



Molina Healthcare of Washington

Member Services: (800) 869-7165/TTY 711
www.MolinaHealthcare.com

2020 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.

2020	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 • Opioid 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



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2020	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>
<p>Out-of-Area Care</p>	<p>X (Limited Benefit)</p>
<p>Transportation (Emergent and Non-Emergent)</p>	<p>FFS</p>

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2020	Behavioral Health Services Only (BHSO)
<p>Wraparound Services for Substance Use Disorder and Mental Health Services * Note: Services are not exhaustive and are subject to fund availability</p> <ul style="list-style-type: none"> • Acute Withdrawal Management • Sub-Acute Withdrawal Management • Engagement and Referral • Alcohol/Drug Information School • Opioid Dependency/HIV Services Outreach • Interim Services • Community Outreach • Sobering Services • Room and Board • Therapeutic Interventions for Children • Transportation • Childcare Services • Expanded Community Services • PPW Housing Support Services • Supported Employment • Jail Transition Services • Family Hardship • Recovery Support Services • Outreach and Engagement • Continuing Education and Training • Assistance with Application for Entitlement Services • High Intensity Treatment (PACT) • Mental Health Residential Services • Evaluation and Treatment Services • Rehabilitation Case Management • Urinalysis Testing • WISe 	<p style="text-align: center;">X (Limited Benefit)</p>

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— = non covered benefit

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