

Adult Medicaid Behavioral Health Treatment Services

This document is intended to be used to help identify the services available for someone with behavioral health challenges. Some of the programs listed may not be available in all areas or will be called by a different name. It is not intended to be a complete guide to benefits for all individuals.

To access outpatient behavioral health services, contact the assigned primary care provider, the individual’s Apple Health plan or look up your benefits in the Apple Health Plan Benefit Book [here](#). If accessing through a primary care provider an intake and assessment may not be necessary.

Behavioral health services provided by local Community Behavioral Health Agencies (CBHA) or individually contracted outpatient providers begin with a request for an intake evaluation or assessment. The intake or assessment will determine which services are medically necessary and appropriate. Telemedicine services may be available, but usage of telemedicine will vary by provider.

Treatment services are designed to treat behavioral health challenges and help people recover. A person may be enrolled in a program for a timeframe ranging from weeks to years, depending on their treatment needs. When a person meets their treatment goals, they are often transitioned out of the current level of care. This may include being transitioned to a lower level of care or being discharged from all services provided by CBHA. People with behavioral health condition often have a chronic illness that they manage better at certain times than others based on a variety of conditions including the course of their condition. If the person is discharged from services and they need more support for their condition later, they can return to services by initiating an intake.

Mental Health Treatment Services

How to access: All services below are accessed by requesting an intake evaluation from a community behavioral health agency (CBHA). No referrals are necessary. To request an intake, contact the CBHA directly. To find an agency or individual outpatient provider contact the assigned primary care provider or the individual’s assigned managed care organization (MCO) or call 211. The DOH also maintains a [list](#) of licensed CBHAs under “Find a BHA” menu option.

Service	Description	Place of service	Referral or Authorization criteria
Intake Evaluation	Identifies an individual’s needs and goals to help a client and their mental health care provider to determine a treatment plan. Individuals can receive short or long-term treatment and return at a future time.	In office at CBHA, via telemedicine, or can be done by outreach in the community in limited situations.	No referral necessary. An intake can be requested by the individual or a professional or social support on their behalf. Sometimes CHBAs may not be willing/able to allow a support person to schedule an intake without a release of information or the identified client present.

The type of services, location, frequency, and duration of services are ordered in the care plan made with a clinician at the CBHA and updated regularly to reflect any changing needs.

All services are ordered as part of an individual care plan and can be offered simultaneously if clinically appropriate.

Note: Resource availability varies by service area and agency, each CBHA may have specific criteria for eligibility and services and may not have a contract with every MCO. If you have questions about service availability or whether a shared client might benefit, please contact the MCO via the care coordination email contacts.

Service	Description	Place of service	Referral or Authorization criteria
Individual Treatment Services	Counseling, skills training, psychoeducation, or other activities designed to meet care plan goals, which may include community support, short-term counseling to address a specific problem.	In office at CBHA, via telemedicine, or community based.	No referral needed. Service ordered in a care plan.
Medication Management	Licensed staff who specializes in prescribing psychiatric medication. Meeting with psychiatric prescriber may also include diagnosis, brief therapy, and education about side effects. Medical assistants or RNs may help the prescriber monitor vitals, reconcile medications, and administer long-acting injectable medication. Does <u>not</u> include daily administration. *Note: most CBHAs require individuals to be involved in other treatment services the agency provides in order to receive this service.	In office at CBHA or via telemedicine.	No referral needed. Service ordered in a care plan.
Medication Monitoring	Services to determine how an individual's medication is working and to help them take it as prescribed.	In office at CBHA or telemedicine. In-home medication monitoring is generally only available for PACT clients, as clinically indicated.	No referral needed. Service ordered in a care plan.

Service	Description	Place of service	Referral or Authorization criteria
Group Treatment Services	Skills training, counseling, and/or psychoeducation with others who have similar behavioral health challenges	In office at CBHA, inpatient treatment settings, at Residential Treatment Facilities (RTF) or via telemedicine	No referral needed. Service ordered in a care plan.
Peer Support	Support with navigating the public mental health system, accessing community resources, transitioning back into the community following a hospitalization, learning how to manage one's own recovery, and learning to self-advocate. Peer Support specialists are trained individuals who have lived experience and/or are in recovery from a behavioral health condition.	In office at CBHA, via telemedicine, community-based, or facility-based.	No referral needed if receiving service at a CHBA. Service ordered in a care plan. *Separate referral process for Peer Bridger Program.
Family Therapy/Treatment	Family-centered counseling to help build stronger relationships, create effective strategies, and solve problems.	In office at CBHA, via telemedicine or community-based	No referral needed. Service ordered in a care plan.
Therapeutic Psychoeducation	Education about mental health conditions, treatment choices, medications and recovery, including supports and/or supportive services. Skill building and homework to practice these skills are often recommended as part of treatment.	In office at CBHA, inpatient settings, RTFs, via telemedicine, or community-based.	No referral needed. Service ordered in a care plan.
Rehabilitation Case Management	Coordination between inpatient and outpatient mental health services. This might be part of the intake evaluation.	In any inpatient facility	No referral needed. Service ordered in a care plan. However, may be ordered prior to intake.

Service	Description	Place of service	Referral or Authorization criteria
Day Support/Clubhouse Model.	A program that helps people in behavioral health recovery with peer support and often professional staff support. People received vocational training and support, educational opportunities, volunteer opportunities and social support.	Typically in a freestanding clubhouse or other facility	Programs may require referral and/or an orientation before services are made available. Service ordered in a care plan.
Mental Health Services in a Residential Setting (Often provided in a Residential Treatment Facility -RTF)	Mental health services in a residential treatment setting. Includes medication management, individual psychotherapy, group counseling/skills training/psychoeducation, occupational and/or recreational therapy, nursing assessment, and discharge planning.	In a structured residential setting with onsite services that does not meet the criteria for hospitalization but is meant to help stabilize a person to move to a more independent living setting.	Some RTFs require individuals to be referred by a provider, some allow individuals to self-refer. Requires an intake assessment by an MHP for medical necessity for admission. Requires prior authorization from payer to access this service and to authorize continued stay.
Supported Employment	Services that help individuals with barriers to employment get and keep a job, including: Employment assessments. Assistance with applications, community resources and employer outreach. Education, training and coaching necessary to maintain employment. <u>Supported employment does not pay for wages or wage enhancements.</u>	In office at CBHA, via telemedicine or community-based setting including place of employment.	Services are now available for those who qualify. To learn more, please contact Amerigroup at FCSTPA@Amerigroup.com , 1-844-451-2828, or online: <ul style="list-style-type: none"> • Amerigroup Foundational Community Supports provider website • Amerigroup Foundational Community Supports client website

Service	Description	Place of service	Referral or Authorization criteria
Supportive Housing	<p>Services that help individuals get and keep community housing, including:</p> <p>Community Support Services (CSS): wrap-around supports that assess housing needs, identify appropriate resources, and develop the independent living skills necessary to remain in stable housing. <u>Supportive housing does not pay for rent or other room- and board-related costs.</u></p>	<p>In office at CBHA, via telemedicine or community-based including residence.</p>	<p>Services are now available for those who qualify. To learn more, please contact Amerigroup at FCSTPA@Amerigroup.com , 1-844-451-2828, or online:</p> <ul style="list-style-type: none"> • Amerigroup Foundational Community Supports provider website • Amerigroup Foundational Community Supports client website

Common Behavioral Health Treatment Delivery Programs

The below are programs that deliver a bundle of services to an individual in a specialized way. These programs provide the same behavioral health treatment services described in this document, however here they are combined in a package meant to help overcome certain behavioral health-related barriers. Since these programs are designed to support certain needs or diagnoses, they have unique requirements and availability. Not all programs are available in every region. These treatment services need to be ordered as part of the care plan.

Service Delivery Program	Description	Place of service	Referral or Authorization criteria
Program for Assertive Community Treatment (PACT)	<p>An evidenced based program consisting of multiple services provided by a team that serves individuals with serious mental illness who have significant barriers such as: homelessness, frequent contact with law enforcement and frequent institutional stays. PACT teams provide individual treatment, medication management and/or monitoring, psychoeducation, peer support, supported employment services, and after-hours support. These services are to help people living independently and are brought to the individual's residence. Team is available 24/7 and provides all mental health services to the individual. Medication monitoring can be provided as clinically necessary.</p>	<p>In office at CBHA or community-based</p>	<p>Referrals are either done directly or through a centralized intake process depending on program. Service ordered in a care plan.</p> <p>Must meet Medical Necessity for mental health services <u>and</u> meet program requirements. Eligibility for PACT is prescribed by fidelity to the PACT program standards. Primary diagnosis of personality disorder or intellectual disability is often considered exclusionary criteria but can be considered on an individual basis. Other diagnoses may not be appropriate and are considered on a case-by-case basis.</p>

Service Delivery Program	Description	Place of service	Referral or Authorization criteria
First Episode Psychosis (FEP) Program	<p>Washington’s New Journeys demonstration project supports interdisciplinary teams providing a Coordinated Specialty Care model, providing medication management, individual resiliency training, family education, supported employment and education, individual treatment, and peer support for young adults experiencing their first episode of psychosis.</p>	<p>In office at CBHA or community-based</p>	<p>Referrals are either done directly or through a centralized intake process depending on program. Service ordered in a care plan.</p> <p>Must meet Medical Necessity for mental health services <u>and</u> meet program requirements. Eligibility for New Journeys is in alignment with the First Episode Psychosis program standards.</p>
Intensive Residential Treatment teams (IRT)	<p>A pilot team using the Assertive Community Treatment modality that works with people living in long-term care facilities with 24/7 support. Teams are available 16 hours/day, 5 days/week. Teams outreach to the facility and provide services onsite and in coordination with the facility and other programs. They are the primary mental health provider.</p>	<p>In a long-term care facility.</p>	<p>Referrals are conducted either through HCS or through the MCO depending on IRT program/region.</p> <p>Must meet program requirements including living in a 24/7 care facility.</p> <p>Available in Great Rivers, King, Pierce, and Spokane regions. See link for map of regional service areas.</p>

Service Delivery Program	Description	Place of service	Referral or Authorization criteria
Dialectical Behavior Therapy (DBT)	DBT is a cognitive behavioral treatment that is recognized as an evidence-based practice to treat chronically suicidal individuals diagnosed with borderline personality disorder (BPD), but can also treat substance use disorder, depression, PTSD, and eating disorders. There components of fidelity DBT are skills training group, individual treatment, DBT phone coaching, and consultation team.	In office at CBHA	Referrals will come from the either the current therapist or as a result of a centralized intake process. Service ordered in a care plan.
Peer Bridger	Peer Bridger staff deliver peer support services to individuals in state hospitals prior to discharge and after their return to their communities. The Peer Bridger develops a relationship of trust with the participant while transitioning back to their community.	Services are initiated while the person is in an inpatient setting and help the person transfer to community settings.	Referrals for the Peer Bridger program are made by the inpatient facility or the MCO while the person is in the facility. Services follow the person back into their community for a short time to assist in transition.

Service Delivery Program	Description	Place of service	Referral or Authorization criteria
Day Support – (Sometimes delivered through Partial Hospitalization Programs (PHP) or Clubhouse)	Services are provided by an interdisciplinary team, typically occurs 8 hours/day for approximately 7 days. May include group counseling/skills training/psychoeducation, family therapy, occupational or recreational therapy, psychotherapy, and medication management. Most appropriate for individuals with unstable medical and/or psychiatric conditions who need daily monitoring in a structured setting. *There are PHPs specific to eating disorder treatment	Typically, a standalone facility, often part of a psychiatric hospital’s service array.	Individuals can be referred by a provider or self-refer. Requires prior authorization from payer to access this service and request additional treatment days.
Telecare Community Alternatives Team (T-CAT)	Voluntary, short-term, wraparound hospital diversion and transitional support services with the goal of assisting clients in returning to or remaining in the community. Access to a prescriber, peers, clinicians, and intensive case management support. Aids in accessing existing outpatient services or new recovery-enhancing services/resources. Typically, up to 90 days of service; on-call capability.	Community-based	Individuals can be referred by a provider or self-refer. No prior authorization required. Available in Thurston, Mason, and Pierce counties

Behavioral Health Crisis Services

Crisis services are available 24/7 without referral. 24-hour services to help stabilize an individual in a location that is best suited to meet their needs. An intake evaluation is not required before using this service.

For immediate help with a mental health crisis call, text, or chat 988.

For SUD support call: 1-866-789-1511 the Washington Recovery Help Line

Service	Description	Place of Service	Referral or Authorization criteria
Regional Crisis lines (RCL)	RCLs are regionally based services that can provide on phone support for people in crisis. RCLs are a regions primary way to access crisis services like mobile crisis. They can also be used to link people to outpatient services.	Phone based service only. For a list of local crisis hotlines please use this link .	Available to anyone regardless of payer 24/7.
988	988 is a service to provide support to people experiencing a crisis. 988 can provide de-escalation, stabilization, and service connections. 988 has several subnetworks including Spanish, and the Native and Strong Lifeline for Washington tribal members.	Phone, text, and chat-based service.	Available to anyone regardless of payer 24/7.
Mobile Rapid Response Crisis Teams (MRRCT)	MRRCT are an outreach-based team to respond to a person in crisis. They can provide de-escalation, stabilization, and on-going support for up to two weeks for a person experiencing a crisis.	Community based services including in-home, at a facility, and/or other community-based locations.	Available to anyone regardless of payer 24/7. Access the mobile crisis team in your area by contacting the regional crisis line. For a list of local crisis hotlines please use this link .

Service	Description	Place of Service	Referral or Authorization criteria
Evaluation and Treatment/Community Hospitalization	Crisis stabilization services in an E&T or community hospital includes medication management, individual psychotherapy, group counseling/skills training/psychoeducation, occupational and/or recreational therapy, nursing assessment, limited ADL assistance, discharge planning, and outpatient care coordination.	A licensed Evaluation and Treatment facility or licensed behavioral health hospital	Requires an assessment by an MHP for medical necessity for admission. Requires authorization from payer to access this service and to authorize continued stay.
Crisis Stabilization Facility	Short-term crisis stabilization for individuals that are experiencing an acute behavioral health crisis with an urgent/emergent need for a more structured environment. Stabilization facilities provide medication management, peer support, substance use disorder counseling, &/or mental health counseling. Individuals must be voluntary to meet admission criteria.	In a stabilization facility, triage facility, or other respite location	Individuals can usually be referred by a provider or facility or a person can request an intake by contacting the facility. Requires assessment by an MHP for medical necessity for admission. Requires authorization from payer to access this service and to authorize continued stay.
Peer Respite	A home like environment for people to stay in for a short time where they receive intensive peer services onsite to mitigate a crisis. Peer Respite are entirely peer operated and do not provide formal therapy or medication management.	In a licensed and certified peer respite facility.	Individuals must be self-referred for the facility to accept them. Requires assessment by a Certified Peer MHP for medical necessity for admission.

Service	Description	Place of Service	Referral or Authorization criteria
Secure Withdrawal Management and Stabilization	Withdrawal management and SUD treatment for individuals meeting criteria for involuntary detention under Ricky's Law (RCW 71.34). An individual does not have to be intoxicated or requiring detox at the time of admission.	In a licensed Secure Withdrawal Management facility	Individuals must meet legal criteria for involuntary detention as determined by the Designated Crisis Responder (DCR) based on grave disability and/or the likelihood of serious harm to self, others or property. Each freestanding facility has their own admission and exclusion criteria. There is no ASAM criteria involved.
Involuntary Treatment ACT (ITA) Investigations	<p>ITA investigations are legal investigations to involuntarily detain a person when a person is unable to stay safe due to their behavioral health condition. Investigations are conducted by a Designated Crisis Response (DCR) who must find the person to meet very specific criteria. The criteria is because of a behavioral health condition the person is at immediate risk of harm that can cannot be mitigated by a less restrictive alternative. The categories for risk are:</p> <ul style="list-style-type: none"> • Danger to self • Danger to others • Danger to property • Gravely disabled and unable to care for themselves. <p>Only if a person meets this criterion can a DCR file an ITA petition. <u>DCRs may choose to not initiate an investigation unless the person in crisis has been seen by either MRRCT or a behavioral health professional.</u></p>	ITA investigations can be done in the community, hospital, jail, or other setting when safe for the DCR to evaluate.	Available to anyone regardless of payer 24/7.

Substance Use Disorder Treatment Services

Service	Description	Place of Service	Referral or Authorization criteria
Substance Use Disorder (SUD) Assessment	The American Society of Addiction Medicine (ASAM) Criteria is applied by a licensed clinician to create a strength-based multidimensional assessment, which takes into account a patient's needs, obstacles and liabilities, as well as their strengths, assets, resources and support structure. One goal of SUD assessment is to determine appropriate level of care.	In CBHA, RTF, via telemedicine or inpatient facility	No referral needed. This must be completed prior to accessing SUD services. Services in an emergent situation may be provided for 48-72 hours prior to receiving an intake assessment.
Brief Intervention and Referral to Treatment	Time limited, to reduce problem use and refer the individual to SUD treatment.	In CBHA, RTF, via telemedicine or inpatient facility	No referral needed. Must meet Medical Necessity and be ordered on a care plan. Frequency, type, and duration is based on goals in care plan and current barriers.
Withdrawal Management (Detoxification)	Short-term medical and psychological care provided in an inpatient facility to treat symptoms that arise and ensure safety after an individual reduces or ends their substance use. (Hospital-based treatment is covered under the medical benefit)	In a licensed Withdrawal Management facility	This requires an assessment by a SUDP or medical doctor to determine medical necessity for admission (e.g., assessment of withdrawal symptoms/risk)
Medication Assisted Treatment (MAT)	Medication that treats individuals with opioid use disorder or alcohol use disorder and tobacco cessation, using FDA-approved medications, with or without individual or group behavioral health treatment. [Ex. methadone, suboxone, naltrexone].	In CBHA, residential treatment facilities, withdrawal management facilities, in opioid treatment programs, in specialist offices and via telemedicine	No referral needed. Service may ordered in a care plan or can be accessed separately from a CHBA by a specialty provider. Must meet Medical Necessity. Frequency, type, and duration is based on goals in care plan and current barriers.

Service	Description	Place of Service	Referral or Authorization criteria
Outpatient SUD Treatment	Outpatient services may include individual and group counseling, family therapy, and psychoeducation aimed at achieving changes in substance use, teaching alternative coping skills and preventing relapse. Often used as a step-down from a more intensive level of care, for those with less severe SUD, or for recovery maintenance.	In office at CBHA or via telemedicine	No referral needed. Service ordered in a care plan. Must meet Medical Necessity (ASAM Criteria Level 1). Frequency, type, and duration is based on goals in care plan and current barriers.
Intensive Outpatient SUD Treatment	Intensive outpatient services are provided by an interdisciplinary team and may include more intensive and structured individual and group counseling, family therapy, and psychoeducation. Adult IOP SUD is generally 3-4x/week.	In office at CBHA or via telemedicine	No referral needed. Service ordered in a care plan. Must meet Medical Necessity (ASAM Criteria Level 2.1). Frequency, type, and duration is based on goals in care plan and current barriers.
Residential or Inpatient SUD Treatment	May include a comprehensive program of individual counseling, group counseling/skills training/psychoeducation, family education and counseling, MAT, and supportive employment and housing provided in a 24-hour living support setting. Residential SUD treatment may be co-occurring, treating psychiatric and substance use disorders.	In a licensed residential SUD treatment facility	Requires authorization from payer to access this service and continued stay review for additional treatment days. Must meet Medical Necessity (ASAM Criteria Levels 3.1, 3.3, 3.5, & 3.7).
Recovery Navigator	Provides community-based outreach, intake, assessment, and connection to services for individuals referred through pre-arrest diversion and community referral. These services support individuals with substance use disorder (SUD), including	Services can be provided in a variety of settings, primarily through outreach and engagement in the community and also in regional provider locations as well.	Available to anyone upon referral from court or law enforcement regardless of payer 24/7.

individuals with co-occurring substance use disorders and mental health conditions.

Community Behavioral Health Resources

Services are available for any community member in recovery. No referral or prior authorization is required.

Service	Description	Place of Service	Referral or Authorization criteria
Peer run centers	Peer run centers are operated entirely by people with lived experience. They all focus on peers supporting each other and helping link people with services. Centers may provide workshops to create Wellness Recovery Action Plans (WRAP).	Peer run centers can be called cafes, walk in center, reach centers, and many other names. They are independently run throughout the state.	No referral or prior authorization is required.
NAMI Support Groups	NAMI support groups are peer-led and offer participants (individuals in behavioral health recovery and their families) an opportunity to share their experiences and gain support from other attendees. May provide workshops to create Wellness Recovery Action Plans (WRAP).	Typically, in a freestanding NAMI office or virtually. Washington NAMI Affiliates list: https://www.namiwa.org/index.php/get-help-support/local-affiliates	No referral or prior authorization is required.
Twelve-Step Programs (e.g., Alcoholics Anonymous, Narcotics Anonymous, etc.)	Peer-run meetings utilizing a twelve-step format to support participants in their recovery.	Churches, schools, CBHAs, and a variety of other community settings. Virtual meetings currently available.	No referral or prior authorization is required.
Self-Management and Recovery Training (SMART Recovery)	A secular and science-based alternative to 12 step programs, which uses CBT and motivational enhancement methods to help support participants in their recovery.	Churches, schools, CBHAs, and a variety of other community settings. Virtual meetings currently available. Meeting locator: https://www.smartrecoverytest.org/local/	No referral or prior authorization is required.