

RFP - Medicaid covered services for children under age 19 ⁽¹⁾	Data Book Service Category
Crisis Stabilization Services:	
Crisis Assessment	Treatment Crisis Intervention
Inpatient Services (Acute and Sub-Acute):	
Acute Inpatient Hospital	Inpatient Hospital Services and Inpatient Services provided in an IMD
Residential Services:	
Psychiatric Residential Treatment Facility (PRTF) (through age 18)	Residential Treatment Center ⁽²⁾
Therapeutic Group Home (ThGH)	Treatment Group Home ⁽³⁾
Professional Resource Family Care (PRFC)	Treatment Foster Care ⁽⁴⁾
Outpatient Assessment and Treatment:	
Partial Hospitalization	Day Treatment
Day Treatment (MH and SA)	Day Treatment
Intensive Outpatient (MH)	Intensive Outpatient Services
Intensive Outpatient (SA)	Intensive Outpatient Services
Medication Management	Medication Checks
Outpatient (Individual, Family, Group) (MH, SA, or Dual MH/SA)	Family Assessment, Family Psychotherapy Services, Family Substance Abuse Counseling, Group Psychotherapy, Group Substance Abuse Counseling, Individual Psychotherapy, Individual Substance Abuse Counseling
Injectable Psychotropic Medications	
Substance Abuse Assessment	Physician Administered Outpatient Drugs
Psychological Evaluation and Testing	Evaluation by a supervising practitioner/Psychiatric evaluation/Psychological evaluation/Testing
Initial Diagnostic Interviews	Evaluation by a supervising practitioner/Psychiatric evaluation/Psychological evaluation/Testing
Home-based MST	Other
Biopsychosocial Assessment and Addendum (currently in policy but maybe eliminated by June 30, 2013)	Evaluation by a supervising practitioner/Psychiatric evaluation/Psychological evaluation/Testing
Sex Offender Risk Assessment	Evaluation by a supervising practitioner/Psychiatric evaluation/Psychological evaluation/Testing
Community Treatment Aide (CTA)	Other
Client Assistant Program (CAP) (managed care benefit only)	Evaluation by a supervising practitioner/Psychiatric evaluation/Psychological evaluation/Testing
Comprehensive Child and Adolescent Assessment (CCAA)	Evaluation by a supervising practitioner/Psychiatric evaluation/Psychological evaluation/Testing
Comprehensive Child and Adolescent Assessment Addendum	Evaluation by a supervising practitioner/Psychiatric evaluation/Psychological evaluation/Testing
Conferences with family or other responsible persons	Conferences with family or other responsible persons advising them on how to assist the client
Hospital Observation Room Services (23:59)	Other
Support Services:	
Interpreter Services for MH/SA services	Other
Telehealth Transmission	Other
RFP - Medicaid covered services for Adults 19 and over ⁽¹⁾	
Crisis Stabilization Services:	
Crisis Assessment	Other
Inpatient Services (Acute and Sub-Acute):	
Acute Inpatient Hospital	Adult Inpatient Hospital Psychiatric Services/Inpatient Hospital Services for 65+ in Institutions for Mental Disease
Sub-acute Hospital	Adult SubAcute Inpatient Hospital Psychiatric Services (21 and over)
Outpatient Assessment and Treatment:	
Partial Hospitalization	Adult Day Treatment Psychiatric Services
Social Detox	Other
Day Treatment (MH)	Adult Day Treatment Psychiatric Services
Intensive Outpatient (SA)	Adult Day Treatment Psychiatric Services
Medication Management	Medication Checks
Outpatient (Individual, Family, Group) (MH, SA, or Dual MH/SA)	Family Assessment, Family Psychotherapy Services, Family Substance Abuse Counseling, Group Psychotherapy, Group Substance Abuse Counseling, Individual Psychotherapy, Individual Substance Abuse Counseling
Injectable Psychotropic Medications	
Substance Abuse Assessment	Physician Administered Outpatient Drugs
Psychological Evaluation and Testing	Psychiatric Evaluation/Psychological Evaluation/Testing
Electroconvulsive Therapy – ECT	Psychiatric Evaluation/Psychological Evaluation/Testing
Initial Diagnostic Interviews	Electroconvulsive therapy
Biopsychosocial Assessment and Addendum (currently in policy but maybe eliminated by June 30, 2013)	Psychiatric Evaluation/Psychological Evaluation/Testing
Crisis Outpatient Services	Psychiatric Evaluation/Psychological Evaluation/Testing
Client Assistant Program (CAP) (managed care benefit only)	Family Psychotherapy Services, Family Substance Abuse Counseling, Group Psychotherapy, Group Substance Abuse Counseling, Individual Psychotherapy, Individual Substance Abuse Counseling
Ambulatory Detoxification	Psychiatric Evaluation/Psychological Evaluation/Testing
Psychiatric nursing (in-home)	Other
Rehabilitation Services:	
Dual Disorder Residential	Adult SubAcute Inpatient Hospital Psychiatric Services (21 and over)
Intermediate Residential – (SA) substance abuse	Adult SubAcute Inpatient Hospital Psychiatric Services (21 and over)
Short-Term Residential	Adult SubAcute Inpatient Hospital Psychiatric Services (21 and over)
Halfway House	Adult Day Treatment Psychiatric Services
Therapeutic Community – (SA only)	Adult SubAcute Inpatient Hospital Psychiatric Services (21 and over)
Community Support (SA)	MHSA Community Treatment/Support/Psychosocial Rehab
Support Services:	
Interpreter Services for MH/SA services	Other
Telehealth Transmission	Other
Medicaid Rehabilitation Option (MRO) services supplemented by Department of Behavioral Health (DBH), which are moving to Medicaid paid services only:	
Rehabilitation Services:	
Psychiatric Residential Rehabilitation	MHSA Community Treatment/Support/Psychosocial Rehab
Secure Residential Rehabilitation	MHSA Community Treatment/Support/Psychosocial Rehab
Assertive Community Treatment (ACT) and Alternative ACT (Alt. ACT)	Adult Day Treatment Psychiatric Services
Community Support (MH)	MHSA Community Treatment/Support/Psychosocial Rehab
Day Rehabilitation	MHSA Community Treatment/Support/Psychosocial Rehab