

## Service Definitions

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

<b>Basic Services</b> <b>Developmental Disabilities</b> Basic - Up to 8 events without prior Authorization		
Service Definition	<i>Coverage</i>	<b>Restrictions</b>
Assertive Outreach	State Only	<b>Basic Only</b>
Clinical Evaluation/Assessment/Intake	Medicaid and State	
Individual Therapy	Medicaid and State	
Family Therapy	Medicaid and State	
Group Therapy	Medicaid and State	
Medication Check	Medicaid and State	

<b>Basic Augmented Services</b> <b>Developmental Disabilities</b> Basic Services PLUS Basic Augmented Requires Authorization through Piedmont Utilization Management		
Service Definition	<i>Coverage</i>	<b>Restrictions</b>
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	State Only	
Supported Living – Low and Moderate	State Only	
Family Living – Low and Moderate	State Only	
Group Living – Low and Moderate	State Only	
Hourly Respite – Individual and Group	State Only	
Long Term Support	State Only	Adult

# Enhanced Services Developmental Disabilities

**Basic and Basic Augmented *PLUS* Enhanced Services  
Enhanced - Requires Individualized Support Plan for Authorization**

Service Definition	<i>Coverage</i>	<b>Restrictions</b>
Facility Based Crisis Service	Medicaid and State	
Case Management – Targeted	Medicaid and State	
Personal Care	State Only	
Therapeutic Intervention/Crisis Prevention - Individual and Group	State Only	Adult
Day Supports	State Only	Adult
Guardianship	State Only	Adult
Independent Living-MR/MI	State Only	Adult
Individual Supports	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	State Only	
Group Living – High	State Only	
Intermediate Care Facility-MR (ICF-MR)	Medicaid and State	

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<b>Basic Services</b> <b>Mental Health</b> <b>Basic - Up to 8 events without prior Authorization</b>		
Service Definition	Coverage	Restrictions
Assertive Outreach	State Only	Basic Only
Clinical Evaluation/Assessment/Intake	Medicaid and State	
Individual Therapy	Medicaid and State	
Family Therapy	Medicaid and State	
Group Therapy	Medicaid and State	
Medication Check	Medicaid and State	
Case Support	State Only	

<b>Basic Augmented Services</b> <b>Mental Health</b> <b>Basic Services PLUS Basic Augmented</b> <b>Basic Augmented - Requires Authorization through Piedmont Utilization Management</b>		
Service Definition	Coverage	Restrictions
Psychological Testing	Medicaid and State	
Neurobehavioral Exam	Medicaid and State	Adult
Neuropsychological Testing Battery	Medicaid and State	Adult
Psychosocial Rehabilitation	Medicaid and State	Adult
Hourly Respite (CHILD & YOUTH Specific)	State Only	Child & Youth
Community Respite	State Only	Child & Youth
Hourly Respite – Individual and Group	State Only	
Personal Assistance – Individual	State Only	Adult
Supported Employment – Individual and Group	State Only	
Day Activity	State Only	
Drop In Center– Attendance	State Only	Adult
Supervised Living – Low and Moderate	State Only	
Supported Living – Low and Moderate	State Only	Adult
Community Respite	State Only	
Family Living – Low and Moderate	State Only	Adult
Group Living – Low and Moderate	State Only	Adult
Respite	Medicaid (B-3)	Child
Supported Employment	Medicaid (B-3)	Child 16 and up
Peer Support	Medicaid (B-3)	Adult
Individual Support	Medicaid (B-3)	Adult

## Enhanced Services Mental Health

**Basic and Basic Augmented *PLUS* Enhanced Services  
Enhanced - Requires Individualized Support Plan for Authorization**

Service Definition	Coverage	Restrictions
Partial Hospitalization - Child	Medicaid and State	Child & Youth
Partial Hospitalization - Adult	Medicaid and State	Adult
Community Support Services - Child	Medicaid and State	Child & Youth
Community Support Services - Adult	Medicaid and State	Adult
Community Support Services - Group	Medicaid and State	
Community Support Services - Team	Medicaid and State	Adult
Assertive Community Treatment Program	Medicaid and State	
Day Treatment – Child and Youth	Medicaid and State	Child & Youth
Facility Based Crisis Service	Medicaid and State	Adult
Psychiatric Residential Treatment Facility (PRTF)	Medicaid and State	Child & Youth
Behavioral Health - Long Term Residential (Level IV)	Medicaid and State	Child & Youth
Behavioral Health - Long Term Residential (Level III)	Medicaid and State	Child & Youth
Therapeutic Foster Care – Child (Level II)	Medicaid and State	Child & Youth
Group Living – High	State Only	Adult
Intensive In-Home Services	Medicaid and State	Child & Youth
Multi-systemic Therapy (MST)	Medicaid and State	Child & Youth
Diagnostic Assessment (MH/SA)	Medicaid and State	
Mobile Crisis Management (MH/SA)	Medicaid and State	
Inpatient Hospital	Medicaid and State	
Community Transition	Medicaid (B-3)	Adult
Crisis Respite	Medicaid (B-3)	Child

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<b>Basic Services Substance Abuse</b> <b>Basic - Up to 8 events without prior Authorization</b>		
Service Definition	Coverage	Restrictions
Assertive Outreach	State Only	Basic Only
Clinical Evaluation/Assessment/Intake	Medicaid and State	
Individual Therapy	Medicaid and State	
Family Therapy	Medicaid and State	
Group Therapy	Medicaid and State	
Medication Check	Medicaid and State	
Behavioral Health Prevention Education Services	State Only	
Case Support	State Only	

<b>Basic Augmented Services Substance Abuse</b> <b>Basic Services PLUS Basic Augmented</b> <b>Basic Augmented - Requires Authorization through Piedmont Utilization Management</b>		
Service Definition	Coverage	Restrictions
Substance Abuse Intensive Outpatient Program	Medicaid and State	
Alcohol and/or Drug Services; methadone administration	Medicaid Only	Adult
Supported Living – Low and Moderate	State Only	
Group Living – Low and Moderate	State Only	
Ambulatory Detoxification	Medicaid and State	
Detox – Social Setting	State Only	Adult
Respite	Medicaid (B-3)	Child
Supported Employment	Medicaid (B-3)	Child 16 and up
Peer Support	Medicaid (B-3)	Adult

## Enhanced Services Substance Abuse

**Basic and Basic Augmented *PLUS* Enhanced Services  
Enhanced - Requires Individualized Support Plan for Authorization**

Service Definition	Coverage	Restrictions
Diagnostic Assessment (MH/SA)	Medicaid and State	
Community Support Services - Child	Medicaid and State	Child & Youth
Community Support Services - Adult	Medicaid and State	Adult
Community Support Services - Group	Medicaid and State	
Community Support Services - Team	Medicaid and State	Adult
Supported Living – High	State Only	
Group Living – High	State Only	
Substance Abuse Intensive Outpatient Program	Medicaid and State	
SA Comprehensive Outpatient Treatment Program	Medicaid and State	
Mobile Crisis Management (MH/SA)	Medicaid and State	
Facility Based Crisis Service	Medicaid and State	
Non-Hospital Medical Detoxification	Medicaid and State	
Non-Medical Community Residential Treatment - Adult	Medicaid and State	Adult
Medically Monitored Community Residential Treatment	Medicaid and State	Adult
Medically Supervised or ADATC Detoxification/Crisis Stabilization	Medicaid and State	
Inpatient Hospitalization	Medicaid and State	
Community Transition	Medicaid (B-3)	Adult
Crisis Respite	Medicaid (B-3)	Child