC	NA	EC	
E.2.2	Licensed behavioral health practitioner services	MH/SUD	OP	NA	NA	NA	NA	ü	ü	ü	ü	NA	EC	NA	EC	
F	**FFS - DDDS**															
F.1	Day habilitation services for individuals with DD, provided under the Rehab Option	M/S	OP	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	
F.2	Targeted Case Management (TCM)	M/S	OP	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	
F.3	Lifespan Waiver	M/S	OP	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	NA	NA	
F.3.1	Community Living Support	M/S	OP	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	NA	NA	
F.3.2	Community Participation	M/S	OP	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	NA	NA	
F.3.3	Day Habilitation	M/S	OP	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	NA	NA	
F.3.4	Prevocational Services	M/S	OP	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	NA	NA	
F.3.5	Residential Habilitation	M/S	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	Medicaid beneficiaries receiving residential habilitation are excluded from MCO enrollment.
F.3.6	Supported Employment - Individual	M/S	OP	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	NA	NA	
F.3.7	Supported Employment - Small Group	M/S	OP	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	NA	NA	
F.3.8	Assistive Technology	M/S	OP	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	NA	NA	

				Adults Not in Promise (Adult)				PROMISE				Children				
	Benefit	**MH/SUD or M/S Benefit**	**Benefit Classification**	**DSHP adults who are not ABP nor PROMISE**	**DSHP adults who are ABP but not PROMISE**	**DSHP Plus Adults who are not LTSS and not PROMISE**	**DSHP Plus LTSS adults who are not PROMISE**	**DSHP adults who are not ABP but are PROMISE**	**DSHP adults who are also ABP and PROMISE**	**DSHP Plus Adults who are not LTSS but are PROMISE**	**DSHP Plus LTSS adults who are PROMISE**	**Medicaid Children Under Age 18**	**Medicaid Children Age 18 - 21**	**Children in Separate CHIP Under Age 18**	**Children in Separate CHIP Age 18 to 19**	**Note(s)**
F.3.9	Clinical Consultation: Behavioral	M/S	OP	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	NA	NA	
F.3.10	Clinical Consultation: Nursing	M/S	OP	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	NA	NA	
F.3.11	Home or Vehicle Accessibility Adaptations	M/S	OP	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	NA	NA	
F.3.12	Specialized Medical Equipment	M/S	OP	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	NA	NA	
F.3.13	Supported Living	M/S	OP	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	NA	NA	

APPENDIX 2A – LIST OF NQTLS AND MH/SUD BENEFITS BY CLASSIFICATION AND BENEFIT PACKAGE GROUP – HIGHMARK HEALTH OPTIONS

NQTL	Adult	PROMISE	Children
Development/Modification/Addition of Medical Necessity/ Medical Appropriateness/Level of Care Guidelines*	**Inpatient classification** Managed by MCO: • Inpatient Mental Health • MH Residential (18-21 only) Managed by DSAMH: • N/A **Outpatient classification** Managed by MCO: • MH Partial Hospitalization • MH Intensive Outpatient • Intensive Outpatient Services, • Initial evaluation with clinician/therapist	**Inpatient classification** Managed by MCO: • Inpatient Mental Health • MH Residential (18-21 only) Managed by DSAMH: • N/A **Outpatient classification** Managed by MCO: • N/A Managed by DSAMH: PROMISE benefits: • Benefits Counseling • Community Psychiatric Support and Treatment (CPST) • Psychosocial Rehabilitation (PSR) • Small Group and Supported Employment	**Inpatient classification** Managed by MCO: • N/A Managed by DSCYF: • Inpatient Mental Health • Psychiatric Residential Treatment Facility • Residential Rehabilitation Services, Mental Health • Crisis Residential Bed Services **Outpatient classification** Managed by MCO: • Psychological Testing • Neuropsychological Testing • Behavioral Health Assessment • Specialist/Treatment Plan Development Managed by DSCYF: • MH Partial Hospitalization • Outpatient, Mental Health • Therapeutic Support for Families (CPST, FPSS, and PSR) • Evidence Based Practices (MST, DBT, FBMHS, FFT) • Day Treatment, Mental Health • Crisis Intervention Services

NQTL	Adult	PROMISE	Children
Development/Modification/Addition of Medical Necessity/ Medical Appropriateness/Level of Care Guidelines* ***(continued)***		• Personal Care • Peer Supports • Individual Supported Employment • Assertive Community Treatment (ACT) • Nursing Services • Respite Services • Community Transition Services (Client Assistance Funds) • IADLs • Non-medical transport • Group Homes, Community Based Residential Alternatives, SAP • Care Management MH • Psychotherapy with patient • Psychoanalysis • Health and behavior assessment • Health and behavior intervention • Psychiatric Diagnostic Evaluations	
Prior Authorization*	**Inpatient classification** Managed by MCO: • Inpatient Mental Health • MH Residential (18-21 only) Managed by DSAMH: • N/A	**Inpatient classification** Managed by MCO: • Inpatient Mental Health • MH Residential (18-21 only) Managed by DSAMH: • N/A	**Inpatient classification** Managed by MCO: • N/A Managed by DSCYF: • Inpatient Mental Health • Psychiatric Residential Treatment Facility • Residential Rehabilitation Services, Mental Health

NQTL	Adult	PROMISE	Children
Prior Authorization* ***(continued)***			• Crisis Residential Bed Services
	Outpatient classification Managed by MCO: • MH Partial Hospitalization • MH Intensive Outpatient	**Outpatient classification** Managed by MCO: • N/A	**Outpatient classification** Managed by MCO: • Psychological Testing • Neuropsychological Testing • Behavioral Health Assessment • Initial Assessment/Intake • Specialist/Treatment Plan Development
	Managed by DSAMH: • N/A	Managed by DSAMH:: PROMISE • Benefits Counseling • Community Psychiatric Support and Treatment (CPST) • Psychosocial Rehabilitation (PSR) • Small Group and Supported Employment • Personal Care • Peer Supports • Individual Supported Employment • Assertive Community Treatment (ACT) • Nursing Services • Respite Services • Community Transition Services (Client Assistance Funds) • IADLs • Non-medical Transport • Group Homes, Community Based Residential Alternatives, SAP	Managed by DSCYF: • MH Partial Hospitalization • Outpatient, Mental Health • Therapeutic Support for Families (CPST, FPSS, and PSR) • Evidence Based Practices (MST, DBT, FBMHS, FFT) • Day Treatment, Mental Health • Crisis Intervention Services • Parent-Child Interaction Therapy (PCIT)

NQTL	Adult	PROMISE	Children
Prior Authorization* ***(continued)***		• Care Management MH • Psychotherapy with patient • Psychoanalysis • Health and behavior assessment • Health and behavior intervention • Psychiatric Diagnostic Evaluations **Prescription drugs classification** Managed by MCO: • Certain MH/SUD prescription drugs	**Prescription drugs classification** Managed by MCO: • Certain MH/SUD prescription drugs
Concurrent Review*	**Inpatient classification** Managed by MCO: • MH Inpatient • MH Residential (18-21 only) • Inpatient Substance Abuse Residential Detoxification • Substance Abuse Rehabilitation • SA Residential Treatment Facility Managed by DSAMH: • N/A	**Inpatient classification** Managed by MCO: • MH Inpatient • MH Residential (18-21 only) • Medically managed intensive inpatient detoxification Managed by DSAMH: • Subacute Detoxification, Inpatient • Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) • Alcohol and Drug Treatment Program (Residential Rehab)	**Inpatient classification** Managed by MCO: • N/A Managed by DSCYF: • Inpatient Mental Health • Psychiatric Residential Treatment Facility • Residential Rehabilitation Services, Mental Health • Crisis Residential Bed Services

NQTL	Adult	PROMISE	Children
Concurrent Review* ***(continued)***	**Outpatient classification** Managed by MCO: • MH Partial Hospitalization • MH Intensive Outpatient Services • ECT • TMS (Transcranial Magnetic Stimulation) • SA Intensive Outpatient • SA Partial Hospital Managed by DSAMH: • N/A	**Outpatient classification** Managed by MCO: • N/A Managed by DSAMH: PROMISE • Benefits Counseling • Community Psychiatric Support and Treatment (CPST) • Psychosocial Rehabilitation (PSR) • Small Group and Supported Employment • Personal Care • Peer Supports • Individual Supported Employment • Assertive Community Treatment (ACT) • Nursing Services • Respite Services • Community Transition Services (Client Assistance Funds) • IADLs • Non-medical Transport • Group Homes, Community Based Residential Alternatives, SAP	**Outpatient classification** Managed by MCO: • Neuropsychological Testing • Psychological Testing • MH Intensive Outpatient • Initial Assessment/Intake • Specialist/Treatment Plan Development • SA Intensive Outpatient Managed by DSCYF: • MH Partial Hospitalization • Outpatient, Mental Health • Therapeutic Support for Families (CPST, FPSS, and PSR) • Evidence Based Practices (MST, DBT, FBMHS, FFT) • Day Treatment, Mental Health • MH Partial Hospitalization • Crisis Intervention Services • Parent-Child Interaction Therapy (PCIT) • Outpatient, Substance Use

NQTL	Adult	PROMISE	Children
		• Care Management MH/SUD • Psychotherapy with patient • Psychoanalysis • Health and behavior assessment • Health and behavior intervention • Psychiatric Diagnostic Evaluations • Alcohol and/or drug abuse service; detoxification (residential addiction program outpatient) • Alcohol and/or drug services, intensive outpatient **Emergency care classification** Managed by MCO: • Emergency care benefits	**Emergency care classification** Managed by MCO: • Emergency care benefits
Retrospective Review	**Inpatient classification** Managed by MCO: • MH Inpatient • MH Residential (18-21 only) • Inpatient Substance Abuse Residential Detoxification • Substance Abuse Rehabilitation • SA Residential Treatment Facility Managed by DSAMH: • N/A **Outpatient classification** Managed by MCO: • Partial Hospitalization	**Inpatient classification** Managed by MCO: • MH Inpatient • Inpatient Substance Abuse Residential Detoxification Managed by DSAMH: • N/A **Outpatient classification** Managed by MCO: • N/A	**Inpatient classification** Managed by MCO: • NA Managed by DSCYF: • N/A **Outpatient classification** Managed by MCO: • Neuropsychological Testing

NQTL	Adult	PROMISE	Children
Retrospective Review *(continued)*	• Intensive Outpatient Services • ECT • Genetic Testing • TMS(Transcranial Magnetic Stimulation) Managed by DSAMH: • N/A **Emergency care classification** Managed by MCO: • Emergency care benefits	Managed by DSAMH: • N/A **Emergency care classification** Managed by MCO: • Emergency care benefits	• Psychological Testing • Initial Assessment/Intake • BH Specialist/Treatment Plan Development Managed by DSCYF: • N/A **Emergency care classification** Managed by MCO: • Emergency care benefits
Requiring Use of Preferred Drugs before Approving Non-preferred Agents (Step Therapy)	**Prescription drugs classification** Managed by MCO: • Certain MH/SUD prescription drugs	**Prescription drugs classification** Managed by MCO: • Certain MH/SUD prescription drugs	**Prescription drugs classification** Managed by MCO: • Certain MH/SUD prescription drugs
Experimental/Investigational Determinations	**Inpatient classification** Managed by MCO: • Experimental or investigational MH/SUD benefits are not covered benefits **Outpatient classification** Managed by MCO: • Experimental or investigational MH/SUD benefits are not covered benefits **Emergency care classification** Managed by MCO: • Experimental or investigational MH/SUD benefits are not covered benefits	**Inpatient classification** Managed by MCO: • Experimental or investigational MH/SUD benefits are not covered benefits **Outpatient classification** Managed by MCO: • Experimental or investigational MH/SUD benefits are not covered benefits **Emergency care classification** Managed by MCO: • Experimental or investigational MH/SUD benefits are not covered benefits	**Inpatient classification** Managed by MCO: • Experimental or investigational MH/SUD benefits are not covered benefits **Outpatient classification** Managed by MCO: • Experimental or investigational MH/SUD benefits are not covered benefits **Emergency care classification** Managed by MCO: • Experimental or investigational MH/SUD benefits are not covered benefits

NQTL	Adult	PROMISE	Children
Experimental/Investigational Determinations *(continued)*	**Prescription drug classification** Managed by MCO: • Experimental or investigational MH/SUD benefits are not covered benefits	**Prescription drug classification** Managed by MCO: • Experimental or investigational MH/SUD benefits are not covered benefits	**Prescription drug classification** Managed by MCO: • Experimental or investigational MH/SUD benefits are not covered benefits
Provider Reimbursement (in-network)*	**Inpatient classification** Managed by MCO: • All in-network MH/SUD inpatient providers **Outpatient classification** Managed by MCO: • All in-network MH/SUD outpatient providers **Emergency care classification** Managed by MCO: • All in-network MH/SUD emergency care providers **Prescription drugs classification** Managed by MCO: • All in-network MH/SUD prescription drug providers	**Inpatient classification** Managed by MCO: • All in-network MH/SUD inpatient providers **Outpatient classification** Managed by MCO: • All in-network MH/SUD outpatient providers **Emergency care classification** Managed by MCO: • All in-network MH/SUD emergency care providers **Prescription drugs classification** Managed by MCO: • All in-network MH/SUD prescription drug providers	**Inpatient classification** Managed by MCO: • All in-network MH/SUD inpatient providers **Outpatient classification** Managed by MCO: • All in-network MH/SUD outpatient providers **Emergency care classification** Managed by MCO: • All in-network MH/SUD emergency care providers **Prescription drugs classification** Managed by MCO: • All in-network MH/SUD prescription drug providers
Usual, Customary and Reasonable (UCR) Determinations (out-of-network provider reimbursement)	**Inpatient classification** Managed by MCO: • All out-of-network MH/SUD inpatient providers **Outpatient classification** Managed by MCO: • All out-of-network MH/SUD outpatient providers	**Inpatient classification** Managed by MCO: • All out-of-network MH/SUD inpatient providers **Outpatient classification** Managed by MCO: • All out-of-network MH/SUD outpatient providers	**Inpatient classification** Managed by MCO: • All out-of-network MH/SUD inpatient providers **Outpatient classification** Managed by MCO: • All out-of-network MH/SUD outpatient providers

NQTL	Adult	PROMISE	Children
Usual, Customary and Reasonable (UCR) Determinations (out-of-network provider reimbursement) ***(continued)***	**Emergency care classification** Managed by MCO: • All out-of-network MH/SUD emergency care providers	**Emergency care classification** Managed by MCO: • All out-of-network MH/SUD emergency care providers	**Emergency care classification** Managed by MCO: • All out-of-network MH/SUD emergency care providers
Provider Enrollment and Credentialing Requirements*	**Inpatient classification** Managed by MCO: • All contracted MH/SUD inpatient providers **Outpatient classification** Managed by MCO: • All contracted MH/SUD outpatient providers **Emergency care classification** Managed by MCO: • All contracted MH/SUD emergency care providers **Prescription drugs classification** Managed by MCO: • All contracted MH/SUD prescription drug providers	**Inpatient classification** Managed by MCO: • All contracted MH/SUD inpatient providers **Outpatient classification** Managed by MCO: • All contracted MH/SUD outpatient providers **Emergency care classification** Managed by MCO: • All contracted MH/SUD emergency care providers **Prescription drugs classification** Managed by MCO: • All contracted MH/SUD prescription drug providers	**Inpatient classification** Managed by MCO: • All contracted MH/SUD inpatient providers **Outpatient classification** Managed by MCO: • All contracted MH/SUD outpatient providers **Emergency care classification** Managed by MCO: • All contracted MH/SUD emergency care providers **Prescription drugs classification** Managed by MCO: • All contracted MH/SUD prescription drug providers
Geographic Restrictions	**Inpatient classification** Managed by MCO: • All contracted MH/SUD inpatient providers **Outpatient classification** Managed by MCO: • All contracted MH/SUD outpatient providers	**Inpatient classification** Managed by MCO: • All contracted MH/SUD inpatient providers **Outpatient classification** Managed by MCO: • All contracted MH/SUD outpatient providers	**Inpatient classification** Managed by MCO: • All contracted MH/SUD inpatient providers **Outpatient classification** Managed by MCO: • All contracted MH/SUD outpatient providers

NQTL	Adult	PROMISE	Children
Geographic Restrictions *(continued)*	**Emergency care classification** Managed by MCO: • All contracted MH/SUD emergency care providers	**Emergency care classification** Managed by MCO: • All contracted MH/SUD emergency care providers	**Emergency care classification** Managed by MCO: • All contracted MH/SUD emergency care providers
Standards for Out-of-Network Coverage	**Inpatient classification** Managed by MCO: • All out-of-network MH/SUD inpatient providers **Outpatient classification** Managed by MCO: • All out-of-network MH/SUD outpatient providers **Emergency care classification** Managed by MCO: • All out-of-network MH/SUD emergency care providers	**Inpatient classification** Managed by MCO: • All out-of-network MH/SUD inpatient providers **Outpatient classification** Managed by MCO: • All out-of-network MH/SUD outpatient providers **Emergency care classification** Managed by MCO: • All out-of-network MH/SUD emergency care providers	**Inpatient classification** Managed by MCO: • All out-of-network MH/SUD inpatient providers **Outpatient classification** Managed by MCO: • All out-of-network MH/SUD outpatient providers **Emergency care classification** Managed by MCO: • All out-of-network MH/SUD emergency care providers
Drugs not Covered Pursuant to Section 1927(d)(2)	**Prescription drugs classification** Managed by MCO: • Certain MH/SUD prescription drugs	**Prescription drugs classification** Managed by MCO: • Certain MH/SUD prescription drugs	**Prescription drugs classification** Managed by MCO: • Certain MH/SUD prescription drugs
Early Refills	**Prescription drugs classification** Managed by MCO: • All MH/SUD prescription drugs	**Prescription drugs classification** Managed by MCO: • All MH/SUD prescription drugs	**Prescription drugs classification** Managed by MCO: • All MH/SUD prescription drugs
Copay Tiers	**Prescription drugs classification** Managed by MCO: • All MH/SUD prescription drugs	**Prescription drugs classification** Managed by MCO: • All MH/SUD prescription drugs	**Prescription drugs classification** Managed by MCO: • All MH/SUD prescription drugs

NQTL	Adult	PROMISE	Children
Pharmacy Lock-In	**Prescription drugs classification** Managed by MCO: • Certain MH/SUD prescription drugs	**Prescription drugs classification** Managed by MCO: • Certain MH/SUD prescription drugs	**Prescription drugs classification** Managed by MCO: • Certain MH/SUD prescription drugs

* = NQTL applies to MH/SUD FFS benefits managed by the State (DSAMH, DSCYF).
N/A = Not applicable

APPENDIX 2B – LIST OF NQTLS AND MH/SUD BENEFITS BY CLASSIFICATION AND BENEFIT PACKAGE GROUP – UNITEDHEALTHCARE COMMUNITY PLAN

NQTL	Adult	PROMISE	Children
Development/Modification/Addition of Medical Necessity/ Medical Appropriateness/Level of Care Guidelines*	**Inpatient classification** Managed by MCO: • Inpatient Mental Health • MH Residential (18-21 only) Managed by DSAMH: • N/A **Outpatient classification** Managed by MCO: • MH Partial Hospitalization • MH Intensive Outpatient • Outpatient ECT • Psychological/Neuropsychological testing	**Inpatient classification** Managed by MCO: • Inpatient Mental Health • MH Residential (18-21 only) Managed by DSAMH: • N/A **Outpatient classification** Managed by MCO: • N/A Managed by DSAMH: PROMISE benefits: • Benefits Counseling • Community Psychiatric Support and Treatment (CPST) • Psychosocial Rehabilitation (PSR) • Small Group and Supported	**Inpatient classification** Managed by MCO: • N/A Managed by DSCYF: • Inpatient Mental Health • Psychiatric Residential Treatment Facility • Residential Rehabilitation Services, Mental Health • Crisis Residential Bed Services **Outpatient classification** Managed by MCO: • MH Intensive Outpatient • Psychological Testing • Neuropsychological Testing • Behavioral Health Assessment • Specialist/Treatment Plan Development Managed by DSCYF: • MH Partial Hospitalization • Outpatient, Mental Health • Therapeutic Support for Families (CPST, FPSS, and PSR) • Evidence Based Practices (MST, DBT, FBMHS, FFT) • Day Treatment, Mental Health

NQTL	Adult	PROMISE	Children
Development/Modification/Addition of Medical Necessity/ Medical Appropriateness/Level of Care Guidelines* *(continued)*		Employment • Personal Care • Peer Supports • Individual Supported Employment • Assertive Community Treatment (ACT) • Nursing Services • Respite Services • Community Transition Services (Client Assistance Funds) • IADLs • Non-medical transport • Group Homes, Community Based Residential Alternatives, SAP • Care Management MH • Psychotherapy with patient • Psychoanalysis • Health and Behavior Assessment • Health and Behavior Intervention • Psychiatric Diagnostic Evaluations	• Crisis Intervention Services
Prior Authorization*	**Inpatient classification** Managed by MCO: • Inpatient Mental Health • MH Residential (18-21 only) Managed by DSAMH: • N/A	**Inpatient classification** Managed by MCO: • Inpatient Mental Health • MH Residential (18-21 only) Managed by DSAMH: • N/A	**Inpatient classification** Managed by MCO: • N/A Managed by DSCYF: • Inpatient Mental Health • Psychiatric Residential Treatment Facility

NQTL	Adult	PROMISE	Children
Prior Authorization* ***(continued)***			• Residential Rehabilitation Services, Mental Health • Crisis Residential Bed Services
	Outpatient classification Managed by MCO: • MH Partial Hospitalization • MH Intensive Outpatient • Outpatient ECT • Psychological/Neuropsychological testing • Peer Support Services • Ambulatory Detox	**Outpatient classification** Managed by MCO: • N/A	**Outpatient classification** Managed by MCO: • MH Intensive Outpatient • Psychological Testing • Neuropsychological Testing • Behavioral Health Assessment • Specialist/Treatment Plan Development
	Managed by DSAMH: • N/A	Managed by DSAMH: PROMISE • Benefits Counseling • Community Psychiatric Support and Treatment (CPST) • Psychosocial Rehabilitation (PSR) • Small Group and Supported Employment • Personal Care • Peer Supports • Individual Supported Employment • Assertive Community Treatment (ACT) • Nursing Services • Respite Services • Community Transition Services (Client Assistance Funds) • IADLs • Non-medical Transport	Managed by DSCYF: • MH Partial Hospitalization • Outpatient, Mental Health • Therapeutic Support for Families (CPST, FPSS, and PSR) • Evidence Based Practices (MST, DBT, FBMHS, FFT) • Day Treatment, Mental Health • Crisis Intervention Services • Parent-Child Interaction Therapy (PCIT)

NQTL	Adult	PROMISE	Children
Prior Authorization* ***(continued)***		• Group Homes, Community Based Residential Alternatives, SAP • Care Management MH • Psychotherapy with patient • Psychoanalysis • Health and Behavior Assessment • Health and Behavior Intervention • Psychiatric Diagnostic Evaluations	
	Prescription drugs classification Managed by MCO: • Certain MH/SUD prescription drugs	**Prescription drugs classification** Managed by MCO: • Certain MH/SUD prescription drugs	**Prescription drugs classification** Managed by MCO: • Certain MH/SUD prescription drugs
Concurrent Review*	**Inpatient classification** Managed by MCO: • MH Inpatient • MH Residential (18-21 only) • Inpatient Substance Abuse Residential Detoxification • Substance Abuse Rehabilitation • SA Residential Treatment Facility Managed by DSAMH: • N/A	**Inpatient classification** Managed by MCO: • MH Inpatient • MH Residential (18-21 only) • Medically managed intensive inpatient detoxification Managed by DSAMH: • Subacute Detoxification, Inpatient • Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) • Alcohol and Drug Treatment	**Inpatient classification** Managed by MCO: • N/A Managed by DSCYF: • Inpatient Mental Health • Psychiatric Residential Treatment Facility • Residential Rehabilitation Services, Mental Health • Crisis Residential Bed Services

NQTL	Adult	PROMISE	Children
Concurrent Review* ***(continued)***		Program (Residential Rehab)	• Residential Rehabilitation Services, Substance Use
	Outpatient classification Managed by MCO: • MH Partial Hospitalization • MH Intensive Outpatient • Outpatient ECT • Psychological/Neuropsychological testing • Peer Support Services • Ambulatory Detox • SA Partial Hospitalization • SA Intensive Outpatient Managed by DSAMH: • N/A	**Outpatient classification** Managed by MCO: • N/A Managed by DSAMH: PROMISE • Benefits Counseling • Community Psychiatric Support and Treatment (CPST) • Psychosocial Rehabilitation (PSR) • Small Group and Supported Employment • Personal Care • Peer Supports • Individual Supported Employment • Assertive Community Treatment (ACT) • Nursing Services • Respite Services • Community Transition Services (Client Assistance Funds) • IADLs	**Outpatient classification** Managed by MCO: • Psychological Testing • Neuropsychological Testing • Behavioral Health Assessment • MH Intensive Outpatient • Specialist/Treatment Plan Development • SA Intensive Outpatient Managed by DSCYF: • MH Partial Hospitalization • Outpatient, Mental Health • Therapeutic Support for Families (CPST, FPSS, and PSR) • Evidence Based Practices (MST, DBT, FBMHS, FFT) • Day Treatment, Mental Health • MH Partial Hospitalization • Crisis Intervention Services • Parent-Child Interaction Therapy (PCIT) • Outpatient, Substance Use

NQTL	Adult	PROMISE	Children
Concurrent Review* ***(continued)***		• Non-medical Transport • Group Homes, Community Based Residential Alternatives, SAP • Care Management MH/SUD • Psychotherapy with patient • Psychoanalysis • Health and Behavior assessment • Health and Behavior intervention • Psychiatric Diagnostic Evaluations • Alcohol and/or drug abuse service; detoxification (residential addiction program outpatient) • Alcohol and/or drug services, intensive outpatient	
	Emergency care classification Managed by MCO: • Emergency care benefits	**Emergency care classification** Managed by MCO: • Emergency care benefits	**Emergency care classification** Managed by MCO: • Emergency care benefits
Retrospective Review	**Inpatient classification** Managed by MCO: • Same list as concurrent review Managed by DSAMH: • N/A **Outpatient classification** Managed by MCO: • Same list as concurrent review Managed by DSAMH:	**Inpatient classification** Managed by MCO: • Same list as concurrent review Managed by DSAMH: • N/A **Outpatient classification** Managed by MCO: • N/A Managed by DSAMH:	**Inpatient classification** Managed by MCO: • NA Managed by DSCYF: • N/A **Outpatient classification** Managed by MCO: • Same list as concurrent review Managed by DSAMH:

NQTL	Adult	PROMISE	Children
Retrospective Review *(continued)*	• N/A **Emergency care classification** Managed by MCO: • Emergency care benefits	• N/A **Emergency care classification** Managed by MCO: • Emergency care benefits	• N/A **Emergency care classification** Managed by MCO: • Emergency care benefits
Requiring Use of Preferred Drugs before Approving Non-preferred Agents (Step Therapy)	**Prescription drugs classification** Managed by MCO: • Certain MH/SUD prescription drugs	**Prescription drugs classification** Managed by MCO: • Certain MH/SUD prescription drugs	**Prescription drugs classification** Managed by MCO: • Certain MH/SUD prescription drugs
Experimental/Investigational Determinations	**Inpatient classification** Managed by MCO: • Experimental or investigational MH/SUD benefits are not covered benefits **Outpatient classification** Managed by MCO: • Experimental or investigational MH/SUD benefits are not covered benefits **Emergency care classification** Managed by MCO: • Experimental or investigational MH/SUD benefits are not covered benefits **Prescription drug classification** Managed by MCO: • Experimental or investigational MH/SUD benefits are not covered benefits	**Inpatient classification** Managed by MCO: • Experimental or investigational MH/SUD benefits are not covered benefits **Outpatient classification** Managed by MCO: • Experimental or investigational MH/SUD benefits are not covered benefits **Emergency care classification** Managed by MCO: • Experimental or investigational MH/SUD benefits are not covered benefits **Prescription drug classification** Managed by MCO: • Experimental or investigational MH/SUD benefits are not covered benefits	**Inpatient classification** Managed by MCO: • Experimental or investigational MH/SUD benefits are not covered benefits **Outpatient classification** Managed by MCO: • Experimental or investigational MH/SUD benefits are not covered benefits **Emergency care classification** Managed by MCO: • Experimental or investigational MH/SUD benefits are not covered benefits **Prescription drug classification** Managed by MCO: • Experimental or investigational MH/SUD benefits are not covered benefits
Provider Reimbursement (in-network)*	**Inpatient classification** Managed by MCO: • All in-network MH/SUD inpatient	**Inpatient classification** Managed by MCO: • All in-network MH/SUD inpatient	**Inpatient classification** Managed by MCO: • All in-network MH/SUD inpatient

NQTL	Adult	PROMISE	Children
Provider Reimbursement (in-network)* ***(continued)***	providers **Outpatient classification** Managed by MCO: • All in-network MH/SUD outpatient providers **Emergency care classification** Managed by MCO: • All in-network MH/SUD emergency care providers **Prescription drugs classification** Managed by MCO: • All in-network MH/SUD prescription drug providers	providers **Outpatient classification** Managed by MCO: • All in-network MH/SUD outpatient providers **Emergency care classification** Managed by MCO: • All in-network MH/SUD emergency care providers **Prescription drugs classification** Managed by MCO: • All in-network MH/SUD prescription drug providers	providers **Outpatient classification** Managed by MCO: • All in-network MH/SUD outpatient providers **Emergency care classification** Managed by MCO: • All in-network MH/SUD emergency care providers **Prescription drugs classification** Managed by MCO: • All in-network MH/SUD prescription drug providers
Usual, Customary and Reasonable (UCR) Determinations (out-of-network provider reimbursement)	**Inpatient classification** Managed by MCO: • All out-of-network MH/SUD inpatient providers **Outpatient classification** Managed by MCO: • All out-of-network MH/SUD outpatient providers **Emergency care classification** Managed by MCO: • All out-of-network MH/SUD emergency care providers	**Inpatient classification** Managed by MCO: • All out-of-network MH/SUD inpatient providers **Outpatient classification** Managed by MCO: • All out-of-network MH/SUD outpatient providers **Emergency care classification** Managed by MCO: • All out-of-network MH/SUD emergency care providers	**Inpatient classification** Managed by MCO: • All out-of-network MH/SUD inpatient providers **Outpatient classification** Managed by MCO: • All out-of-network MH/SUD outpatient providers **Emergency care classification** Managed by MCO: • All out-of-network MH/SUD emergency care providers
Provider Enrollment and Credentialing Requirements*	**Inpatient classification** Managed by MCO: • All contracted MH/SUD inpatient providers	**Inpatient classification** Managed by MCO: • All contracted MH/SUD inpatient providers	**Inpatient classification** Managed by MCO: • All contracted MH/SUD inpatient providers

NQTL	Adult	PROMISE	Children
Provider Enrollment and Credentialing Requirements* ***(continued)***	**Outpatient classification** Managed by MCO: • All contracted MH/SUD outpatient providers **Emergency care classification** Managed by MCO: • All contracted MH/SUD emergency care providers **Prescription drugs classification** Managed by MCO: • All contracted MH/SUD prescription drug providers	**Outpatient classification** Managed by MCO: • All contracted MH/SUD outpatient providers **Emergency care classification** Managed by MCO: • All contracted MH/SUD emergency care providers **Prescription drugs classification** Managed by MCO: • All contracted MH/SUD prescription drug providers	**Outpatient classification** Managed by MCO: • All contracted MH/SUD outpatient providers **Emergency care classification** Managed by MCO: • All contracted MH/SUD emergency care providers **Prescription drugs classification** Managed by MCO: • All contracted MH/SUD prescription drug providers
Geographic Restrictions	**Inpatient classification** Managed by MCO: • All contracted MH/SUD inpatient providers **Outpatient classification** Managed by MCO: • All contracted MH/SUD outpatient providers **Emergency care classification** Managed by MCO: • All contracted MH/SUD emergency care providers	**Inpatient classification** Managed by MCO: • All contracted MH/SUD inpatient providers **Outpatient classification** Managed by MCO: • All contracted MH/SUD outpatient providers **Emergency care classification** Managed by MCO: • All contracted MH/SUD emergency care providers	**Inpatient classification** Managed by MCO: • All contracted MH/SUD inpatient providers **Outpatient classification** Managed by MCO: • All contracted MH/SUD outpatient providers **Emergency care classification** Managed by MCO: • All contracted MH/SUD emergency care providers
Standards for Out-of-Network Coverage	**Inpatient classification** Managed by MCO: • All out-of-network MH/SUD inpatient providers	**Inpatient classification** Managed by MCO: • All out-of-network MH/SUD inpatient providers	**Inpatient classification** Managed by MCO: • All out-of-network MH/SUD inpatient providers

NQTL	Adult	PROMISE	Children
Standards for Out-of-Network Coverage *(continued)*	**Outpatient classification** Managed by MCO: • All out-of-network MH/SUD outpatient providers **Emergency care classification** Managed by MCO: • All out-of-network MH/SUD emergency care providers	**Outpatient classification** Managed by MCO: • All out-of-network MH/SUD outpatient providers **Emergency care classification** Managed by MCO: • All out-of-network MH/SUD emergency care providers	**Outpatient classification** Managed by MCO: • All out-of-network MH/SUD outpatient providers **Emergency care classification** Managed by MCO: • All out-of-network MH/SUD emergency care providers
Drugs not Covered Pursuant to Section 1927(d)(2)	**Prescription drugs classification** Managed by MCO: • Certain MH/SUD prescription drugs	**Prescription drugs classification** Managed by MCO: • Certain MH/SUD prescription drugs	**Prescription drugs classification** Managed by MCO: • Certain MH/SUD prescription drugs
Early Refills	**Prescription drugs classification** Managed by MCO: • All MH/SUD prescription drugs	**Prescription drugs classification** Managed by MCO: • All MH/SUD prescription drugs	**Prescription drugs classification** Managed by MCO: • All MH/SUD prescription drugs
Copay Tiers	**Prescription drugs classification** Managed by MCO: • All MH/SUD prescription drugs	**Prescription drugs classification** Managed by MCO: • All MH/SUD prescription drugs	**Prescription drugs classification** Managed by MCO: • All MH/SUD prescription drugs
Pharmacy Lock-In	**Prescription drugs classification** Managed by MCO: • Certain MH/SUD prescription drugs	**Prescription drugs classification** Managed by MCO: • Certain MH/SUD prescription drugs	**Prescription drugs classification** Managed by MCO: • Certain MH/SUD prescription drugs

* = NQTL applies to MH/SUD FFS benefits managed by the State (DSAMH, DSCYF).
N/A = Not applicable