
Understanding Behavioral Health Services Only enrollment

What is Behavioral Health Services Only (BHSO) coverage?

Behavioral Health Services Only (BHSO) enrollment is for Apple Health clients who are not eligible for medical managed care plans (such as those with Medicare as primary insurance). BHSO enrollment ensures everyone who is eligible has access to behavioral health benefits. Through BHSO, clients get coverage for their specialty behavioral health care (mental health and substance use disorder treatment).

Certain behavioral health services are funded by the Washington State Legislature (outside of Apple Health) or by federal grants. These services complement Apple Health benefits and may be available to BHSO-covered Apple Health clients who meet specific program and medical necessity criteria.

Who will be enrolled in BHSO coverage?

HCA will automatically enroll clients in BHSO coverage when a person is eligible for behavioral health services under Apple Health but receives their physical health coverage outside the managed medical care program. This includes:

- Individuals with primary insurance through Medicare (traditional or Part C).
- Individuals in foster care who receive their medical care through the fee-for-service program (also referred to as coverage without a managed care plan).
- Certain individuals who have private insurance coverage.

Note: Dual-eligible American Indian/Alaska Native (AI/AN) clients may opt in or out of BHSO coverage at any time

How are clients enrolled in BHSO coverage?

Apple Health clients who are **not** enrolled in an Apple Health managed care plan but are eligible for BHSO benefits will be automatically enrolled into BHSO with one of the available managed care organizations.

How do clients change their BHSO plan?

Clients can change their plan at any time by contacting the HCA Medical Assistance Customer Service Center toll-free at 1-800-562-3022, Monday through Friday from 7 a.m. to 5 p.m. (TRS: 711). Note that plan selections typically take effect the beginning of the next month.

What services are covered under BHSO

Mental health inpatient treatment

Medically necessary inpatient crisis care:

- Evaluation
- Treatment
- Community hospitalization

Mental health outpatient treatment

Mental health outpatient services may include:

- 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

Substance use disorder services

Substance use disorder services may include:

- Assessment
- Brief intervention and referral to treatment
- Withdrawal management (detoxification)
- Outpatient treatment
- Intensive outpatient treatment
- Inpatient residential treatment
- Opiate substitution treatment services
- Case management

How does a provider verify a client's enrollment in BHSO?

There are two steps to verifying a client's BHSO enrollment in ProviderOne:

- Under **Client Eligibility Spans**, check the client's type of coverage, or **Benefit Service Package**. It must include CNP or ABP.
- Under **Managed Care Information**, check which plan covers their benefits, listed in the Plan/PCCM Name column (e.g., "[Plan Name] Behavioral Health Services Only").

For example: A dual eligible who is categorically needy and has "MHC Behavioral Health Services Only" in the managed care screen will receive their physical health benefits from Medicare (with Apple Health as secondary, using the QMB benefit to pay Part A and Part B cost-sharing on a FFS basis), with their behavioral health benefits from Molina's BHSO coverage.

How is managed care enrollment for BHSO different from the Behavioral Health Organizations we were accustomed to using?

The coverage provided under BHSO is the same coverage provided to individuals who received care through a behavioral health organization (BHO), prior to implementation of integrated managed care. The main difference is that the BHSO enrollees are in the managed care plans that operate integrated managed care. This means clients with BHSO will have access to the same behavioral health provider networks as clients in integrated managed care plans.

Learn more

Learn more about Healthier Washington and integrating behavioral and physical health care at: www.hca.wa.gov/apple-health-managed-care and www.hca.wa.gov/about-hca/healthier-washington/integrated-physical-and-behavioral-health-care.