



HEALTH CARE  
AUTHORITY

# **Mental Health Parity and Addiction Equity Act (MHPAEA) Phase 1 and 2 Combined Compliance Report for New Mexico Turquoise Care**

**November 22, 2024**

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## Introduction

In 2016, the Centers for Medicare & Medicaid Services (CMS) published 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).<sup>1</sup> As required by that rule, in 2018 and 2019 the State of New Mexico (State) submitted to CMS and published public reports documenting compliance of its Medicaid/CHIP managed care program, Centennial Care and Centennial Care 2.0.

The State implemented another iteration of its Medicaid/CHIP managed care program, called Turquoise Care, on July 1, 2024. As a result of the Turquoise Care procurement, the Turquoise Care MCOs include two incumbents, Centennial Care 2.0 MCOs (Blue Cross Blue Shield of New Mexico [BCBSNM] and Presbyterian Health Plan [PHP]) and two new MCOs (Molina Healthcare of New Mexico [Molina] and United Healthcare Community Plan of New Mexico [United]). Of note, both Molina and United were Centennial Care MCOs and included in the State's original parity compliance report.

As approved by CMS, the State is conducting the parity analysis of Turquoise Care in two phases. Phase 1 included analysis of aggregate lifetime and annual dollar limits (AL/ADLs), financial requirements (FRs), quantitative treatment limitations (QTLs), and several non-quantitative treatment limitations (NQTLs) (see Table 2 in the section below entitled "Non-Quantitative Treatment Limitations"). Phase 2 included an analysis of several additional NQTLs (see Table 2). This report documents the combined results of the Phase 1 and 2 analyses. This combined final report will be submitted to CMS and posted at <https://www.hca.nm.gov/public-information-and-communications/centennial-care/reports/>.

## Methodology

In general, as with previous parity analyses, New Mexico Health Care Authority's (HCA's) approach to conducting the parity analysis for Turquoise Care 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*"<sup>2</sup> 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 [IP], outpatient [OP], prescription drugs [PD], and emergency care [EC]) and mapping MH/SUD and M/S benefits to the four classifications.

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

<sup>2</sup> 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>

5. Determining whether any AL/ADLs apply to MH/SUD benefits.
6. Determining whether any FRs or QTLs apply to MH/SUD benefits and testing the applicable FR/QTL for compliance with parity.
7. Identifying and analyzing NQTLs that apply to MH/SUD benefits.

The remainder of this report is organized according to this framework, to illustrate HCA's approach to each step of the parity analysis.

## Turquoise Care Benefit Packages

As with Centennial Care and Centennial Care 2.0, the four Turquoise Care MCOs will provide integrated physical health, behavioral health, pharmacy, and long-term services and supports (LTSS) statewide. This includes providing Community Benefits to members who meet nursing facility level of care (LOC) criteria. There are two different Community Benefit service delivery models: Agency Based Community Benefit and Self-Directed Community Benefit.

In addition to the LTSS provided by the MCOs, Turquoise Care MCO members will have access to home- and community-based services (HCBS) provided on a fee-for-service (FFS) basis (carved out of the MCOs) through the State's four 1915(c) waiver programs for individuals who meet an intermediate care facility for individuals with intellectual disabilities (ICF/IID) LOC:

**Developmental Disabilities Waiver (DDW)** – serves individuals with autism, intellectual disabilities, or persons developmental disabilities ages 0 or older who meet an ICF/IID LOC.

**Mi Via Waiver (MVW)** – serves individuals who are medically fragile, with autism, with intellectual disabilities, or with developmental disabilities ages 0 or older who meet an ICF/IID LOC.

**Medically Fragile Waiver (MFW)** – serves individuals who are medically fragile ages 0 or older who meet an ICF/IID LOC.

**Supports Waiver (SW)** – serves individuals with autism, developmental disabilities, or intellectual disabilities ages 0 or older who meet an ICF/IID LOC.

HCA identified 22 Turquoise Care benefit packages (listed in Table 1 below) subject to the requirements in the final Medicaid/CHIP parity rule. Three of these benefit packages: Child(ren) in State Custody (CISC) SW adult, and SW child) are new for Turquoise Care. See Appendix 1 for detailed information on the benefit packages, including a mapping of MH, SUD, and M/S benefits by classification for each benefit package. In each benefit package, New Mexico covers MH and SUD benefits in each classification in which there is an M/S benefit (all four benefit classifications).

As noted in Table 1 below, HCA rolled up the benefit packages into two main groups: (1) MCO members receiving all of their benefits through the MCO, and (2) MCO members receiving benefits through the MCO and also enrolled in a 1915(c) waiver program managed by HCA on a FFS basis. Note that while, per the Medicaid/CHIP parity rule, HCA is only responsible for conducting the parity analysis for Group 2 (since the MCOs provide an integrated benefit package to Group 1, but 1915(c) benefits are carved out of the MCO benefit package for Group 2), since the MCO information, and the compliance determinations, were the same for both Group 1 and Group 2, this report addresses both groups.

**Table 1 – Turquoise Care Benefit Packages**

**Group 1: Members receiving all their Medicaid/CHIP benefits through the MCO**

1. Medicaid adult (21 and over)
2. Medicaid child (under 21)
3. Child in State Custody (CISC – up to age 18)
4. Pregnant women adult (21 and over)
5. Pregnant women child (under 21)
6. Medicaid adult (21 and over) receiving the agency-based community benefit
7. Medicaid child (under 21) receiving the agency-based community benefit
8. Medicaid adult (21 and over) receiving the self-directed community benefit
9. Medicaid child (under 21) receiving the self-directed community benefit
10. ABP MCO adult (21 and over)
11. ABP MCO child (19-20)
12. CHIP child (0-18)<sup>3</sup>
13. 1115 working disabled (WDI) adult (21 and over)
14. 1115 WDI child (18-20)

**Group 2: Members receiving Medicaid/CHIP services through the MCO and enrolled in a 1915(c) waiver program managed by HCA as FFS**

15. DDW adult (21 and over)
16. DDW child (under 21)
17. MVW adult (21 and over)
18. MVW child (under 21)
19. MFW adult (21 and over)
20. MFW child (under 21)
21. SW adult (21 and over)
22. SW child (under 21)

## Definition of MH/SUD and M/S Benefits

For the purposes of the parity analysis, as with its prior parity analyses, HCA 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.

For purposes of the parity analysis,<sup>4</sup> HCA defined MH/SUD benefits as services for the conditions listed in ICD-10-CM, Chapter 5 “Mental, Behavioral, and Neurodevelopmental Disorders” with the exception of:

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<sup>3</sup> As noted above, New Mexico’s CHIP program is a Medicaid expansion.

<sup>4</sup> 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.

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).

HCA defined M/S benefits 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, HCA determined that, because members must meet ICF/IID LOC 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 benefits.

HCA 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 MH) condition is the focus of services. HCA based this exclusion on the structure of the ICD-10-CM.

HCA 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 International Classification of Diseases, with the exception of mental retardation, senility, and organic brain syndrome.”<sup>5</sup> 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 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).<sup>6</sup>

## Benefit Classifications

HCA defined each of the four benefit classifications identified in the Medicaid/CHIP parity rule as described below. These definitions are consistent with the benefit classifications used for the State’s prior parity analyses.

**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 (including group home) that is not a foster home or non-institutional residence.

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<sup>5</sup> State Medicaid Manual – Chapter 4 Services,  
<https://www.cms.gov/regulations-and-guidance/guidance/manuals/paper-based-manuals-items/cms021927>

<sup>6</sup> 42 CFR § 435.1010 - DEFINITIONS RELATING TO INSTITUTIONAL STATUS,  
<https://www.ecfr.gov/current/title-42/section-435.1010>

**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, 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 member, or for the member 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.

## Aggregate Lifetime and Annual Dollar Limits

HCA does not apply AL/ADLs to Medicaid/CHIP MH/SUD benefits in any benefit package, and the Turquoise Care MCO contract prohibits the application of AL/ADLs to any MH/SUD benefit. Therefore, HCA determined that the Turquoise Care MCOs comply with parity requirements for AL/ADLs.

## Financial Requirements and Quantitative Treatment Limitations

### Financial Requirements

No FRs are applied by HCA or the MCOs to MH/SUD benefits in the inpatient, outpatient, emergency care, or prescription drug classifications of any benefit package. Therefore, HCA determined that the Turquoise Care MCOs comply with parity requirements for financial requirements.

### Quantitative Treatment Limitations

HCA does not apply any QTLs in any classification to MH/SUD benefits that cannot be exceeded when medically necessary, and the Turquoise Care MCO contract prohibits the application of QTLs to any MH/SUD benefit. Therefore, HCA determined the Turquoise Care MCOs comply with parity requirements for QTLs.

## Non-Quantitative Treatment Limitations

### Identifying NQTLs, Information Collection, and NQTL Analysis

Based on the NQTLs previously analyzed by the State, which were based on the illustrative list of NQTLs in the final Medicaid/parity rule and the parity toolkit, HCA identified NQTLs that could be applied by the MCOs to MH/SUD benefits for Turquoise Care. This list included NQTLs



related to utilization management, medical necessity criteria/LOC guidelines, provider network, and prescription drugs. As noted above, based on discussion with CMS, HCA conducted the NQTL analysis in two phases. See Table 2 below.

HCA developed NQTL questionnaires for each NQTL and classification (as applicable) to collect information from the MCOs and the State to conduct the NQTL analysis, including information on processes, strategies, and evidentiary standards. Each questionnaire included prompts to help the MCOs and the State provide the information needed and to support consistency in the information gathered across the MCOs. HCA instructed the MCOs/State that if there were differences in how the MCO/State applies the NQTL by benefit package, the MCO/State must complete a separate questionnaire for each benefit package. If there were no differences between benefit packages, the MCO/State could complete one questionnaire for all applicable benefit packages. For each of the Phase 1 and 2 NQTLs, all the MCOs (and the State for prior authorization [PA]/concurrent review [CR] and Medical Necessity Criteria [MNC]) completed one questionnaire for all applicable benefit packages.

HCA reviewed the information provided by each MCO and conducted follow-up with each MCO, including interviews and written follow-up. HCA used the information from the completed MCO and State questionnaires to determine whether the processes, strategies, evidentiary standards, and other factors used in the application of each NQTL to MH/SUD benefits were comparable and no more stringently applied to MH/SUD benefits than to M/S benefits. Since Turquoise Care has not been implemented yet for Phase 1 and newly implemented for Phase 2, the analysis largely focused on comparability and stringency in writing. After implementation, the MCOs and HCA will collect and analyze data to determine ongoing parity compliance, including compliance in operation.

## List of MH/SUD NQTLs

To support the NQTL analysis, HCA developed the following definitions for each of the NQTLs analyzed.

### Phase 1 NQTLs

#### **Prior Authorization (PA)**

Review by the MCO to determine whether benefit coverage will be authorized. May include review of eligibility, coverage, medical necessity, medical appropriateness, and/or LOC. May occur prior to service delivery or after a designated number of services.

#### **Concurrent Review (CR)**

Review by the MCO to determine whether benefit coverage will be authorized beyond the initial authorization (see PA above) within the same benefit year or treatment episode. May include review of eligibility, coverage, medical necessity, medical appropriateness, and/or LOC.

#### **Retrospective Review (RR)**

Review initiated by the MCO as a utilization management strategy to determine whether benefits will be covered after services have been delivered. May include review of eligibility, coverage, medical necessity, medical appropriateness, and/or LOC.

#### **Formulary Development**

Formulary development is the process used to determine how prescription drugs are covered (preferred or non-preferred). The prescriber must supply information to support the medical necessity of non-preferred drugs.

### **Prior Authorization – Prescription Drugs**

Prior authorization of prescription drugs is a prospective review to determine if a particular drug will be authorized. May include review of eligibility, coverage, medical necessity, and/or medical appropriateness.

### **Step Therapy – Prescription Drugs**

Step therapy (ST) is the practice of initiating drug therapy with a less costly, clinically appropriate drug before progressing to a more costly drug if medically necessary.

## **Phase 2 NQTLs**

### **Development/Modification/Addition of Medical Necessity/Level of Care Guidelines**

The development, modification or addition of criteria against which service authorization requests are compared to determine whether the service is appropriate for the evaluation and treatment of a disease, condition, illness or injury and consistent with the applicable standard of care.

### **Provider Enrollment and Credentialing Requirements**

The process by which providers are enrolled in Medicaid by the State and determined qualified by the MCO to participate as a contract provider in the MCO's provider network.

### **Provider Reimbursement – In-Network**

The process by which provider reimbursement rates are established for contract providers.

### **Out-of-Network Requirements**

The limitation on access to and coverage of benefits from non-contract providers.

Table 2 lists the NQTLs and identifies whether the NQTL was analyzed as part of Phase 1 or Phase 2, the applicable benefit package group, and the applicable classification. A “✓” indicates the NQTL applies to a certain benefit package group and classification. Grayed out sections indicate the NQTL does not apply to a certain benefit package or classification.

A list of the MH/SUD benefits to which each NQTL applies is included in Appendix 2. Information on how each NQTL meets parity requirements is included in Appendices 3–12.

**Table 2 – NQTLs by Phase and Classification**

| Phase and NQTL Name  | Benefit Package Group and Applicable Classifications |    |    |    |         |    |    |    |
|--|--|----|----|----|---------|----|----|----|
|  | Group 1  |    |    |    | Group 2 |    |    |    |
|  | IP   | OP | EC | PD | IP      | OP | EC | PD |
| <b>Phase 1</b>   |  |    |    |    |         |    |    |    |
| Prior Authorization  | ✓  | ✓  |    | ✓  | ✓       | ✓  |    | ✓  |
| Concurrent Review  | ✓  | ✓  |    |    | ✓       | ✓  |    |    |
| Retrospective Review   | ✓  |    | ✓  |    | ✓       |    | ✓  |    |
| Formulary Development  |  |    |    | ✓  |         |    |    | ✓  |
| Step Therapy   |  |    |    | ✓  |         |    |    | ✓  |
| <b>Phase 2</b>   |  |    |    |    |         |    |    |    |
| Development/Modification/Addition of Medical Necessity Criteria/Level of Care Guidelines | ✓  | ✓  |    |    | ✓       | ✓  |    |    |
| Provider Enrollment and Credentialing  | ✓  | ✓  | ✓  | ✓  | ✓       | ✓  | ✓  | ✓  |
| Provider Reimbursement – In-Network  | ✓  | ✓  | ✓  | ✓  | ✓       | ✓  | ✓  | ✓  |
| Out-of-Network Requirements  | ✓  | ✓  | ✓  |    | ✓       | ✓  | ✓  |    |

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

## Summary and Findings

Key findings of the parity analysis are summarized below.

**Aggregate Lifetime and Annual Dollar Limits (AL/ADLs):** HCA and the Turquoise Care MCOs will not apply aggregate lifetime or annual dollar limits on MH/SUD benefits; therefore, HCA determined the MCOs comply with parity requirements for AL/ADLs.

**Financial Requirements (FRs):** HCA and the MCOs will not apply copayments or other financial requirements to any MH/SUD benefits; therefore, HCA determined the MCOs comply with parity requirements for FRs.

**Quantitative Treatment Limitations (QTLs):** HCA and the MCOs will not impose quantitative treatment limitations on MH/SUD benefits; therefore, HCA determined the MCOs comply with parity requirements for QTLs.

**Non-Quantitative Treatment Limitations (NQTLs): Prior Authorization in the Inpatient and Outpatient Classifications:** Each of the Turquoise Care MCOs apply PA in the inpatient and outpatient classifications for both MH/SUD and M/S benefits to ensure that members receive clinically appropriate, medically necessary, and/or cost-effective care at the right level of care. In determining the need for a clinical PA and establishing the clinical PA criteria for inpatient and outpatient benefits, the MCOs utilize nationally accepted treatment guidelines (e.g., MCG, ASAM, InterQual), peer-reviewed clinical literature, utilization and cost reports, and State and federal guidelines. Each MCO uses the same process to review clinical PA requests for inpatient and outpatient MH/SUD and M/S benefits including the method of document submission, documentation requirements, timeline for reviewing authorizations, qualifications of reviewers, method for ensuring consistent application of review criteria, consequence for failure to obtain required PA, and notice and appeals processes. HCA determined the PA processes,

strategies, and evidentiary standards are comparable and no more stringently applied to MH/SUD benefits than to M/S benefits in the inpatient and outpatient classifications for all four MCOs. While some MH/SUD benefits are authorized for shorter time periods than M/S benefits, the authorization timeframes are based on nationally recognized criteria and data (e.g., utilization, cost reports) as reported by the MCO.

**NQTLs – Concurrent Review in the Inpatient and Outpatient Classifications:** Each of the Turquoise Care MCOs apply CR in the inpatient and outpatient classifications for both MH/SUD and M/S benefits to ensure that members receive clinically appropriate, medically necessary, and/or cost-effective care at the right level of care. In determining the need for a clinical CR and establishing the clinical CR criteria for inpatient and outpatient benefits, the MCOs utilize nationally accepted treatment guidelines (e.g., MCG, ASAM, InterQual), peer-reviewed clinical literature, utilization, and cost reports as well as State and federal guidelines to determine which benefits are subject to clinical CR. Each MCO uses the same process to review clinical CR requests for inpatient and outpatient MH/SUD and M/S benefits including the method of document submission, documentation requirements, timeline for reviewing authorizations, qualifications of reviewers, method for ensuring consistent application of review criteria, consequence for failure to obtain required CR, and notice and appeals processes. HCA determined the CR processes, strategies, and evidentiary standards are comparable and no more stringently applied to MH/SUD benefits than to M/S benefits in the inpatient and outpatient classifications for all four MCOs. While CR of some MH/SUD benefits is more frequent than for M/S benefits, the frequency of CR is based on nationally recognized criteria and data (e.g., utilization, cost reports) as reported by the MCO.

**NQTLs – Retrospective Review in the Inpatient and Emergency Care Classification:** Each of the Turquoise Care MCOs confirmed that retrospective review is not applied as a limit to MH/SUD benefits in the emergency care or inpatient classification or any other classification. RR is applied as an exception to PA and CR for inpatient and outpatient benefits and was analyzed as part of those NQTLs.

**NQTLs – Formulary Development in the Prescription Drug Classification:** Each of the Turquoise Care MCOs administers a drug formulary to ensure that members receive clinically appropriate, cost-effective medications. As required by the Turquoise Care contract, each MCO maintains an open formulary for MH/SUD drugs. The MCOs and their Pharmacy & Therapeutics (P&T) Committee determine formulary placement using their professional experience and current clinical evidence, including FDA-approved prescribing information, nationally recognized clinical guidelines, peer-reviewed literature, and evidence regarding the relative safety, efficacy, and effectiveness of prescribed drugs within a class or classes of prescribed drugs. Each MCO's P&T Committee meets at least quarterly to evaluate the placement of medications on the MCO formulary based on clinical evidence as well as cost. Each MCO's P&T Committee includes both physical and behavioral health providers. The processes, strategies, and evidentiary standards for formulary development are comparable and no more stringently applied to MH/SUD drugs than to M/S drugs.

**NQTLs – Prior Authorization of Prescription Drugs:** Each of the Turquoise Care MCOs requires clinical PA of certain MH/SUD and M/S prescription drugs to ensure that members receive clinically appropriate, medically necessary, and/or cost-effective care. Prior to implementation, new or changed clinical PA criteria are reviewed and approved by the MCO's P&T Committee, which includes both physical and behavioral health providers. In determining the need for a clinical PA and establishing the clinical PA criteria for a drug, the MCOs use FDA-approved prescribing information, nationally accepted treatment guidelines, peer-reviewed

clinical literature, as well as State and federal guidelines to determine which drugs are subject to clinical PA. Each MCO applies clinical PA to a smaller percentage of MH/SUD drugs as compared to M/S drugs, which indicates that clinical PA is not applied more stringently to MH/SUD drugs. Each MCO uses the same process to review clinical PA requests for MH/SUD and M/S drugs, including the method of document submission, documentation requirements, timeline for reviewing authorizations, qualifications of reviewers, method for ensuring consistent application of review criteria, consequence for failure to obtain required PA, and notice and appeals processes. The processes, strategies, and evidentiary standards for clinical PA are comparable and no more stringently applied to MH/SUD drugs than to M/S drugs.

**NQTLs – Step Therapy in the Prescription Drug Classification:** Two of the Turquoise Care MCOs (Molina and PHP) require Step Therapy (ST) for certain prescription drugs to ensure that members receive clinically appropriate, medically necessary, and/or cost-effective care. Prior to implementation, new or changed ST criteria are reviewed and approved by the MCO's P&T Committee, which includes both physical and behavioral health providers. In determining the need for ST and the ST criteria for a drug, the MCO uses FDA-approved prescribing information, nationally accepted treatment guidelines, clinical literature, as well as State and federal guidelines. For both MCOs that require ST, the MCO applies ST to a smaller percentage of MH/SUD drugs as compared to M/S drugs, which indicates that ST is not applied more stringently to MH/SUD drugs. The processes, strategies, and evidentiary standards for ST are comparable and no more stringently applied to MH/SUD drugs than to M/S drugs.

**NQTLs – Development/Modification/Addition of Medical Necessity Criteria/Level of Care (LOC) Guidelines in the Inpatient and Outpatient Classifications:** Each of the Turquoise Care MCO plans use evidenced-based MNC to minimize administrative burden for providers for both inpatient and outpatient MH/SUD and M/S benefits. Each plan uses MNC to ensure services are tailored to the unique needs of individuals with behavioral health needs. For inpatient MH/SUD and M/S benefits, all plans use a similar hierarchy of MNC to review authorization requests - beginning with State-developed MNC and State-prescribed definitions for MNC and followed by national guidelines. Two MCOs also use plan-developed clinical policy/criteria MNC which is reviewed and approved by HCA. For outpatient MH/SUD benefits, three MCOs use a similar hierarchy of MNC to review authorization requests by beginning with State-developed MNC and State-prescribed definition for MNC, followed by national guidelines. One MCO applies national guidelines first, followed by state-developed MNC and state-prescribed definitions for MNC. This MCO applies the same hierarchy to both MH/SUD and M/S benefits. For outpatient M/S benefits, all four plans use a similar hierarchy of MNC starting with State-developed MNC and state-prescribed definitions for MNC, followed by national guidelines. For both MH/SUD and M/S outpatient benefits, all four MCOs also use plan-developed clinical policy/criteria MNC which is reviewed and approved by HCA. All MCOs utilize similar processes and evidentiary standards to develop and review non-State criteria both inpatient and outpatient MH/SUD and M/S benefits. The plans also all use a committee format for review of proposed criteria changes and related policies and all MNC are reviewed at least annually. Across all four MCOs, HCA determined that the plans' medical necessity processes, strategies, and evidentiary standards are comparable and no more stringently applied to MH/SUD inpatient and outpatient benefits than to M/S inpatient and outpatient benefits.

**NQTLs – Provider Enrollment and Credentialing in the Inpatient, Outpatient, Emergency Care, and Prescription Drug Classifications:** Each of the Turquoise Care MCOs require all providers of MH/SUD and M/S benefits to meet enrollment, credentialing, and re-credentialing requirements to participate in the plan's network. All four plans use the same reasons to apply

enrollment and credentialing limits to all network providers - to meet federal enrollment, credentialing, and contracting requirements, to meet network adequacy requirements, and to ensure provider qualifications and capabilities to deliver high quality of care. Providers who do not meet these requirements are denied participation in or terminated from the plan's network and are not eligible for reimbursement as a plan network provider. Additionally, all plans utilize federal law and NCQA credentialing accreditation guidelines as evidentiary standards to support these strategies.

All providers must be enrolled as a Medicaid provider with the State and meet the plan's credentialing requirements in order to participate as an MCO network provider. Each plan's credentialing process begins with the submission of an application and a single, standardized credentialing form from the provider. The plans are working with CAQH and the other New Mexico plans to streamline credentialing and recredentialing processes and develop a set of credentialing and recredentialing common standards. Once determined, the four plans will contract with a single, centralized, NCQA-approved Credentialing Verification Vendor (CVV) to process provider applications and perform primary source verifications for credentialing and recredentialing. The MCOs ask for similar sets of information in conjunction with the contracting process. Although there are differences among the plans and for two plans there are differences between the information required for MH/SUD and M/S providers, the requirements for providers of MH/SUD benefits are comparable and no more stringently applied than requirements for providers of M/S benefits across the four MCOs.

All of the plans assess each provider setting for HCBS providers as part of the credentialing and recredentialing process for both MH/SUD and M/S. One plan sets additional requirements for M/S Agency Based Community Benefit providers only and three of the plans verify the use of Electronic Visit Verification (EVV) for early and periodic screening, diagnosis and treatment MH/SUD and M/S providers and for MS community benefit and home health providers. Across all four plans, the provider network management area presents provider applications and credentialing information to the plan's credentialing committee for consideration and the plan's Chief Medical Officer and/or Medical Director is directly responsible for the overall credentialing program/process. All plans follow the same timelines for credentialing decisions: Decisions are issued within 10 calendar days of the credentialing committee's decision; the entire credentialing process is completed within 30 days; and re-credentialing is conducted at least every three years. Providers who do not meet credentialing or re-credentialing requirements are denied participation in or terminated from the plan's network and are not eligible for reimbursement as a plan network provider. Providers have the right to appeal any denial for participation or termination. All MCOs review the number and percentage of MH/SUD and M/S providers, by provider type, which are denied participation in or terminated from the plan's network.

All MCOs conduct audits of practitioner/provider credentialing/re-credentialing files to ensure that practitioners/providers are not discriminated against, and standards/regulations are upheld and monitor grievances and complaints for allegations of discrimination. All four plans enter provider contract information into the claims system no later than 15 days after a provider is credentialed and ensures entry into the claims payment system with an effective date no later than the date the provider was approved for credentialing or the provider agreement effective date. HCA determined that the enrollment, credentialing, and re-credentialing processes for providers of MH/SUD benefits are comparable and no more stringently applied than processes for providers of M/S benefits across all four MCOs.

### **NQTLs – Provider Reimbursement – In-Network in the Inpatient and Outpatient**

**Classifications:** Each of the Turquoise Care MCOs establishes reimbursement rates for all contract providers of inpatient, outpatient, and emergency care MH/SUD and M/S services and does so to manage the costs of these services, to comply with State contract requirements that apply to provider reimbursement, and to ensure member access to services. For all services reimbursed at a FFS payment methodology, each MCO establishes provider reimbursement rates for contract providers of MH/SUD and M/S services at or above the State’s Medicaid fee schedule, with the exception of Federally Qualified Health Centers; Rural Health Clinics; and Indian Health Services, Tribal Health Providers, and Urban Indian Health Providers (I/T/Us). The plans all incorporate the “at or above the State’s Medicaid fee schedule” into its provider reimbursement methodology for value-based payments, alternative payment models, and risk-based reimbursements. Each MCO uses the same processes to establish reimbursement rates for inpatient, outpatient and emergency care MH/SUD and M/S benefits, beginning with the State’s Medicaid fee schedule. If not available, the plans use Medicaid rates when available or analyzes publicly available state/national market data to develop a reimbursement rate. In addition to reviewing rate indexes, all plans use similar strategies in the development of alternative payment mechanisms to incorporate performance incentives. Each MCO applies rate decreases to contracted providers of MH/SUD and M/S services when directed to by the State. Two MCOs also apply a rate decrease when existing provider rates for MH/SUD and M/S services are higher than the Medicaid fee schedule; one MCO applies a rate decrease when the plan reviews the provider contract to confirm the contract language supports a decrease in the rates or if an amendment to the contract is required; and one MCO reported they evaluate reimbursement rates at contract renewal. Across all four MCOs, HCA determined that the processes, strategies, and evidentiary standards for establishing reimbursement rates are comparable and no more stringently applied to contract providers of MH/SUD services than to contract providers of M/S services.

### **NQTLs – Provider Reimbursement – In-Network in the Prescription Drugs Classification:**

Each of the Turquoise Care MCOs administers the prescription drug provider reimbursement NQTL to ensure that members have access to medications. Each MCO’s pharmacy reimbursement practices are applied to all prescription drug claims, are structured and maintained to align with the MCO’s contract with the State and are intended to fairly reimburse providers while controlling prescription drug costs. Each MCO reimburses pharmacy providers for ingredient costs using accepted industry pricing benchmarks, including Federal Upper Limit, National Average Drug Acquisition Cost, Wholesale Acquisition Cost (WAC), and Average Wholesale Price (AWP), as well as the MCO’s maximum Allowable Cost (MAC) program and the pharmacy’s submitted usual and customary costs. All MCOs pay a professional dispensing fee (PDF) based on the class of pharmacy as defined by the State (\$10.30 for independent community-based pharmacies and per contract terms for others). While reimbursement (ingredient cost and PDF) may vary between pharmacies due to contracting, reimbursement rates (including 340B considerations) for a given pharmacy are determined in the same way for MH/SUD and M/S drugs. The plans all update pricing benchmarks in the claims system on a regular basis. Depending on the industry pricing benchmark used, rates are updated either weekly or monthly. WAC and AWP rates are updated at the manufacturers’ discretion. Two of the MCO indicate that providers may appeal the MCO’s MAC rate for any applicable drug. Across all four MCOs, HCA determined that the processes, strategies, and evidentiary standards for prescription drug provider reimbursement are comparable and no more stringently applied to MH/SUD drugs than to M/S drugs.

### **NQTLs – Out-of-Network Requirements in the Inpatient, Outpatient and Prescription**

**Drugs Classifications:** Each of the Turquoise Care MCOs uniformly apply the same limitations regarding access to and coverage of MH/SUD and M/S benefits from non-contract providers (i.e., out-of-network providers) and all plans apply the same evidentiary standards to both MH/SUD and M/S benefits. Evidentiary standards include compliance with federal law and regulations such as 42 CFR 438.206 (availability of services), 42 CFR 438.207 (assurances of adequate capacity and services), 42 CFR 438.214 (selection and retention of providers), and 42 CFR 438.12 (prohibition of provider discrimination). Each MCO's non-contract provider strategy is applied in the same way and at the same frequency to both MH/SUD and M/S benefits. The non-contract provider strategy goal for both MH/SUD and M/S benefits is to maximize the use of credentialed and contracted providers to help ensure service quality. For both MH/SUD and M/S benefits, all four MCOs deny coverage and payment for a benefit provided by a non-contract provider unless coverage is required by State and/or federal law, or if the benefit provided by the non-contract provider is approved by the MCO. In cases where services requested from a non-contract provider are denied, the MCOs send the same notices and provides the same member appeals pathways for both MH/SUD and M/S benefits. The MCOs also use the same review process for evaluating member and provider data on out-of-network service denials and appeals. The processes for reviewing and approving the use of non-contract providers is applied in the same way to both MH/SUD and M/S benefits across all four MCOs. Services provided by non-contract providers for both MH/SUD and M/S benefits are approved in cases where: 1) coverage is federally required and/or required by the State of New Mexico (e.g., emergency services, post-stabilization services, transition of care, family planning providers, I/T/Us, continuity of care requirements for CISC); 2) the MCO is unable to meet the State and federal network adequacy standards (e.g., appointment availability, time/distance standards) or meet the medically necessary service needs of a member in-network; or 3) the MCO is unable to provide access to specialty care providers with the necessary qualifications or certifications. For MH/SUD and M/S services requested from non-contract providers, the MCOs all use the same prior authorization process and timelines for reviewing the request. For requests that are approved, the same single-case agreement contracting, reimbursement, and member cost-sharing standards are applied. Across all four MCOs, HCA determined that the processes, strategies, and evidentiary standards for out-of-network requirements in the Inpatient, Outpatient and Prescription Drugs Classifications are comparable and no more stringently applied to MH/SUD drugs than to M/S drugs.

HCA will monitor parity compliance and will update its analysis as needed to reflect changes that may impact compliance with parity.



# Appendix 1

## Benefit Mapping Grid

| Appendix 1 – Benefit Package and Services Grid |               |                                 | Key   |                                |  |                                 |                                      |   |   |   |  |                       |                         |                         |                            |                              |
|--|---------------|---------------------------------|---|--------------------------------|--|---------------------------------|--------------------------------------|---|---|---|--|-----------------------|-------------------------|-------------------------|----------------------------|------------------------------|
| Turquoise Care MCO Managed Services            |               |                                 | Covered for the specified population  |                                |  |                                 |                                      |   |   |   |  |                       |                         |                         |                            |                              |
|  |               |                                 | Not covered for the specified population  |                                |  |                                 |                                      |   |   |   |  |                       |                         |                         |                            |                              |
|  |               |                                 | Covered if member meets additional eligibility criteria   |                                |  |                                 |                                      |   |   |   |  |                       |                         |                         |                            |                              |
|  |               |                                 | Group 1: Members receiving services through the MCO and not enrolled in a 1915(c) waiver program managed by HCA as FFS. |                                |  |                                 |                                      |   |   |   |  |                       |                         |                         |                            |                              |
| Benefits                                       | MH/SUD or M/S | Classification (IP, OP, PD, EC) | 1<br>Medicaid Adult (21+)   | 2<br>Medicaid Child (Under 21) | 3<br>Children in State Custody (CISC-Up to 18) | 4<br>Pregnant Women Adult (21+) | 5<br>Pregnant Women Child (Under 21) | 6<br>Medicaid adults (21+) receiving community benefit (CB) | 7<br>Medicaid Child (Under 21) receiving CB | 8<br>Medicaid Adult (21+) receiving self-directed (SD) CB | 9<br>Medicaid Child (Under 21) receiving SD CB | 10<br>ABP Adult (21+) | 11<br>ABP Child (19-20) | 12<br>CHIP Child (0-18) | 13<br>1115 WDI-Adult (21+) | 14<br>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 (including groups homes) 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, 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 member, or for the member 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 Turquoise Care Program<br>(non-community services included under TC) |   |        |            |   |    |    |    |    |   |    |   |    |    |    |    |   |    |
|--|---|--------|------------|---|----|----|----|----|---|----|---|----|----|----|----|---|----|
| A.1 General Covered Services   |   |        |            |   |    |    |    |    |   |    |   |    |    |    |    |   |    |
| A.1.1  | Ambulatory surgical services  | M/S    | OP         | ✓ | ✓  | ✓  | EC | ✓  | ✓ | ✓  | ✓ | ✓  | NA | NA | ✓  | ✓ | ✓  |
| A.1.2  | Anesthesia services   | M/S    | IP, OP     | ✓ | ✓  | ✓  | EC | ✓  | ✓ | ✓  | ✓ | ✓  | NA | NA | ✓  | ✓ | ✓  |
| A.1.3  | Transportation services (medical)   | M/S    | OP         | ✓ | ✓  | ✓  | EC | ✓  | ✓ | ✓  | ✓ | ✓  | NA | NA | ✓  | ✓ | ✓  |
| A.1.4  | Community intervener  | M/S    | OP         | ✓ | ✓  | ✓  | EC | ✓  | ✓ | ✓  | ✓ | ✓  | NA | NA | ✓  | ✓ | ✓  |
| A.1.5  | Dental services   | M/S    | OP         | ✓ | ✓  | ✓  | EC | ✓  | ✓ | ✓  | ✓ | ✓  | NA | NA | ✓  | ✓ | ✓  |
| A.1.6  | Radiology facilities  | M/S    | OP         | ✓ | ✓  | ✓  | EC | ✓  | ✓ | ✓  | ✓ | ✓  | NA | NA | ✓  | ✓ | ✓  |
| A.1.7  | Dialysis services   | M/S    | IP, OP     | ✓ | ✓  | ✓  | ✓  | ✓  | ✓ | ✓  | ✓ | ✓  | NA | NA | ✓  | ✓ | ✓  |
| A.1.8  | Durable medical equipment and medical supplies  | M/S    | IP, OP, EC | ✓ | ✓  | ✓  | EC | ✓  | ✓ | ✓  | ✓ | ✓  | NA | NA | ✓  | ✓ | ✓  |
| A.1.9  | Emergency services (including emergency room services and psychiatric ER)                                 | Both   | EC         | ✓ | ✓  | ✓  | EC | ✓  | ✓ | ✓  | ✓ | ✓  | NA | NA | ✓  | ✓ | ✓  |
| A.1.10   | Home health services (limitations apply)  | M/S    | OP         | ✓ | ✓  | ✓  | EC | ✓  | ✓ | ✓  | ✓ | ✓  | NA | NA | ✓  | ✓ | ✓  |
| A.1.11   | Hospice services  | M/S    | IP, OP     | ✓ | ✓  | ✓  | EC | ✓  | ✓ | ✓  | ✓ | ✓  | NA | NA | ✓  | ✓ | ✓  |
| A.1.12   | Hospital outpatient services  | Both   | OP         | ✓ | ✓  | ✓  | EC | ✓  | ✓ | ✓  | ✓ | ✓  | NA | NA | ✓  | ✓ | ✓  |
| A.1.13   | Inpatient hospital services (General Acute Care)  | Both   | IP         | ✓ | ✓  | ✓  | EC | ✓  | ✓ | ✓  | ✓ | ✓  | NA | NA | ✓  | ✓ | ✓  |
| A.1.14   | Laboratory services   | Both   | IP, OP, EC | ✓ | ✓  | ✓  | EC | ✓  | ✓ | ✓  | ✓ | ✓  | NA | NA | ✓  | ✓ | ✓  |
| A.1.15   | Nursing facility services   | M/S    | IP         | ✓ | ✓  | ✓  | EC | ✓  | ✓ | ✓  | ✓ | ✓  | NA | NA | ✓  | ✓ | ✓  |
| A.1.16   | Long Term Institutional Nursing Facility (INF) Custodial Care   | M/S    | IP         | ✓ | NA | NA | ✓  | NA | ✓ | NA | ✓ | NA | ✓  | NA | NA | ✓ | NA |
| A.1.17   | Physical health services  | M/S    | IP, OP, EC | ✓ | ✓  | ✓  | EC | ✓  | ✓ | ✓  | ✓ | ✓  | NA | NA | ✓  | ✓ | ✓  |
| A.1.18   | Prosthetics and orthotics   | M/S    | IP, OP, EC | ✓ | ✓  | ✓  | EC | ✓  | ✓ | ✓  | ✓ | ✓  | NA | NA | ✓  | ✓ | ✓  |
| A.1.19   | Rehabilitation option services  | M/S    | IP, OP     | ✓ | ✓  | ✓  | EC | ✓  | ✓ | ✓  | ✓ | ✓  | NA | NA | ✓  | ✓ | ✓  |
| A.1.20   | Swing bed hospital services   | M/S    | IP         | ✓ | ✓  | ✓  | EC | ✓  | ✓ | ✓  | ✓ | ✓  | NA | NA | ✓  | ✓ | ✓  |
| A.1.21   | Tobacco cessation treatment and services (may include counseling, prescription medications, and products) | Both   | OP         | ✓ | ✓  | ✓  | ✓  | ✓  | ✓ | ✓  | ✓ | ✓  | NA | NA | ✓  | ✓ | ✓  |
| A.1.22   | Transplant services   | M/S    | IP, OP, EC | ✓ | ✓  | ✓  | EC | ✓  | ✓ | ✓  | ✓ | ✓  | NA | NA | ✓  | ✓ | ✓  |
| A.1.23   | Nutrition services  | M/S    | OP         | ✓ | ✓  | ✓  | ✓  | ✓  | ✓ | ✓  | ✓ | ✓  | NA | NA | ✓  | ✓ | ✓  |
| A.1.24   | Podiatry  | M/S    | IP, OP     | ✓ | ✓  | ✓  | EC | ✓  | ✓ | ✓  | ✓ | ✓  | NA | NA | ✓  | ✓ | ✓  |
| A.1.25   | Vision care services  | M/S    | IP, OP, EC | ✓ | ✓  | ✓  | EC | ✓  | ✓ | ✓  | ✓ | ✓  | NA | NA | ✓  | ✓ | ✓  |
| A.1.26   | Inpatient specialty hospital and separate inpatient rehab units in acute care hospital                    | M/S    | IP         | ✓ | ✓  | ✓  | EC | ✓  | ✓ | ✓  | ✓ | ✓  | NA | NA | ✓  | ✓ | ✓  |
| A.1.27   | Chronic care management services  | Both   | IP, OP     | ✓ | ✓  | ✓  | EC | ✓  | ✓ | ✓  | ✓ | ✓  | NA | NA | ✓  | ✓ | ✓  |
| A.1.28   | Crisis services, including telephone, clinic, mobile, and stabilization centers                           | MH/SUD | OP, IP, EC | ✓ | ✓  | ✓  | EC | ✓  | ✓ | ✓  | ✓ | ✓  | NA | NA | ✓  | ✓ | ✓  |
| A.1.29   | Crisis triage centers, including residential  | MH/SUD | OP, IP, EC | ✓ | ✓  | ✓  | EC | ✓  | ✓ | ✓  | ✓ | ✓  | NA | NA | ✓  | ✓ | ✓  |

| Benefits   |  | MH/SUD or M/S | Classification (IP, OP, PD, EC) | 1 Medicaid Adult (21+) | 2 Medicaid Child (Under 21) | 3 Children in State Custody (CISC-Up to 18) | 4 Pregnant Women Adult (21+) | 5 Pregnant Women Child (Under 21) | 6 Medicaid adults (21+) receiving community benefit (CB) | 7 Medicaid Child (Under 21) receiving CB | 8 Medicaid Adult (21+) receiving self-directed (SD) CB | 9 Medicaid Child (Under 21) receiving SD CB | 10 ABP Adult (21+) | 11 ABP Child (19-20) | 12 CHIP Child (0-18) | 13 1115 WDI-Adult (21+) | 14 1115 WDI-Child (18-20) |
|------------|--|---------------|---------------------------------|------------------------|-----------------------------|---|------------------------------|-----------------------------------|--|--|--|---|--------------------|----------------------|----------------------|-------------------------|---------------------------|
| A.1.30     | Experimental or investigational procedures, technology or non-drug therapies (available to the extent specified in NMAC 8.325.6.9 or its successor regulation) | Both          | OP, IP                          | ✓                      | ✓                           | ✓   | EC                           | ✓                                 | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | ✓                    | ✓                       | ✓                         |
| A.1.31     | Federally qualified health center services   | M/S           | OP                              | ✓                      | ✓                           | ✓   | EC                           | ✓                                 | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | ✓                    | ✓                       | ✓                         |
| A.1.32     | Hearing aids and related evaluations   | M/S           | OP                              | ✓                      | ✓                           | ✓   | EC                           | ✓                                 | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | ✓                    | ✓                       | ✓                         |
| A.1.33     | IV outpatient services   | M/S           | OP                              | ✓                      | ✓                           | ✓   | EC                           | ✓                                 | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | ✓                    | ✓                       | ✓                         |
| A.1.34     | Occupational services  | M/S           | OP                              | ✓                      | ✓                           | ✓   | EC                           | ✓                                 | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | ✓                    | ✓                       | ✓                         |
| A.1.35     | Physical therapy   | M/S           | OP, IP                          | ✓                      | ✓                           | ✓   | EC                           | ✓                                 | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | ✓                    | ✓                       | ✓                         |
| A.1.36     | Physician visits   | M/S           | OP, IP                          | ✓                      | ✓                           | ✓   | EC                           | ✓                                 | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | ✓                    | ✓                       | ✓                         |
| A.1.37     | Rural health clinics services  | Both          | OP                              | ✓                      | ✓                           | ✓   | EC                           | ✓                                 | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | ✓                    | ✓                       | ✓                         |
| A.1.38     | Speech and language therapy  | M/S           | OP                              | ✓                      | ✓                           | ✓   | EC                           | ✓                                 | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | ✓                    | ✓                       | ✓                         |
| A.1.39     | Supportive housing (limitations apply)   | MH/SUD        | OP                              | ✓                      | ✓                           | ✓   | EC                           | ✓                                 | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | ✓                    | ✓                       | ✓                         |
| A.1.40     | Transportation services (medical)  | M/S           | OP, EC                          | ✓                      | ✓                           | ✓   | EC                           | ✓                                 | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | ✓                    | ✓                       | ✓                         |
| <b>A.2</b> | <b>Specific Case Management Programs</b>   |               |                                 |                        |                             |   |                              |                                   |  |  |  |   |                    |                      |                      |                         |                           |
| A.2.1      | CM for adults with developmental disabilities  | M/S           | OP                              | EC                     | NA                          | 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                              | ✓                      | ✓                           | ✓   | ✓                            | ✓                                 | NA   | NA                                       | NA   | NA  | NA                 | NA                   | ✓                    | ✓                       | ✓                         |
| A.2.3      | CM for traumatically brain injured adults  | M/S           | OP                              | EC                     | NA                          | 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                          | 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                          | EC  | NA                           | EC                                | NA   | NA                                       | NA   | NA  | NA                 | NA                   | NA                   | NA                      | EC                        |
| A.2.6      | Transitional care management services  | Both          | OP, IP                          | ✓                      | ✓                           | ✓   | NA                           | EC                                | NA   | NA                                       | NA   | NA  | NA                 | NA                   | NA                   | NA                      | EC                        |
| <b>A.3</b> | <b>Pharmacy Services</b>   | Both          | PD                              | ✓                      | ✓                           | ✓   | ✓                            | ✓                                 | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | ✓                    | ✓                       | ✓                         |
| <b>A.4</b> | <b>EPSDT</b>   |               |                                 |                        |                             |   |                              |                                   |  |  |  |   |                    |                      |                      |                         |                           |
| A.4.1      | EPSDT nutritional counseling and services  | M/S           | OP                              | NA                     | ✓                           | ✓   | NA                           | ✓                                 | NA   | ✓  | NA   | ✓   | NA                 | NA                   | ✓                    | NA                      | ✓                         |
| A.4.2      | EPSDT personal care  | M/S           | OP                              | NA                     | ✓                           | ✓   | NA                           | ✓                                 | NA   | ✓  | NA   | ✓   | NA                 | NA                   | ✓                    | NA                      | ✓                         |
| A.4.3      | EPSDT private duty nursing   | M/S           | OP                              | NA                     | ✓                           | ✓   | NA                           | ✓                                 | NA   | ✓  | NA   | ✓   | NA                 | NA                   | ✓                    | NA                      | ✓                         |
| A.4.4      | EPSDT rehabilitation services  | M/S           | OP                              | NA                     | ✓                           | ✓   | NA                           | ✓                                 | NA   | ✓  | NA   | ✓   | NA                 | NA                   | ✓                    | NA                      | ✓                         |
| A.4.5      | School-based services  | Both          | OP                              | NA                     | ✓                           | ✓   | NA                           | ✓                                 | NA   | ✓  | NA   | ✓   | NA                 | NA                   | ✓                    | NA                      | ✓                         |
| A.4.6      | Tot-to-teen health checks  | M/S           | OP                              | NA                     | ✓                           | ✓   | NA                           | ✓                                 | NA   | ✓  | NA   | ✓   | NA                 | NA                   | ✓                    | NA                      | ✓                         |
| <b>A.5</b> | <b>Preventive Physical Health Services</b>   |               |                                 |                        |                             |   |                              |                                   |  |  |  |   |                    |                      |                      |                         |                           |
| A.5.1      | Initial assessment   | M/S           | IP, OP                          | ✓                      | ✓                           | ✓   | ✓                            | ✓                                 | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | ✓                    | ✓                       | ✓                         |
| A.5.2      | Family planning  | M/S           | IP, OP                          | ✓                      | ✓                           | ✓   | ✓                            | ✓                                 | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | ✓                    | ✓                       | ✓                         |
| <b>A.6</b> | <b>Telemedicine Services</b>   | Both          | IP, OP, EC                      | ✓                      | ✓                           | ✓   | ✓                            | ✓                                 | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | ✓                    | ✓                       | ✓                         |
| <b>A.7</b> | <b>Behavioral Health Services</b>  |               |                                 |                        |                             |   |                              |                                   |  |  |  |   |                    |                      |                      |                         |                           |
| A.7.1      | Applied behavior analysis  | M/S           | OP                              | ✓                      | ✓                           | ✓   | ✓                            | ✓                                 | NA   | ✓  | NA   | ✓   | NA                 | NA                   | ✓                    | NA                      | ✓                         |
| A.7.2      | Assertive community treatment services (ACT)   | MH/SUD        | OP                              | ✓                      | ✓                           | ✓   | ✓                            | ✓                                 | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | ✓                    | ✓                       | ✓                         |
| A.7.3      | Behavioral health respite  | MH/SUD        | OP                              | NA                     | ✓                           | ✓   | NA                           | ✓                                 | NA   | ✓  | NA   | ✓   | NA                 | NA                   | ✓                    | NA                      | ✓                         |
| A.7.4      | Comprehensive community support services   | MH/SUD        | OP                              | ✓                      | ✓                           | ✓   | ✓                            | ✓                                 | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | ✓                    | ✓                       | ✓                         |
| A.7.5      | Family support (Behavioral Health)   | MH/SUD        | OP                              | ✓                      | ✓                           | ✓   | ✓                            | ✓                                 | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | ✓                    | ✓                       | ✓                         |
| A.7.6      | Outpatient hospital based psychiatric services and partial hospitalization   | MH/SUD        | OP                              | ✓                      | ✓                           | ✓   | ✓                            | ✓                                 | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | ✓                    | ✓                       | ✓                         |
| A.7.7      | Outpatient and partial hospitalization in freestanding psychiatric hospital  | MH/SUD        | IP, OP                          | ✓                      | ✓                           | ✓   | ✓                            | ✓                                 | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | ✓                    | ✓                       | ✓                         |
| A.7.8      | Intensive outpatient (IOP) services  | MH/SUD        | OP                              | ✓                      | ✓                           | ✓   | ✓                            | ✓                                 | NA   | ✓  | NA   | ✓   | NA                 | NA                   | ✓                    | ✓                       | ✓                         |
| A.7.9      | Medication assisted treatment for opioid addiction   | MH/SUD        | OP                              | ✓                      | ✓                           | ✓   | ✓                            | ✓                                 | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | ✓                    | ✓                       | ✓                         |
| A.7.10     | Psychological rehabilitation services  | MH/SUD        | OP                              | ✓                      | ✓                           | ✓   | ✓                            | ✓                                 | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | ✓                    | ✓                       | ✓                         |
| A.7.11     | Recovery services  | MH/SUD        | OP                              | ✓                      | ✓                           | ✓   | ✓                            | ✓                                 | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | ✓                    | ✓                       | ✓                         |
| A.7.12     | Accredited residential SUD treatment centers   | MH/SUD        | IP                              | ✓                      | NA                          | NA  | ✓                            | ✓                                 | NA   | NA                                       | NA   | NA  | NA                 | NA                   | NA                   | NA                      | NA                        |
| A.7.13     | Behavioral health professional services: outpatient behavioral health and substance abuse services   | MH/SUD        | OP                              | ✓                      | ✓                           | ✓   | ✓                            | ✓                                 | NA   | NA                                       | NA   | NA  | NA                 | NA                   | NA                   | NA                      | NA                        |
| A.7.14     | Family peer support services   | MH/SUD        | OP                              | NA                     | ✓                           | ✓   | ✓                            | ✓                                 | NA   | NA                                       | NA   | NA  | NA                 | NA                   | NA                   | NA                      | NA                        |
| A.7.15     | High fidelity wraparound services  | MH/SUD        | OP                              | NA                     | ✓                           | ✓   | NA                           | ✓                                 | NA   | NA                                       | NA   | NA  | NA                 | NA                   | NA                   | NA                      | NA                        |
| A.7.16     | Institutions for mental disease (IMD) for SUD only   | MH/SUD        | IP                              | ✓                      | ✓                           | ✓   | ✓                            | ✓                                 | NA   | NA                                       | NA   | NA  | NA                 | NA                   | NA                   | NA                      | NA                        |
| A.7.17     | Non-accredited residential treatment centers and group homes   | MH/SUD        | IP                              | ✓                      | ✓                           | ✓   | ✓                            | ✓                                 | NA   | NA                                       | NA   | NA  | NA                 | NA                   | NA                   | NA                      | NA                        |

| Benefits   |  | MH/SUD or M/S  | Classification (IP, OP, PD, EC) | 1 Medicaid Adult (21+) | 2 Medicaid Child (Under 21) | 3 Children in State Custody (CISC-Up to 18) | 4 Pregnant Women Adult (21+) | 5 Pregnant Women Child (Under 21) | 6 Medicaid adults (21+) receiving community benefit (CB) | 7 Medicaid Child (Under 21) receiving CB | 8 Medicaid Adult (21+) receiving self-directed (SD) CB | 9 Medicaid Child (Under 21) receiving SD CB | 10 ABP Adult (21+) | 11 ABP Child (19-20) | 12 CHIP Child (0-18) | 13 1115 WDI-Adult (21+) | 14 1115 WDI-Child (18-20) |  |
|------------|--|--|---------------------------------|------------------------|-----------------------------|---|------------------------------|-----------------------------------|--|--|--|---|--------------------|----------------------|----------------------|-------------------------|---------------------------|--|
| A.7.18     | Outpatient health care professional services   | Both   | OP                              | ✓                      | ✓                           | ✓   | ✓                            | ✓                                 | NA   | NA                                       | NA   | NA  | NA                 | NA                   | NA                   | NA                      | NA                        |  |
| A.7.19     | Peer support services  | MH/SUD   | OP                              | ✓                      | ✓                           | ✓   | ✓                            | ✓                                 | NA   | NA                                       | NA   | NA  | NA                 | NA                   | NA                   | NA                      | NA                        |  |
| A.7.20     | Screening, brief intervention, referral to treatment (SBIRT) services                            | MH/SUD   | OP                              | ✓                      | ✓                           | ✓   | ✓                            | ✓                                 | NA   | NA                                       | NA   | NA  | NA                 | NA                   | NA                   | NA                      | NA                        |  |
| <b>A.8</b> | <b>Behavioral Health – EPSDT Services</b>  |  |                                 |                        |                             |   |                              |                                   |  |  |  |   |                    |                      |                      |                         |                           |  |
| A.8.1      | Accredited residential treatment center (ARTC)   | MH/SUD   | IP                              | NA                     | ✓                           | ✓   | NA                           | ✓                                 | NA   | ✓  | NA   | ✓   | NA                 | NA                   | ✓                    | NA                      | ✓                         |  |
| A.8.2      | Behavior management skills development services (BMS)  | MH/SUD   | OP                              | NA                     | ✓                           | ✓   | NA                           | ✓                                 | NA   | ✓  | NA   | ✓   | NA                 | NA                   | ✓                    | NA                      | ✓                         |  |
| A.8.3      | Day treatment services   | MH/SUD   | OP                              | NA                     | ✓                           | ✓   | NA                           | ✓                                 | NA   | ✓  | NA   | ✓   | NA                 | NA                   | ✓                    | NA                      | ✓                         |  |
| A.8.4      | Dialectical Behavior Therapy (DBT)   | MH/SUD   | OP                              | ✓                      | ✓                           | ✓   | ✓                            | ✓                                 | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | ✓                    | ✓                       | ✓                         |  |
| A.8.5      | Eye Movement Desensitization and Reprocessing (EMDR)   | MH/SUD   | OP                              | NA                     | ✓                           | ✓   | NA                           | ✓                                 | NA   | ✓  | NA   | ✓   | NA                 | NA                   | ✓                    | NA                      | ✓                         |  |
| A.8.6      | Functional Family Therapy (FFT)  | MH/SUD   | OP                              | NA                     | ✓                           | ✓   | NA                           | ✓                                 | NA   | ✓  | NA   | ✓   | NA                 | NA                   | ✓                    | NA                      | ✓                         |  |
| A.8.7      | Inpatient hospitalization services provided in freestanding psychiatric hospitals                | MH/SUD   | IP                              | NA                     | ✓                           | ✓   | NA                           | ✓                                 | NA   | ✓  | NA   | ✓   | NA                 | NA                   | ✓                    | NA                      | ✓                         |  |
| A.8.8      | Multi-systemic therapy (MST)   | MH/SUD   | OP                              | NA                     | ✓                           | ✓   | NA                           | ✓                                 | NA   | ✓  | NA   | ✓   | NA                 | NA                   | ✓                    | NA                      | ✓                         |  |
| A.8.9      | Multisystemic Therapy Problem Sexual Behavior (MST-PSB)  | MH/SUD   | OP                              | NA                     | ✓                           | ✓   | NA                           | ✓                                 | NA   | ✓  | NA   | ✓   | NA                 | NA                   | ✓                    | NA                      | ✓                         |  |
| A.8.10     | Psychosocial rehabilitation services (PSR) EPSDT   | MH/SUD   | OP                              | NA                     | ✓                           | ✓   | NA                           | ✓                                 | NA   | ✓  | NA   | ✓   | NA                 | NA                   | ✓                    | NA                      | ✓                         |  |
| A.8.11     | Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)   | MH/SUD   | OP                              | NA                     | ✓                           | ✓   | NA                           | ✓                                 | NA   | ✓  | NA   | ✓   | NA                 | NA                   | ✓                    | NA                      | ✓                         |  |
| A.8.12     | Treatment foster care I (TFC I)  | MH/SUD   | OP                              | NA                     | ✓                           | ✓   | NA                           | ✓                                 | NA   | ✓  | NA   | ✓   | NA                 | NA                   | ✓                    | NA                      | ✓                         |  |
| A.8.13     | Treatment foster care II (TFC II)  | MH/SUD   | OP                              | NA                     | ✓                           | ✓   | NA                           | ✓                                 | NA   | ✓  | NA   | ✓   | NA                 | NA                   | ✓                    | NA                      | ✓                         |  |
| A.8.14     | Residential non-accredited treatment center (RTC) and group home                                 | MH/SUD   | IP                              | NA                     | ✓                           | ✓   | NA                           | ✓                                 | NA   | ✓  | NA   | ✓   | NA                 | NA                   | ✓                    | NA                      | ✓                         |  |
| <b>A.9</b> | <b>Reproductive Health Services</b>  | M/S  | IP, OP                          | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | NA                 | NA                   | NA                   | NA                      | NA                        |  |
| A.9.1      | Midwife services   | M/S  | IP, OP                          | ✓                      | ✓                           | ✓   | ✓                            | ✓                                 | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | ✓                    | NA                      | NA                        |  |
| A.9.2      | Pregnancy termination procedures   | M/S  | IP, OP                          | ✓                      | ✓                           | ✓   | ✓                            | ✓                                 | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | ✓                    | NA                      | NA                        |  |
| <b>B</b>   | <b>Agency-Based Community Benefit (included under TC)</b>  | 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                           | NA                                | ✓  | NA                                       | ✓  | NA  | NA                 | NA                   | NA                   | NA                      | NA                        |  |
| B.2        | Assisted living  | M/S  | IP                              | NA                     | NA                          | NA  | NA                           | NA                                | ✓  | NA                                       | ✓  | NA  | NA                 | NA                   | NA                   | NA                      | NA                        |  |
| B.3        | Behavior support consultation  | M/S  | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | NA                   | NA                      | NA                        |  |
| B.4        | Community transition services  | M/S  | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | ✓  | NA                                       | ✓  | NA  | NA                 | NA                   | NA                   | NA                      | NA                        |  |
| B.5        | Emergency response   | M/S  | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | NA                   | NA                      | NA                        |  |
| B.6        | Employment supports  | M/S  | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | NA                   | NA                      | NA                        |  |
| B.7        | Environmental modifications (\$5,000 limit every five years)                                     | M/S  | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | NA                   | NA                      | NA                        |  |
| B.8        | Home health aide   | M/S  | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | NA                   | NA                      | NA                        |  |
| B.9        | Nutritional counseling   | M/S  | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | NA                   | NA                      | NA                        |  |
| B.10       | Personal care services (consumer directed and consumer delegated)                                | M/S  | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | ✓  | NA                                       | ✓  | NA  | NA                 | NA                   | NA                   | NA                      | NA                        |  |
| B.11       | Private duty nursing for adults  | M/S  | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | ✓  | NA                                       | ✓  | NA  | NA                 | NA                   | NA                   | NA                      | NA                        |  |
| B.12       | Respite (annual limits may apply)  | M/S  | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | NA                   | NA                      | NA                        |  |
| B.13       | Skilled maintenance therapy services   | M/S  | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | ✓  | NA                                       | ✓  | NA  | NA                 | NA                   | NA                   | NA                      | NA                        |  |
| <b>C</b>   | <b>Self-Directed Community Benefit (included under TC)</b>                                       | 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                           | NA                                | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | NA                   | NA                      | NA                        |  |
| C.2        | Customized community support   | M/S  | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | ✓  | NA                                       | ✓  | ✓   | NA                 | NA                   | NA                   | NA                      | NA                        |  |
| C.3        | Emergency response   | M/S  | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | NA                   | NA                      | NA                        |  |
| C.4        | Employment supports  | M/S  | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | NA                   | NA                      | NA                        |  |
| C.5        | Environmental modifications (\$5,000 limit every five years)                                     | M/S  | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | NA                   | NA                      | NA                        |  |
| C.6        | Home health aide   | M/S  | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | NA                   | NA                      | NA                        |  |
| C.7        | Self-directed personal care  | M/S  | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | ✓  | NA                                       | ✓  | NA  | NA                 | NA                   | NA                   | NA                      | NA                        |  |
| C.8        | Start-up goods (for member electing SDCB on or after January 1, 2019, one-time limit of \$2,000) | M/S  | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | ✓  | NA                                       | ✓  | NA  | NA                 | NA                   | NA                   | NA                      | NA                        |  |
| C.9        | Nutritional counseling   | M/S  | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | ✓  | NA                                       | ✓  | ✓   | NA                 | NA                   | NA                   | NA                      | NA                        |  |
| C.10       | Private duty nursing for adults  | M/S  | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | ✓  | NA                                       | ✓  | NA  | NA                 | NA                   | NA                   | NA                      | NA                        |  |
| C.11       | Related goods (annual limits may apply)  | M/S  | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | NA                   | NA                      | NA                        |  |

| Benefits   |   | MH/SUD or M/S   | Classification (IP, OP, PD, EC) | 1 Medicaid Adult (21+) | 2 Medicaid Child (Under 21) | 3 Children in State Custody (CISC-Up to 18) | 4 Pregnant Women Adult (21+) | 5 Pregnant Women Child (Under 21) | 6 Medicaid adults (21+) receiving community benefit (CB) | 7 Medicaid Child (Under 21) receiving CB | 8 Medicaid Adult (21+) receiving self-directed (SD) CB | 9 Medicaid Child (Under 21) receiving SD CB | 10 ABP Adult (21+) | 11 ABP Child (19-20) | 12 CHIP Child (0-18) | 13 1115 WDI-Adult (21+) | 14 1115 WDI-Child (18-20) |
|------------|---|---|---------------------------------|------------------------|-----------------------------|---|------------------------------|-----------------------------------|--|--|--|---|--------------------|----------------------|----------------------|-------------------------|---------------------------|
| C.12       | Respite (annual limits may apply)   | M/S   | IP,OP                           | NA                     | NA                          | NA  | NA                           | NA                                | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | NA                   | NA                      | NA                        |
| C.13       | Skilled maintenance therapy services  | M/S   | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | ✓  | NA                                       | ✓  | NA  | NA                 | NA                   | NA                   | NA                      | NA                        |
| C.14       | Specialized therapies   | M/S   | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | ✓  | NA                                       | ✓  | ✓   | NA                 | NA                   | NA                   | NA                      | NA                        |
| C.15       | Transportation (non-medical) (annual limits may apply)  | M/S   | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | ✓  | ✓  | ✓  | ✓   | NA                 | NA                   | NA                   | NA                      | NA                        |
| <b>D</b>   | <b>Alternative Benefit Plan (included under TC)</b>   | 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. |                                 |                        |                             |   |                              |                                   |  |  |  |   |                    |                      |                      |                         |                           |
| <b>D.1</b> | <b>General ABP Covered Services</b>   |   |                                 |                        |                             |   |                              |                                   |  |  |  |   |                    |                      |                      |                         |                           |
| D.1.1      | Allergy testing and injections  | M/S   | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.2      | Annual physical exam and consultation   | M/S   | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.3      | Bariatric surgery   | M/S   | IP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.4      | Cancer clinical trials  | M/S   | IP, OP                          | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.5      | Cardiovascular rehabilitation   | M/S   | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.6      | Chemotherapy  | M/S   | IP, OP                          | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.7      | Chronic care management services  | Both  | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.8      | Dental services   | M/S   | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.9      | Diabetes treatment, including diabetic shoes, medical supplies, equipment and education   | M/S   | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.10     | Diagnostic imaging  | M/S   | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.11     | Dialysis  | M/S   | IP,OP                           | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.12     | Disease management  | Both  | IP, OP                          | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.13     | Drug/alcohol dependency treatment services, including outpatient detoxification, therapy, partial hospitalization and intensive outpatient program (IOP) services               | MH/SUD  | IP, OP                          | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.14     | Durable medical equipment, medical supplies, orthotic appliances and prosthetic devices, including repair or replacement  | M/S   | IP, OP, EC                      | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.15     | Electroconvulsive therapy   | MH/SUD  | IP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.16     | Emergency services, including emergency room visits, emergency transportation, psychiatric emergencies and emergency dental care  | Both  | EC                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.17     | Federally qualified health center (FQHC) and rural health clinic (RHC) services   |   |                                 | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.18     | Genetic evaluation and testing  | M/S   | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.19     | Hearing screening as part of a routine health exam  | M/S   | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.20     | Holter monitors and cardiac event monitors  | M/S   | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.21     | Home health care, skilled nursing and intravenous services  | M/S   | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.22     | Hospice care services   | M/S   | IP, OP                          | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.23     | Immunizations   | M/S   | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.24     | Inpatient hospital/medical services and surgical care services  | M/S   | IP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.25     | Inpatient rehabilitative services/facilities  | M/S   | IP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.26     | Internal prosthetics  | M/S   | IP, OP                          | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.27     | IV infusions  | M/S   | IP, OP                          | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.28     | Lab tests, x-ray services and pathology   | M/S   | IP, OP, EC                      | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.29     | Maternity care, including delivery and inpatient maternity services, non-hospital births, and pre- and post-natal care  | M/S   | IP, OP                          | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.30     | Osteoporosis diagnosis, treatment and management  | M/S   | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.31     | Outpatient surgery  | M/S   | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.32     | Physical health services (to treat illness/injury and chronic disease management)   | M/S   | IP,OP                           | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.33     | Physician visits  | M/S   | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.34     | Periodic age-appropriate testing and examinations – glaucoma, colorectal, mammography, pap tests, stool, blood, cholesterol and other preventive/diagnostic care and screenings | M/S   | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.35     | Habilitative and rehabilitative services, including physical, speech and occupational therapy   | M/S   | IP,OP                           | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |

| Benefits   |  | MH/SUD or M/S | Classification (IP, OP, PD, EC) | 1 Medicaid Adult (21+) | 2 Medicaid Child (Under 21) | 3 Children in State Custody (CISC-Up to 18) | 4 Pregnant Women Adult (21+) | 5 Pregnant Women Child (Under 21) | 6 Medicaid adults (21+) receiving community benefit (CB) | 7 Medicaid Child (Under 21) receiving CB | 8 Medicaid Adult (21+) receiving self-directed (SD) CB | 9 Medicaid Child (Under 21) receiving SD CB | 10 ABP Adult (21+) | 11 ABP Child (19-20) | 12 CHIP Child (0-18) | 13 1115 WDI-Adult (21+) | 14 1115 WDI-Child (18-20) |
|------------|--|---------------|---------------------------------|------------------------|-----------------------------|---|------------------------------|-----------------------------------|--|--|--|---|--------------------|----------------------|----------------------|-------------------------|---------------------------|
| D.1.36     | Pulmonary therapy  | M/S           | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.37     | Radiation therapy  | M/S           | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.38     | Reconstructive surgery for the correction of disorders that result from accidental injury, congenital defects or disease                   | M/S           | IP, OP                          | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.39     | Skilled nursing  | M/S           | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.40     | Sleep studies  | M/S           | IP, OP                          | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.41     | Specialist visits  | M/S           | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.42     | Tobacco cessation treatment and services (may include counseling, prescription medications, and products)                                  | Both          | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.43     | Transitional care management services  | Both          | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.44     | Transplant services (organ and tissue)   | M/S           | IP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.45     | Urgent care services/facilities  | M/S           | EC                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.46     | Vision care for eye injury or disease  | M/S           | IP, OP, EC                      | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.47     | Vision hardware (eyeglasses or contact lenses)   | M/S           | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.48     | Nutritional evaluations and counseling– dietary evaluation and counseling as medical management of a documented disease, including obesity | M/S           | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.49     | Podiatry and routine foot care   | M/S           | IP, OP                          | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.1.50     | Non-emergency transportation when necessary to secure covered medical services   | Both          | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| <b>D.2</b> | <b>Pharmacy Services</b>   | Both          | PD                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.2.1      | Over-the-counter medicines – prenatal drug items and low-dose aspirin as preventive for cardiac conditions                                 | M/S           | PD                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.2.2      | Prescription medicines   | Both          | PD                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| <b>D.3</b> | <b>EPSDT</b>   |               |                                 |                        |                             |   |                              |                                   |  |  |  |   |                    |                      |                      |                         |                           |
| D.3.1      | General physical health EPSDT services   | M/S           | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.3.2      | Behavioral health EPSDT services   | MH/SUD        | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.3.3      | Routine oral care  | M/S           | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.3.4      | Routine vision care  | M/S           | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| <b>D.4</b> | <b>Family Planning and Reproductive Health Services and Devices</b>  |               |                                 |                        |                             |   |                              |                                   |  |  |  |   |                    |                      |                      |                         |                           |
| D.4.1      | Sterilization  | M/S           | OP                              | NA                     | NA                          | NA  | ✓                            | ✓                                 | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.4.2      | Pregnancy termination procedures   | M/S           | IP, OP                          | NA                     | NA                          | NA  | ✓                            | ✓                                 | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.4.3      | Contraceptives   | M/S           | OP                              | NA                     | NA                          | NA  | ✓                            | ✓                                 | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.4.4      | Insertion and/or removal of contraceptive devices  | M/S           | OP                              | NA                     | NA                          | NA  | ✓                            | ✓                                 | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| <b>D.5</b> | <b>Preventive Physical Health Services</b>   |               |                                 |                        |                             |   |                              |                                   |  |  |  |   |                    |                      |                      |                         |                           |
| D.5.1      | Initial assessment   | Both          | OP                              | NA                     | NA                          | NA  | ✓                            | ✓                                 | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.5.2      | Prenatal care and screenings   | Both          | IP, OP                          | NA                     | NA                          | NA  | ✓                            | ✓                                 | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.5.3      | Preventive Medicine and supplements  | M/S           | IP, OP                          | NA                     | NA                          | NA  | ✓                            | ✓                                 | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.5.4      | Screens and preventive screens   | Both          | IP, OP                          | NA                     | NA                          | NA  | ✓                            | ✓                                 | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| <b>D.6</b> | <b>Telemedicine Services</b>   | Both          | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| <b>D.7</b> | <b>Behavioral Health Professional and Substance Abuse Services</b>   |               |                                 |                        |                             |   |                              |                                   |  |  |  |   |                    |                      |                      |                         |                           |
| D.7.1      | Assertive community treatment services (ACT)   | MH/SUD        | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.7.2      | Evaluation, testing and assessment   | MH/SUD        | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.7.3      | Inpatient hospital services  | MH/SUD        | IP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.7.4      | Intensive outpatient (IOP) services  | MH/SUD        | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.7.5      | Medication assisted therapy for opioid addiction   | MH/SUD        | IP, OP                          | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.7.6      | Medication management  | MH/SUD        | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.7.7      | Psychosocial rehabilitation (PSR) services for adults  | MH/SUD        | IP, OP                          | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.7.8      | Applied behavior analysis (ABA)  | M/S           | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| <b>D.8</b> | <b>Behavioral Health – EPSDT Services</b>  |               |                                 |                        |                             |   |                              |                                   |  |  |  |   |                    |                      |                      |                         |                           |
| D.8.1      | Inpatient hospitalization services provided in freestanding psychiatric hospitals  | MH/SUD        | IP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |
| D.8.2      | Psychosocial rehabilitation services (PSR)   | MH/SUD        | OP                              | NA                     | NA                          | NA  | NA                           | NA                                | NA   | NA                                       | NA   | NA  | ✓                  | ✓                    | NA                   | NA                      | NA                        |

| Appendix 1 – Benefit Package and Services Grid  |  |                                 |   | Key   |                                       |                            |  |                           |  |                            |  |    |
|---|--|---------------------------------|---|---|---------------------------------------|----------------------------|--|---------------------------|--|----------------------------|--|----|
| State Managed Services (FFS)  |  |                                 |   | Covered for the specified population  |                                       |                            |  |                           |  |                            |  | ✓  |
|   |  |                                 |   | Not covered for the specified population  |                                       |                            |  |                           |  |                            |  | NA |
|   |  |                                 |   | Covered if member meets additional eligibility criteria   |                                       |                            |  |                           |  |                            |  | EC |
|   |  |                                 |   | <b>Note:</b> All eligible MCO members enrolled in a 1915(c) waiver program also have eligibility for the benefits outlined in Sections A or D on Tab 1. |                                       |                            |  |                           |  |                            |  |    |
|   |  |                                 |   | <b>Group 2: Members receiving covered services through the MCO and enrolled in a 1915(c) waiver program managed by HCA as FFS.</b>                      |                                       |                            |  |                           |  |                            |  |    |
| Benefits  | MH/SUD or M/S                                      | Classification (IP, OP, PD, EC) | 15<br>Developmental Disabilities Waiver (DDW) Adult (21+) | 16<br>DDW Child (under 21)  | 17<br>MI VIA Waiver (MVW) Adult (21+) | 18<br>MVW Child (under 21) | 19<br>Supports Waiver (SW) Adult (21+) | 20<br>SW Child (under 21) | 21<br>Medically Fragile Waiver (MFW) Adult (21+) | 22<br>MFW Child (under 21) |  |    |
| <b>Classifications:</b>   |  |                                 |   |   |                                       |                            |  |                           |  |                            |  |    |
| <b>Inpatient (IP)</b> – All covered accommodations, services and items (including medications) provided to a member when the member is admitted to a facility that provides overnight care (including group homes) that is not a foster home or non-institutional residence.  |  |                                 |   |   |                                       |                            |  |                           |  |                            |  |    |
| <b>Outpatient (OP)</b> – 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, 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. |  |                                 |   |   |                                       |                            |  |                           |  |                            |  |    |
| <b>Emergency Care (EC)</b> – 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.  |  |                                 |   |   |                                       |                            |  |                           |  |                            |  |    |
| <b>Prescription Drugs (PD)</b> – 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 member, or for the member 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.  |  |                                 |   |   |                                       |                            |  |                           |  |                            |  |    |
| <b>E</b>  | <b>1915(c) Waiver – Mi Via</b>                     |                                 |   | Serves Medically Fragile (MF) individuals and individuals with Intellectual or Developmental Disabilities (ID/DD), includes MCO enrollees.              |                                       |                            |  |                           |  |                            |  |    |
| <b>E.1</b>  | <b>Living Supports</b>                             |                                 |   |   |                                       |                            |  |                           |  |                            |  |    |
| E.1.1   | Homemaker/direct support services                  | M/S                             | OP  | NA  | NA                                    | ✓                          | NA                                     | NA                        | NA   | NA                         |  |    |
| E.1.2   | Home health aide services                          | M/S                             | OP  | NA  | NA                                    | ✓                          | NA                                     | NA                        | NA   | NA                         |  |    |
| E.1.3   | In-home living supports                            | M/S                             | OP  | NA  | NA                                    | ✓                          | ✓                                      | NA                        | NA   | NA                         |  |    |
| <b>E.2</b>  | <b>Community Membership Support</b>                |                                 |   |   |                                       |                            |  |                           |  |                            |  |    |
| E.2.1   | Community direct support                           | M/S                             | OP  | NA  | NA                                    | ✓                          | ✓                                      | NA                        | NA   | NA                         |  |    |
| E.2.2   | Employment supports                                | M/S                             | OP  | NA  | NA                                    | ✓                          | ✓                                      | NA                        | NA   | NA                         |  |    |
| E.2.3   | Customized community group supports                | M/S                             | OP  | NA  | NA                                    | ✓                          | ✓                                      | NA                        | NA   | NA                         |  |    |
| <b>E.3</b>  | <b>Health and Wellness</b>                         |                                 |   |   |                                       |                            |  |                           |  |                            |  |    |
| E.3.1   | Extended skilled therapy 21+                       | M/S                             | OP  | NA  | NA                                    | ✓                          | NA                                     | NA                        | NA   | NA                         |  |    |
| E.3.2   | Physical therapy                                   | M/S                             | OP  | NA  | NA                                    | ✓                          | ✓                                      | NA                        | NA   | NA                         |  |    |
| E.3.3   | Occupational therapy                               | M/S                             | OP  | NA  | NA                                    | ✓                          | NA                                     | NA                        | NA   | NA                         |  |    |
| E.3.4   | Speech and language pathology                      | M/S                             | OP  | NA  | NA                                    | ✓                          | NA                                     | NA                        | NA   | NA                         |  |    |
| E.3.5   | Behavior support consultation                      | M/S                             | OP  | NA  | NA                                    | ✓                          | ✓                                      | NA                        | NA   | NA                         |  |    |
| E.3.6   | Nutritional counseling                             | M/S                             | OP  | NA  | NA                                    | ✓                          | ✓                                      | NA                        | NA   | NA                         |  |    |
| E.3.7   | Private duty nursing for adults                    | M/S                             | OP  | NA  | NA                                    | ✓                          | NA                                     | NA                        | NA   | NA                         |  |    |
| <b>E.3.8</b>  | <b>Health and Wellness – Specialized therapies</b> |                                 |   |   |                                       |                            |  |                           |  |                            |  |    |

| Benefits     |  | MH/SUD or M/S  | Classification (IP, OP, PD, EC) | 15 Developmental Disabilities Waiver (DDW) Adult (21+) | 16 DDW Child (under 21) | 17 MI VIA Waiver (MVW) Adult (21+) | 18 MVW Child (under 21) | 19 Supports Waiver (SW) Adult (21+) | 20 SW Child (under 21) | 21 Medically Fragile Waiver (MFW) Adult (21+) | 22 MFW Child (under 21) |
|--------------|--|--|---------------------------------|--|-------------------------|------------------------------------|-------------------------|-------------------------------------|------------------------|---|-------------------------|
| E.3.8.1      | Acupuncture  | M/S  | OP                              | NA   | NA                      | ✓                                  | ✓                       | NA                                  | NA                     | NA  | NA                      |
| E.3.8.2      | Biofeedback  | M/S  | OP                              | NA   | NA                      | ✓                                  | ✓                       | NA                                  | NA                     | NA  | NA                      |
| E.3.8.3      | Chiropractic   | M/S  | OP                              | NA   | NA                      | ✓                                  | ✓                       | NA                                  | NA                     | NA  | NA                      |
| E.3.8.4      | Cognitive rehabilitation therapy                     | M/S  | OP                              | NA   | NA                      | ✓                                  | ✓                       | NA                                  | NA                     | NA  | NA                      |
| E.3.8.5      | Hippotherapy   | M/S  | OP                              | NA   | NA                      | ✓                                  | ✓                       | NA                                  | NA                     | NA  | NA                      |
| E.3.8.6      | Massage therapy                                      | M/S  | OP                              | NA   | NA                      | ✓                                  | ✓                       | NA                                  | NA                     | NA  | NA                      |
| E.3.8.7      | Naprapathy   | M/S  | OP                              | NA   | NA                      | ✓                                  | ✓                       | NA                                  | NA                     | NA  | NA                      |
| E.3.8.8      | Native American healers                              | M/S  | OP                              | NA   | NA                      | ✓                                  | ✓                       | NA                                  | NA                     | NA  | NA                      |
| E.3.8.9      | Play therapy   | M/S  | OP                              | NA   | NA                      | ✓                                  | ✓                       | NA                                  | NA                     | NA  | NA                      |
| <b>E.4</b>   | <b>Other Supports</b>                                |  |                                 |  |                         |                                    |                         |                                     |                        |   |                         |
| E.4.1        | Transportation                                       | M/S  | OP                              | NA   | NA                      | ✓                                  | ✓                       | NA                                  | NA                     | NA  | NA                      |
| E.4.2        | Emergency response services                          | M/S  | OP                              | NA   | NA                      | ✓                                  | ✓                       | NA                                  | NA                     | NA  | NA                      |
| E.4.3        | Respite  | M/S  | OP                              | NA   | NA                      | ✓                                  | ✓                       | NA                                  | NA                     | NA  | NA                      |
| E.4.4        | Related goods  | M/S  | OP                              | NA   | NA                      | ✓                                  | ✓                       | NA                                  | NA                     | NA  | NA                      |
| E.4.5        | Environmental modifications                          | M/S  | OP                              | NA   | NA                      | ✓                                  | ✓                       | NA                                  | NA                     | NA  | NA                      |
| <b>F</b>     | <b>1915(c) Waiver – DD</b>                           | Serves individuals with ID or persons with specific related conditions and DD that occur before the age of 22, includes MCO enrollees. |                                 |  |                         |                                    |                         |                                     |                        |   |                         |
| <b>F.1</b>   | <b>0-18 Years of Age</b>                             |  |                                 |  |                         |                                    |                         |                                     |                        |   |                         |
| F.1.1        | Behavioral support consultation                      | M/S  | OP                              | NA   | ✓                       | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| F.1.2        | Case management                                      | M/S  | OP                              | NA   | ✓                       | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| F.1.3        | Customized community support                         | M/S  | OP                              | NA   | ✓                       | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| F.1.4        | Environmental modification services                  | M/S  | OP                              | NA   | ✓                       | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| F.1.5        | Assistive technology purchasing agent service        | M/S  | OP                              | NA   | ✓                       | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| F.1.6        | Personal support technology/on-site response service | M/S  | OP                              | NA   | ✓                       | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| F.1.7        | Socialization and sexuality education service        | M/S  | OP                              | NA   | ✓                       | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| F.1.8        | Respite  | M/S  | OP                              | NA   | ✓                       | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| F.1.9        | Non-medical transportation                           | M/S  | OP                              | NA   | ✓                       | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| F.1.10       | Supplemental dental care                             | M/S  | OP                              | NA   | ✓                       | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| F.1.11       | Nutritional counseling                               | M/S  | OP                              | NA   | ✓                       | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| <b>F.2</b>   | <b>18+ Years of Age</b>                              |  |                                 |  |                         |                                    |                         |                                     |                        |   |                         |
| F.2.1        | Case management                                      | M/S  | OP                              | ✓  | NA                      | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| F.2.2        | Respite services                                     | M/S  | OP                              | ✓  | NA                      | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| F.2.3        | Adult nursing services                               | M/S  | OP                              | ✓  | NA                      | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| <b>F.2.4</b> | <b>Therapy Services</b>                              |  |                                 |  |                         |                                    |                         |                                     |                        |   |                         |
| F.2.4.1      | Physical therapy                                     | M/S  | OP                              | ✓  | NA                      | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| F.2.4.2      | Occupational therapy                                 | M/S  | OP                              | ✓  | NA                      | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| F.2.4.3      | Speech language pathology                            | M/S  | OP                              | ✓  | NA                      | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| <b>F.2.5</b> | <b>Living Supports</b>                               |  |                                 |  |                         |                                    |                         |                                     |                        |   |                         |
| F.2.5.1      | Family living (home studies/family living services)  | M/S  | IP                              | ✓  | NA                      | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |



| Benefits   |  | MH/SUD or M/S  | Classification (IP, OP, PD, EC) | 15 Developmental Disabilities Waiver (DDW) Adult (21+) | 16 DDW Child (under 21) | 17 MI VIA Waiver (MVW) Adult (21+) | 18 MVW Child (under 21) | 19 Supports Waiver (SW) Adult (21+) | 20 SW Child (under 21) | 21 Medically Fragile Waiver (MFW) Adult (21+) | 22 MFW Child (under 21) |
|------------|--|--|---------------------------------|--|-------------------------|------------------------------------|-------------------------|-------------------------------------|------------------------|---|-------------------------|
| F.2.5.2    | Supported living   | M/S  | IP                              | ✓  | NA                      | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| F.2.5.3    | Intensive medical living services  | M/S  | IP                              | ✓  | NA                      | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| F.2.6      | Customized community supports  | M/S  | OP                              | ✓  | NA                      | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| F.2.7      | Community integrated employment  | M/S  | OP                              | ✓  | NA                      | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| F.2.8      | Behavioral support consultation services   | M/S  | OP                              | ✓  | NA                      | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| F.2.9      | Nutritional counseling services  | M/S  | OP                              | ✓  | NA                      | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| F.2.10     | Environmental modification services  | M/S  | OP                              | ✓  | NA                      | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| F.2.11     | Crisis supports  | M/S  | OP                              | ✓  | NA                      | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| F.2.12     | Non-medical transportation   | M/S  | OP                              | ✓  | NA                      | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| F.2.13     | Supplemental dental care   | M/S  | OP                              | ✓  | NA                      | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| F.2.14     | Assistive technology purchasing agent service  | M/S  | OP                              | ✓  | NA                      | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| F.2.15     | Independent living transition services   | M/S  | OP                              | ✓  | NA                      | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| F.2.16     | Personal support technology/on-site response service                                 | M/S  | OP                              | ✓  | NA                      | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| F.2.17     | Preliminary risk screening and consultation related to inappropriate sexual behavior | M/S  | OP                              | ✓  | NA                      | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| F.2.18     | Socialization and sexuality education service  | M/S  | OP                              | ✓  | NA                      | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| F.2.19     | Customized in-home supports  | M/S  | OP                              | ✓  | NA                      | NA                                 | NA                      | NA                                  | NA                     | NA  | NA                      |
| <b>G</b>   | <b>1915(c) Waiver – Medically Fragile</b>  | 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                      | NA                                  | NA                     | ✓   | ✓                       |
| G.2        | Home health aide   | M/S  | OP                              | NA   | NA                      | NA                                 | NA                      | NA                                  | NA                     | ✓   | ✓                       |
| G.3        | Private duty nursing   | M/S  | OP                              | NA   | NA                      | NA                                 | NA                      | NA                                  | NA                     | ✓   | ✓                       |
| <b>G.4</b> | <b>Skilled Therapy for Adults</b>  |  |                                 |  |                         |                                    |                         |                                     |                        |   |                         |
| G.4.1      | Physical therapy   | M/S  | OP                              | NA   | NA                      | NA                                 | NA                      | NA                                  | NA                     | ✓   | ✓                       |
| G.4.2      | Occupational therapy   | M/S  | OP                              | NA   | NA                      | NA                                 | NA                      | NA                                  | NA                     | ✓   | ✓                       |
| G.4.3      | Speech language therapy  | M/S  | OP                              | NA   | NA                      | NA                                 | NA                      | NA                                  | NA                     | ✓   | ✓                       |
| G.5        | Behavior support consultation services   | M/S  | OP                              | NA   | NA                      | NA                                 | NA                      | NA                                  | NA                     | ✓   | ✓                       |
| G.6        | Institutional and in-home respite care services                                      | M/S  | IP,OP                           | NA   | NA                      | NA                                 | NA                      | NA                                  | NA                     | ✓   | ✓                       |
| G.7        | Nutritional Counseling   | M/S  | OP                              | NA   | NA                      | NA                                 | NA                      | NA                                  | NA                     | ✓   | ✓                       |
| G.8        | Specialized medical equipment and supplies   | M/S  | OP                              | NA   | NA                      | NA                                 | NA                      | NA                                  | NA                     | ✓   | ✓                       |
| <b>H</b>   | <b>1915(c) Waiver – Supports</b>   | Serves individuals with autism, developmental disabilities, or intellectual disabilities ages 0 or older who meet ICF//IDD level care, includes MCO enrollees.   |                                 |  |                         |                                    |                         |                                     |                        |   |                         |
| H.1        | Assistive technology   | M/S  | OP                              | NA   | NA                      | NA                                 | NA                      | ✓                                   | ✓                      | NA  | NA                      |
| H.2        | Behavior support consultation  | M/S  | OP                              | NA   | NA                      | NA                                 | NA                      | ✓                                   | ✓                      | NA  | NA                      |
| H.3        | Community supports coordinator   | M/S  | OP                              | NA   | NA                      | NA                                 | NA                      | ✓                                   | ✓                      | NA  | NA                      |
| H.4        | Customized community supports (individual and group)                                 | M/S  | OP                              | NA   | NA                      | NA                                 | NA                      | ✓                                   | ✓                      | NA  | NA                      |
| H.5        | Employment supports  | M/S  | OP                              | NA   | NA                      | NA                                 | NA                      | ✓                                   | ✓                      | NA  | NA                      |
| H.6        | Environmental modifications  | M/S  | OP                              | NA   | NA                      | NA                                 | NA                      | ✓                                   | ✓                      | NA  | NA                      |
| H.7        | Non-medical transportation   | M/S  | OP                              | NA   | NA                      | NA                                 | NA                      | ✓                                   | ✓                      | NA  | NA                      |
| H.8        | Personal care  | M/S  | OP                              | NA   | NA                      | NA                                 | NA                      | ✓                                   | ✓                      | NA  | NA                      |
| H.9        | Respite  | M/S  | OP                              | NA   | NA                      | NA                                 | NA                      | ✓                                   | ✓                      | NA  | NA                      |
| H.10       | Vehicle modifications  | M/S  | OP                              | NA   | NA                      | NA                                 | NA                      | ✓                                   | ✓                      | NA  | NA                      |

Appendix 2

# List of NQTLs and MH/SUD Benefits by Classification

# APPENDIX 2 — LIST OF NQTLS AND MH/SUD BENEFITS BY CLASSIFICATION

## Phase 1 NQTLs

| NQTL/Classification: Prior Authorization/Inpatient |   |
|--|---|
| MCO Name   | MH/SUD Benefits   |
| <b>BCBSNM</b>                                      | <ul style="list-style-type: none"> <li>• Accredited and non-accredited Residential Treatment (RTC and ARTC)</li> <li>• Adult Accredited Residential Treatment centers for substance use disorders (AARTC)</li> <li>• IP Psychiatric Hospital Services (Free Standing Psychiatric Hospital and Psychiatric Care in a unit of a General Hospital)</li> <li>• Group Home</li> <li>• IP Substance Use Disorder (SUD) Treatment, including Detoxification on General Medical Unit</li> <li>• Sub-Acute RTC</li> <li>• Waiting Placement Days</li> <li>• Out-of-Network/Out-of-State</li> </ul> |
| <b>Molina</b>                                      | <ul style="list-style-type: none"> <li>• Accredited and non-accredited Residential Treatment (RTC and ARTC)</li> <li>• Adult Accredited Residential Treatment centers for substance use disorders (AARTC)</li> <li>• IP Psychiatric Hospital Services (Free Standing Psychiatric Hospital and Psychiatric Care in a unit of a General Hospital)</li> <li>• Group Home</li> <li>• IP Substance Use Disorder (SUD) Treatment, including Detoxification on General Medical Unit</li> <li>• Sub-Acute RTC</li> <li>• Waiting Placement Days</li> <li>• Out-of-Network/Out-of-State</li> </ul> |
| <b>PHP</b>   | <ul style="list-style-type: none"> <li>• Accredited and non-accredited Residential Treatment (RTC and ARTC)</li> <li>• Adult Accredited Residential Treatment centers for substance use disorders (AARTC)</li> <li>• IP Psychiatric Hospital Services (Free Standing Psychiatric Hospital and Psychiatric Care in a unit of a General Hospital)</li> <li>• Group Home</li> <li>• IP Substance Use Disorder (SUD) Treatment, including Detoxification on General Medical Unit</li> <li>• Sub-Acute RTC</li> <li>• Waiting Placement Days</li> <li>• Out-of-Network/Out-of-State</li> </ul> |
| <b>United</b>                                      | <ul style="list-style-type: none"> <li>• Accredited and non-accredited Residential Treatment (RTC and ARTC)</li> </ul>  |

| NQTL/Classification: Prior Authorization/Inpatient |   |
|--|---|
| MCO Name   | MH/SUD Benefits   |
|  | <ul style="list-style-type: none"> <li>• Adult Accredited Residential Treatment centers for substance use disorders (AARTC)</li> <li>• IP Psychiatric Hospital Services (Free Standing Psychiatric Hospital and Psychiatric Care in a unit of a General Hospital)</li> <li>• Group Home</li> <li>• IP Substance Use Disorder (SUD) Treatment, including Detoxification on General Medical Unit</li> <li>• Sub-Acute RTC</li> <li>• Waiting Placement Days</li> <li>• Out-of-Network/Out-of-State</li> </ul> |

| NQTL/Classification: Concurrent Review/Inpatient |   |
|--|---|
| MCO Name   | MH/SUD Benefits   |
| <b>BCBSNM</b>                                    | <ul style="list-style-type: none"> <li>• Accredited and non-accredited Residential Treatment (RTC and ARTC)</li> <li>• Adult Accredited Residential Treatment centers for substance use disorders (AARTC)</li> <li>• IP Psychiatric Hospital Services (Free Standing Psychiatric Hospital and Psychiatric Care in a unit of a General Hospital)</li> <li>• Group Home</li> <li>• IP Substance Use Disorder (SUD) Treatment, including Detoxification on General Medical Unit</li> <li>• Sub-Acute RTC</li> <li>• Waiting Placement Days</li> <li>• Out-of-Network/Out-of-State</li> </ul> |
| <b>Molina</b>                                    | <ul style="list-style-type: none"> <li>• Accredited and non-accredited Residential Treatment (RTC and ARTC)</li> <li>• Adult Accredited Residential Treatment centers for substance use disorders (AARTC)</li> <li>• IP Psychiatric Hospital Services (Free Standing Psychiatric Hospital and Psychiatric Care in a unit of a General Hospital)</li> <li>• Group Home</li> <li>• IP Substance Use Disorder (SUD) Treatment, including Detoxification on General Medical Unit</li> <li>• Sub-Acute RTC</li> <li>• Waiting Placement Days</li> <li>• Out-of-Network/Out-of-State</li> </ul> |
| <b>PHP</b>                                       | <ul style="list-style-type: none"> <li>• Accredited and non-accredited Residential Treatment (RTC and ARTC)</li> <li>• Adult Accredited Residential Treatment centers for substance use disorders (AARTC)</li> <li>• IP Psychiatric Hospital Services (Free Standing Psychiatric Hospital and Psychiatric Care in a unit of a General Hospital)</li> <li>• Group Home</li> </ul>  |

| NQTL/Classification: Concurrent Review/Inpatient |   |
|--|---|
| MCO Name   | MH/SUD Benefits   |
|  | <ul style="list-style-type: none"> <li>• IP Substance Use Disorder (SUD) Treatment, including Detoxification on General Medical Unit</li> <li>• Sub-Acute RTC</li> <li>• Waiting Placement Days</li> <li>• Out-of-Network/Out-of-State</li> </ul>   |
| <b>United</b>                                    | <ul style="list-style-type: none"> <li>• Accredited and non-accredited Residential Treatment (RTC and ARTC)</li> <li>• Adult Accredited Residential Treatment centers for substance use disorders (AARTC)</li> <li>• IP Psychiatric Hospital Services (Free Standing Psychiatric Hospital and Psychiatric Care in a unit of a General Hospital)</li> <li>• Group Home</li> <li>• IP Substance Use Disorder (SUD) Treatment, including Detoxification on General Medical Unit</li> <li>• Sub-Acute RTC</li> <li>• Waiting Placement Days</li> <li>• Out-of-Network/Out-of-State</li> </ul> |

| NQTL/Classification: Prior Authorization/Outpatient |  |
|---|--|
| MCO Name  | MH/SUD Benefits  |
| <b>BCBSNM</b>                                       | <ul style="list-style-type: none"> <li>• Partial Hospitalization</li> <li>• Treatment Foster Care I and II</li> <li>• Out-of-Network/Out-of-State</li> </ul>   |
| <b>Molina</b>                                       | <ul style="list-style-type: none"> <li>• Outpatient (OP) Hospital-based Psychiatric Services and Partial Hospitalization or in a Freestanding Psychiatric Hospital</li> <li>• Treatment Foster Care I and II</li> <li>• Out-of-Network/Out-of-State</li> <li>• Value-Added Services for Children in State Custody (CISC) members</li> <li>• Partial Hospitalization for Chemical Dependency (SUD)</li> <li>• Intensive outpatient (IOP) services MH and SUD</li> <li>• Day treatment services</li> <li>• Multi-systemic therapy (MST)</li> <li>• Assertive community treatment services (ACT)</li> </ul> |
| <b>PHP</b>  | <ul style="list-style-type: none"> <li>• Partial Hospitalization</li> <li>• Treatment Foster Care I and II</li> <li>• Out-of-Network/Out-of-State</li> </ul>   |
| <b>United</b>                                       | <ul style="list-style-type: none"> <li>• OP Hospital-based Psychiatric Services and Partial Hospitalization or in a Freestanding Psychiatric Hospital, after the first 45 days.</li> <li>• Intensive Outpatient Services (IOP)</li> <li>• Psychological Testing</li> <li>• Treatment Foster Care I and II</li> </ul>   |

| NQTL/Classification: Prior Authorization/Outpatient |   |
|---|---|
| MCO Name  | MH/SUD Benefits   |
|   | <ul style="list-style-type: none"> <li>Out-of-Network/Out-of-State</li> </ul> |

| NQTL/Classification: Concurrent Review/Outpatient |  |
|---|--|
| MCO Name  | MH/SUD Benefits  |
| <b>BCBSNM</b>                                     | <ul style="list-style-type: none"> <li>Partial Hospitalization</li> <li>Treatment Foster Care I and II</li> <li>Out-of-Network/Out-of-State</li> </ul>   |
| <b>Molina</b>                                     | <ul style="list-style-type: none"> <li>Outpatient (OP) Hospital-based Psychiatric Services and Partial Hospitalization or in a Freestanding Psychiatric Hospital</li> <li>Treatment Foster Care I and II</li> <li>Out-of-Network/Out-of-State</li> <li>Value-Added Services for Children in State Custody (CISC) members</li> <li>Partial Hospitalization for Chemical Dependency (SUD)</li> <li>Intensive outpatient (IOP) services MH and SUD</li> <li>Day treatment services</li> <li>Multi-systemic therapy (MST)</li> <li>Assertive community treatment services (ACT)</li> </ul> |
| <b>PHP</b>  | <ul style="list-style-type: none"> <li>Partial Hospitalization or in a Freestanding Psychiatric Hospital beyond 45 days</li> <li>Treatment Foster Care I and II</li> <li>Out-of-Network/Out-of-State</li> </ul>  |
| <b>United</b>                                     | <ul style="list-style-type: none"> <li>OP Hospital-based Psychiatric Services and Partial Hospitalization or in a Freestanding Psychiatric Hospital, after the first 45 days.</li> <li>Intensive Outpatient Services (IOP)</li> <li>Treatment Foster Care I and II</li> <li>Out-of-Network/Out-of-State</li> </ul>   |

| NQTL/Classification: Formulary Development/Prescription Drugs |   |
|---|---|
| MCO Name  | MH/SUD Benefits   |
| <b>BCBSNM</b>   | <ul style="list-style-type: none"> <li>MH/SUD prescription drugs</li> </ul> |
| <b>Molina</b>   | <ul style="list-style-type: none"> <li>MH/SUD prescription drugs</li> </ul> |
| <b>PHP</b>  | <ul style="list-style-type: none"> <li>MH/SUD prescription drugs</li> </ul> |
| <b>United</b>   | <ul style="list-style-type: none"> <li>MH/SUD prescription drugs</li> </ul> |

| NQTL/Classification: Prior Authorization/Prescription Drugs |   |
|---|---|
| MCO Name  | MH/SUD Benefits   |
| BCBSNM  | <ul style="list-style-type: none"> <li>Certain MH/SUD prescription drugs</li> </ul> |
| Molina  | <ul style="list-style-type: none"> <li>Certain MH/SUD prescription drugs</li> </ul> |
| PHP   | <ul style="list-style-type: none"> <li>Certain MH/SUD prescription drugs</li> </ul> |
| United  | <ul style="list-style-type: none"> <li>Certain MH/SUD prescription drugs</li> </ul> |

| NQTL/Classification: Step Therapy/Prescription Drugs |   |
|--|---|
| MCO Name   | MH/SUD Benefits   |
| BCBSNM   | <ul style="list-style-type: none"> <li>NA</li> </ul>                                |
| Molina   | <ul style="list-style-type: none"> <li>Certain MH/SUD prescription drugs</li> </ul> |
| PHP  | <ul style="list-style-type: none"> <li>Certain MH/SUD prescription drugs</li> </ul> |
| United   | <ul style="list-style-type: none"> <li>NA</li> </ul>                                |

## Phase 2 NQTLs

| NQTL/Classification: Development/Modification/Addition of Medical Necessity Criteria/Level of Care (LOC) Guidelines/Inpatient and Outpatient |   |
|--|---|
| MCO Name   | MH/SUD Benefits   |
| BCBSNM   | <ul style="list-style-type: none"> <li>All inpatient and outpatient MH/SUD services as identified in the prior authorization (PA) and concurrent review (CR) table above</li> </ul> |
| Molina   | <ul style="list-style-type: none"> <li>All inpatient and outpatient MH/SUD services as identified in the prior authorization (PA) and concurrent review (CR) table above</li> </ul> |
| PHP  | <ul style="list-style-type: none"> <li>All inpatient and outpatient MH/SUD services as identified in the prior authorization (PA) and concurrent review (CR) table above</li> </ul> |
| United   | <ul style="list-style-type: none"> <li>All inpatient and outpatient MH/SUD services as identified in the prior authorization (PA) and concurrent review (CR) table above</li> </ul> |

| NQTL/Classification: Provider Enrollment and Credentialing/Inpatient, Outpatient, Emergency Care, and Prescription Drug |   |
|---|---|
| MCO Name  | MH/SUD Benefits   |
| BCBSNM  | <ul style="list-style-type: none"> <li>All MH/SUD benefits as indicated in the Benefit Mapping Grid (Appendix 1)</li> </ul> |
| Molina  | <ul style="list-style-type: none"> <li>All MH/SUD benefits as indicated in the Benefit Mapping Grid (Appendix 1)</li> </ul> |
| PHP   | <ul style="list-style-type: none"> <li>All MH/SUD benefits as indicated in the Benefit Mapping Grid (Appendix 1)</li> </ul> |
| United  | <ul style="list-style-type: none"> <li>All MH/SUD benefits as indicated in the Benefit Mapping Grid (Appendix 1)</li> </ul> |

**NQTL/Classification: Provider Reimbursement – In Network/Inpatient, Outpatient, and Emergency Care**

| MCO Name      | MH/SUD Benefits  |
|---------------|--|
| <b>BCBSNM</b> | <ul style="list-style-type: none"> <li>All inpatient, outpatient and emergency care MH/SUD benefits as indicated in the Benefit Mapping Grid (Appendix 1)</li> </ul> |
| <b>Molina</b> | <ul style="list-style-type: none"> <li>All inpatient, outpatient and emergency care MH/SUD benefits as indicated in the Benefit Mapping Grid (Appendix 1)</li> </ul> |
| <b>PHP</b>    | <ul style="list-style-type: none"> <li>All inpatient, outpatient and emergency care MH/SUD benefits as indicated in the Benefit Mapping Grid (Appendix 1)</li> </ul> |
| <b>United</b> | <ul style="list-style-type: none"> <li>All inpatient, outpatient and emergency care MH/SUD benefits as indicated in the Benefit Mapping Grid (Appendix 1)</li> </ul> |

**NQTL/Classification: Provider Reimbursement – In Network/Prescription Drugs**

| MCO Name      | MH/SUD Benefits   |
|---------------|---|
| <b>BCBSNM</b> | <ul style="list-style-type: none"> <li>All MH/SUD prescription drugs</li> </ul> |
| <b>Molina</b> | <ul style="list-style-type: none"> <li>All MH/SUD prescription drugs</li> </ul> |
| <b>PHP</b>    | <ul style="list-style-type: none"> <li>All MH/SUD prescription drugs</li> </ul> |
| <b>United</b> | <ul style="list-style-type: none"> <li>All MH/SUD prescription drugs</li> </ul> |

**NQTL/Classification: Out-of-Network Requirements/Inpatient, Outpatient, and Emergency Care**

| MCO Name      | MH/SUD Benefits   |
|---------------|---|
| <b>BCBSNM</b> | <ul style="list-style-type: none"> <li>All inpatient, outpatient and emergency care MH/SUD benefits as indicated in the Benefit Mapping Grid (Appendix 1) administered Out-of-Network/Out-of-State</li> </ul> |
| <b>Molina</b> | <ul style="list-style-type: none"> <li>All inpatient, outpatient and emergency care MH/SUD benefits as indicated in the Benefit Mapping Grid (Appendix 1) administered Out-of-Network/Out-of-State</li> </ul> |
| <b>PHP</b>    | <ul style="list-style-type: none"> <li>All inpatient, outpatient and emergency care MH/SUD benefits as indicated in the Benefit Mapping Grid (Appendix 1) administered Out-of-Network/Out-of-State</li> </ul> |
| <b>United</b> | <ul style="list-style-type: none"> <li>All inpatient, outpatient and emergency care MH/SUD benefits as indicated in the Benefit Mapping Grid (Appendix 1) administered Out-of-Network/Out-of-State</li> </ul> |