EXHIBIT 8
DATE Wed JAN 26 2005
HB

MENTAL HEALTH SERVICES FOR CHILDREN - PROPOSED ADDED BENEFIT FOR CHIP
1/1/2005
(Note: These expanded MH benefits were eliminated in August 2002.)

The following services are in addition to the basic CHIP coverage.

Service	ADDED MENTAL HEALTH BENEFIT TO CHIP
Inpatient Hospitalization	
Inpatient Hospital Psychiatric Residential (RTC)	addition benefit after limit met
Partial Hospitalization	
Therapeutic Group	
Therapeutic Family (not foster care)	Yes*
Targeted Youth Case Management	
Mental Health Center Services:	
Day Treatment	Yes
CSCT (school-based)	Yes*
CBPRS (therapeutic aide)	Yes
Respite Care	Yes but limited
Community Based Outpatient Provided by	
Psychologist, Social Worker, LCPC	
Assessment	additonal benefit after limit met
Individual, family and group therapy	additonal benefit after limit met
Medication Management	Yes
Pharmacy	

Note: There are no limits on inpatient or outpatient benefits for CHIP enrollees with severe mental illness. Severe mental illness means the following disorders: schizophrenia, schizoaffective disorder, bipoloar disorder, major depression, panic disorder, obsessive-compulsive disorder, and autism.

* Prior Authorization required

	ADDED MENTAL HEALTH BENEFIT TO CHIP
Eligibility	
Eligibility-Financial	Up to 150% FPL
Eligibility- Clinical	SED
Exclusions	Medicaid
	insurance
	State/MUS health plan
Federal Match	
SFY 2005 FMAP	80.50%
SFY 2006 FMAP	79.62%
SFY 2007 FMAP	79.09%