

Cardinal Health Plan Schedule of Benefits
Developmental Disabilities
5-12-09

Developmental Disabilities Basic Services

Up to 8 events Adults
Up to 12 events Children
Without prior Authorization

Service Definition	Coverage	Restrictions
Assertive Outreach	State Only	Basic Only
Clinical Evaluation/Assessment/Intake	Medicaid and State	
Diagnostic Assessment	Medicaid and State	
Individual Therapy	Medicaid and State	
Family Therapy	Medicaid and State	
Group Therapy	Medicaid and State	
Psychiatric Services (Medication Management/Administration/Check)	Medicaid and State	
Mobile Crisis Management	Medicaid and State	
Interpreter Services	Medicaid and State	

Developmental Disabilities Augmented Services

Basic Services *PLUS* Basic Augmented
Requires Authorization through Piedmont Utilization Management

Service Definition	Coverage	Restrictions
Psychological Testing	Medicaid and State	
Developmental Testing (Limited and Extended)	Medicaid and State	
Neurobehavioral Exam	Medicaid and State	
Neuropsychological Testing Battery	Medicaid and State	
Developmental Day Services	State Only	
ADVP	State Only	
Supported Employment – Individual and Group	Medicaid and State	
Supported Living – Low and Moderate	State Only	
Peer Supports- (Must have co-morbid disorder of MH or SA to qualify)	Medicaid Only	

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Developmental Disabilities Augmented Services

Basic Services *PLUS* Basic Augmented
Requires Authorization through Piedmont Utilization Management

Service Definition	Coverage	Restrictions
Individual Supports-(Must have co-morbid disorder of MH or SA to qualify)	Medicaid Only	
Family Living – Low and Moderate	State Only	
Developmental Day Activities	Medicaid and State	Child and Youth
Group Living – Low and Moderate	State Only	
Hourly Respite – Individual and Group	Medicaid	
Hourly Respite	State Only	
Community Respite	State Only	
Long Term Support	State Only	Adult

Developmental Disabilities Enhanced Services

Basic and Basic Augmented *PLUS* Enhanced Services
Requires Individual Service Plan for Authorization

Service Definition	Coverage	Restrictions
Facility Based Crisis Service	Medicaid and State	
Case Management - Targeted	Medicaid and State	
Personal Care	State Only	
Day Supports	State Only	Adult
Guardianship	State Only	Adult
Supported Living – High	State Only	
Supervised Living – 1 Resident to 6 residents	State Only	Adult
Residential Supports	State Only	Adult
Personal Assistance – Individual (end date 5-1-2010)	State Only	
Group Living – Hi	State Only	
Intermediate Care Facility-MR (ICF-MR)	Medicaid and State	

NOTE: State Services are subject to available funding and are not an entitlement.