



Molina Healthcare of Washington

Member Services: (800) 869-7165/TTY 7-1-1
www.MolinaHealthcare.com

2019 Benefits At-A-Glance

Our goal is to provide you with the best care possible.

All covered services must be medically necessary and are subject to prior authorization requirements. You or your provider may call us and request a free copy of the decision-making criteria for services. For a full and detailed list of benefit information, please refer to your Member Handbook or call Member Services.

2019	Behavioral Health Services Only (BHSO)
NOTE: Physical Health Benefits will be provided through your Apple Health Medicaid Physical Health Provider	
Ambulance Transportation	FFS
Court Ordered Treatment	X
Drug and Alcohol Treatment <ul style="list-style-type: none"> • Assessment • Brief intervention and referral to treatment • Withdrawal management (detoxification) • Outpatient treatment • Intensive outpatient treatment • Inpatient residential treatment • Opiate substitution treatment services • Case management <i>See also Wraparound Services for Substance Use Disorder and Mental Health Services</i>	X
Emergency Room Care	X
Hospitalization	X

X = covered benefit

— = non covered benefit

FFS= services covered with your Medicaid Services Card through Washington Apple Health Medicaid



Molina Healthcare of Washington

Member Services: (800) 869-7165/TTY 7-1-1
www.MolinaHealthcare.com

All covered services must be medically necessary and are subject to prior authorization requirements. You or your provider may call us and request a free copy of the decision-making criteria for services. For a full and detailed list of benefit information, please refer to your Member Handbook or call Member Services.

2019	Behavioral Health Services Only (BHSO)
<p>Mental Health</p> <ul style="list-style-type: none"> • Evaluation and Treatment/Community Hospitalization • Intake evaluation • Individual treatment services • Medication management • Medication monitoring • Group treatment services • Peer support • Brief intervention and treatment • Family treatment • High intensity treatment • Therapeutic psychoeducation • Day support • Stabilization services • Rehabilitation case management • Mental health services provided in a residential setting • Special population evaluation • Psychological assessment <p><i>See also Wraparound Services for Substance Use Disorder and Mental Health Services</i></p>	<p>X</p>
Out-of-Area Care	X (Limited Benefit)
Transportation (Emergent and Non-Emergent)	FFS

X = covered benefit

— = non covered benefit

FFS= services covered with your Medicaid Services Card through Washington Apple Health Medicaid



Molina Healthcare of Washington

Member Services: (800) 869-7165/TTY 7-1-1
www.MolinaHealthcare.com

All covered services must be medically necessary and are subject to prior authorization requirements. You or your provider may call us and request a free copy of the decision-making criteria for services. For a full and detailed list of benefit information, please refer to your Member Handbook or call Member Services.

2019	Behavioral Health Services Only (BHSO)
<p>Wraparound Services for Substance Use Disorder and Mental Health Services</p> <ul style="list-style-type: none"> • Acute Withdrawal Management • Sub-Acute Withdrawal Management • Engagement and Referral • Alcohol/Drug Information School • Opiate Dependency Outreach • Interim Services • Community Outreach • Sobering Services • Room and Board • Therapeutic Interventions for Children • Transportation • Childcare Services • PPW Housing Support Services • Family Hardship • Recovery Support Services • Continuing Education • High Intensity Treatment (PACT) • Mental Health Residential Services • Evaluation and Treatment Services • Room and Board in Residential • Rehabilitation Case Management • WISe 	<p>X (Limited Benefit)</p>

X = covered benefit

— = non covered benefit

FFS= services covered with your Medicaid Services Card through Washington Apple Health Medicaid