ROADMAP TO BEHAVIORAL HEALTH

Guide to Mental Health and Substance Use Disorder Services
EMERGENCY AND CRISIS INFORMATION

Need help now? Use these hotlines for help. If you are in a crisis, have an emergency, or a life-threatening situation, call 9-1-1 to go to an emergency department.

If the situation is potentially life-threatening, get immediate emergency assistance by calling 9-1-1, available 24 hours a day.

National Suicide Prevention Lifeline
suicidepreventionlifeline.org
1-800-273-TALK (8255) (TTY: 1-800-799-4889)
is a 24-hour, toll-free, private suicide prevention hotline. Your call is routed to the nearest crisis center. On July 16, 2022, the National Suicide Prevention Hotline will transition to 988. Calls to 988 will be directed to 1-800-273-TALK during and after the 988 transition. Switching to an easy-to-remember 988 as the ‘911’ for suicide prevention and mental health crisis services will make it easier for those in crisis to access help and decrease the stigma surrounding suicide and mental health issues.

Veterans Crisis Line
veteranscrisisline.net
Call 1-800-273-8255 select option 1
(TTY: 1-800-799-4889), or text 838255.
This line connects veterans in crisis to qualified, caring Department of Veterans Affairs (VA) responders through a private, free hotline, chat, or text. Family and friends of veterans may also use this service.

Substance Abuse and Mental Health Services Administration (SAMHSA)
Treatment Locator
findtreatment.samhsa.gov
SAMHSA Referral Helpline
1-800-662-HELP (4357) (TTY: 1-800-487-4889)
is a 24-hour free line that provides private treatment referrals. It can also give you information about mental and/or substance use disorders, prevention, and recovery. Calls are available in English and Spanish. To find help nearby, send your zip code via text message: 435748 (HELP4U).

Disaster Distress Helpline
samhsa.gov/find-help/disaster-distress-helpline
Call or text 1-800-985-5990 if you’re experiencing emotional distress from natural or human-caused disasters.
Get immediate, multi-language, and private counseling.
How to Use This Guide

Use this guide with the Roadmap to Better Care to understand how to use your health coverage to improve your mental and physical health. This guide adds to the 8 steps of the Roadmap to Better Care to help you find out how to access behavioral health care.

Medicare is health insurance for people 65 or older. You’re first eligible to sign up for Medicare three months before you turn 65. You may be eligible to get Medicare earlier if you qualify. Call 1-800-MEDICARE (1-800-633-4227) to learn more.

Meet Maria

The following fictional story, “Maria’s Story,” shows you how you can use this Roadmap. The story also provides an example of a real-life experience to help you understand how to use your coverage to address a behavioral health condition.

Maria’s story: Getting health insurance

In November, during an Open Enrollment, Maria decides to apply for health insurance coverage. She knows that she can apply in a few ways. She looks for local help online at localhelp.healthcare.gov and finds an assister nearby. Maria makes an appointment to meet with Mark, an assister who can help her search through all the plans in her area.

Maria finds her ID, proof of residence, and pay stubs. She meets with Mark, who gives her an Enrollment Toolkit. This will help her learn why health coverage is important and what she needs to know before choosing a plan. Mark explains to Maria how to apply for coverage, reviews the documents she provided, and helps her complete the application. Mark helps Maria determine if she qualifies for Medicaid, a program that provides free or low-cost health coverage to low-income people and people with disabilities.

Maria is choosing health insurance for the first time and is surprised by the number of choices. Mark explains what she should look at to find a plan that fits her budget and health needs. He helps her finish applying for coverage. Maria’s insurance company will send her an insurance card and a member handbook after she pays her first premium.
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What is behavioral health?

Behavioral health is a key part of your overall health. It includes your emotional, psychological, and social well-being and is just as important as your physical health.

Behavioral health conditions include mental and substance use disorders.

- **Mental disorders** are changes in a person’s thinking, mood, and/or behavior. They can affect how they relate to others and make choices. These types of disorders can only be diagnosed based on the person’s ability to function as a result of their symptoms.

- **Substance use disorders** occur when a person’s repeated use of alcohol and/or drugs, such as opioids, prescription drugs, heroin, and other illicit drugs, cause clinically-significant impairment. This may include health problems, disability, and failure to meet major responsibilities at home, school, or work.

- **Co-occurring disorders** are when a person has both a mental and substance use disorder.

- **Co-existing disorders** means a person has both a behavioral health condition and a substance use disorder at the same time.

Behavioral health conditions are common. People of all ages, genders, sexual orientations, races, and ethnicities with any type of job, background, or income can have these conditions. These conditions can happen to anyone, with or without physical disabilities. They are NOT due to their actions or physical or mental capabilities.

The COVID-19 pandemic has impacted almost all areas of our lives. This includes our behavioral health. Many of us have challenges or struggles that can be stressful and cause strong emotions. It’s natural to feel stress, anxiety, grief, and worry during this time. However, if you’re struggling to cope, there are many ways you can get help.

If you notice changes in your mood or behavior, or if your alcohol or drug use causes problems, you may want to talk to your doctor or health care provider. Behavioral health is part of your whole health. You should discuss it with your provider, family and friends. Help is available. Recovery is possible.
Screenings

Screenings can be as simple as a few questions. They are usually asked in a doctor’s office, medical clinic, primary care clinic, community clinic, or (for youth) school-based clinic. They can help detect disorders early and treat them before conditions get worse. If the screening finds a concern, a more detailed assessment may be done for a diagnosis.

Treatments

Treatments include therapy or counseling, medication, and supportive services. They can help you find or maintain a job, education, and housing. Some treatments may include a hospital stay. It’s different for each person. Many people respond best to a combination of counseling, supportive services, and medication treatments. Private medical information is never shared with family, employers, or others regardless of the type of treatment.

Recovery

Recovery services provide social and emotional support to help manage behavioral health conditions. They can also help with other concerns, like finding a job, childcare, or affordable housing. The recovery process is different for each person.

• Services and support may be from a provider, support group, community clinic, place of worship, or other community organization. Family members, friends, caregivers, and social networks may also be a part of recovery.

• Peers are people who are in recovery with similar behavioral health conditions. They can help and show you that recovery is possible.

Support

Peer Support Services include assistance from people who share common life experiences with those they serve. These services can include mentoring, coaching, building skills and help with navigating the health care system.

Detoxification is a process that safely clears out drugs or alcohol from the body. It can manage withdrawal symptoms when someone stops taking drugs or alcohol.
Everyone can experience the following feelings and behaviors. Contact your doctor or specialty provider if you have one or more of them. It could be the sign of a serious problem.

- Eating or sleeping too much or too little
- Pulling away from people and usual activities
- Having low or no energy
- Feeling more irritable or annoyed than usual, or all the time
- Having unexplained aches and pains
- Feeling helpless or hopeless
- Feeling sad, anxious, or “empty”
- Loss of interest or pleasure in hobbies and activities
- Feeling restless or having trouble sitting still
- Difficulty concentrating, remembering, or making decisions
- Smoking, drinking, or using drugs more than usual
- Feeling unusually confused, forgetful, on edge, angry, upset, worried, or scared
- Having death or suicidal thoughts, or considering hurting yourself or others
- Being unable to do daily tasks, such as taking care of your children or getting to work or school

For self-screening tools, tests, and more information, visit mentalhealth.gov & samhsa.gov.

Maria’s story: Getting the right help to get better

In January, Maria makes an appointment with her primary care provider for a check-up and to get preventive services. Her insurance plan covers these services for her with a $0 copayment.

At her appointment, Maria tells her primary care provider that she hasn’t been sleeping or eating well for the past couple weeks. She generally feels “down”, has low energy, and gets constant headaches. Sometimes she’ll have a drink or two at night to relax and fall asleep. She’s also been very stressed at work lately. Maria’s provider examines her and runs some tests but doesn’t find anything physically wrong with her. The provider suggests that Maria see a behavioral health provider who specializes in these concerns. Some primary care clinics have a behavioral health provider onsite. However, since Maria’s does not, her provider gives her a list of behavioral health providers in her insurance network.
What is health insurance?

Health insurance helps pay for health care services like office visits, counseling, and prescription medication.

Health insurance protects you financially if something unexpected happens. It includes coverage for preventive services and isn’t just for when you are sick or have an accident. It also helps you pay for services to keep you healthy and manage your ongoing physical and behavioral health conditions.

To learn more about coverage terms, like premium, copay, and deductible, see the Roadmap to Better Care or the glossary at the end of this guide. If you need help on how to enroll, visit healthcare.gov or call the Marketplace Call Center at 1-800-318-2596. You can also call 1-800-Medicare or contact your state Medicaid office.

What does health insurance include?

Many health plans must cover certain health benefits. This includes mental health and substance use disorder services. Your exact benefits depend on your state and the type of plan you choose.

These mental health and substance use disorder services are usually covered under most health plans:

- Access to behavioral health providers such as psychiatrists, psychologists, social workers, and advanced practice registered nurses;
- Treatments, like psychotherapy, counseling, medication, and detoxification of substances used;
- Inpatient services, such as a hospital or emergency room (ER) visit;
- Pre-existing conditions; and
- Preventive services, like alcohol and depression screenings.

By law, many health plans have similar coverage rules for mental health and substance use disorder services. The same is true for medical and surgical services. This is called "mental health parity" or "parity". If your plan offers parity, and you receive unlimited doctor visits for a chronic condition, like diabetes, they must also provide unlimited visits for a mental health condition, like depression.
Sometimes it's difficult to talk about mental health or substance use concerns. However, this is a normal conversation you can have with a health care provider who respects your privacy.

You can find a behavioral health care provider in many different ways and places. This can include a primary care provider, behavioral health provider in outpatient clinics, or in urgent cases, the emergency department (ED) of a hospital.

You will usually see a primary care provider first. They can provide recommended screenings and refer you to a behavioral health provider.

Behavioral health providers are specially trained to provide health care services to people with mental and substance use problems. They may work in different locations. This may include:

- hospitals,
- community mental health clinics,
- substance use treatment centers,
- primary care clinics,
- school-based health centers,
- college counseling centers, and
- private practices.

Primary care and behavioral health providers can work in the same building, or part of the same clinic, hospital, or health center. You may receive all your care in one location or through telehealth.

Visits to your primary care provider are different from visits to the ED or ER of a hospital in many ways, such as cost, time you wait for care, and follow-up. If you need to go to the hospital but cannot afford it, your insurance provider or the hospital may be able to help with payment.

Review the table in the Roadmap to Better Care to learn how visits to your primary care provider are different from visits to the ED of a hospital.

If you're in a potentially life-threatening situation, you should call 9-1-1, available 24/7, for immediate emergency assistance. You can also contact your provider or one of the helplines listed at the front of this book.
4. FIND A BEHAVIORAL HEALTH PROVIDER

It’s important to find the right behavioral health care provider for you. You can find one in many ways:

- **Primary care providers** are doctors, nurse practitioners, or other health care providers. They may be able to screen or treat you for behavioral health problems.
- **A primary care provider** may also recommend or refer you to a behavioral health provider. You may need a referral for your health plan to pay for a visit. Check with your health plan or call the behavioral health provider’s office to see if they are an in-network provider and accept your insurance.
- **Check your health plan directory:**
  - Call your health plan or state Medicaid and Children’s Health Insurance Program (CHIP);
  - Check your health plan’s website or member handbook to find local behavioral health providers. You may want to confirm that their information is up-to-date.
  - Use the plan directory to search for specific needs. It may also indicate who speaks a language other than English and can accommodate mobility challenges, if it is located near you, or if it works with specific populations, such as veterans.
- **Ask your family, friends, and people in your community for recommendations.**

A **network** is a group of facilities, providers, and suppliers that has an agreement with your health plan to provide you with health care services.

- Contact your health plan to find providers who are “in-network”. Your plan may refer to them as “preferred” or “participating” providers.
- Your plan may not cover, or you may pay more, for services from a provider who is “out-of-network.”
- Networks can change, so you should always check with your provider when you make an appointment with them.
Types of Behavioral Health Providers

There are many types of behavioral health providers. Contact your primary care provider if you need help finding the right type of provider for you.

Some examples include:

- **Psychiatrists** are physicians who diagnose mental and substance use disorders, prescribe and monitor medications. They may also provide counseling and talk therapy.

- **Psychiatric or Mental Health Nurse Practitioners** provide assessment, diagnosis, and therapy for mental or substance use disorders. They are trained nurses and can also prescribe medication. Your state may refer to them as:
  - Advanced Registered Nurse Practitioner,
  - Advanced Practice Registered Nurse,
  - Advanced Practice Nurse,
  - Certified Nurse Practitioner,
  - Certified Registered Nurse Practitioner, or
  - Licensed Nurse Practitioner

- **Clinical Psychologists** make diagnoses and provide counseling and therapy services. Some states allow them to prescribe medications.

- **Clinical Social Workers** provide counseling and therapy services, case management, and advocacy. They also make diagnoses.

- **Social Workers** manage cases and help people locate treatment and other services that support their recovery, health and well-being.

- **Counselors** make diagnoses and provide counseling services. They help people improve life skills and relationships.

- **Peer Specialists/Recovery Coaches** help and teach people in recovery about the health system, and provide emotional and social support. Peers are also in recovery and have had mental or substance use disorders. They often receive training and certification.

- **Substance/Addiction Counselors** provide treatment and support services to people with alcohol or other substance use disorders. They help and advise them in their recovery.
5. MAKE AN APPOINTMENT WITH A BEHAVIORAL HEALTH PROVIDER

After you choose a behavioral health provider, make an appointment with them. When you call to schedule your appointment, you should ask:

- Do they accept new patients?
- Do they accept your insurance? Always double check! If they ask you to provide your Member ID and/or group number, you can find it on your insurance card. Before your appointment, find out how much your copay or out-of-pocket expenses may cost.
- What mental health and substance use conditions does the provider treat?
- How soon can you schedule an appointment with the provider?
- Does the provider speak your language? If not, do they have an interpreter or can they help you find one? Can you bring a family member or friend with you to the appointment?
- If you have limited mobility or other disabilities, can the office meet your needs?

You may also want think about:

- How will you travel to the appointment?
- Is the office near your home or place of work? Is public transportation nearby?
- Does the provider offer telehealth services so you can get care from home?
- Do the appointment times available work with your schedule?

For more information, refer to Step 5 (“Make an appointment”) in the Roadmap to Better Care.

Many providers offer behavioral health care through telehealth. This could include mental health counseling, follow-up on care plans, and services for substance use disorders. Most health plans cover behavioral health services similar to physical health services. For more information, refer to Telehealth: What to Know for Your Family.

Maria’s story: Getting a behavioral health provider

Maria returns home from meeting with her primary care provider. She reviews her health plan’s behavioral health provider directory but does not know where to start. Her friend suggests that she first look for providers who are closest to where she lives. She finds helpful information online and calls a few provider offices to see if they accept her insurance and take new patients. Maria contacts a provider, Dr. Lee, a clinical psychologist, who is friendly and located in a good location for her. Dr. Lee takes new patients and also accepts Maria’s insurance, so she schedules an appointment.
Maria’s story: Getting and keeping behavioral health care

In February, Maria goes to her first appointment with Dr. Lee, a clinical psychologist. She brings her insurance card, photo ID, copay, and checks in with the receptionist. The receptionist asks Maria to fill out some forms. Maria is a little nervous, but she feels better when Dr. Lee smiles and warmly greets her in the waiting room. She leads Maria to her office and closes the door.

Dr. Lee tells Maria that their conversation is generally private, but subject to very rare exceptions that may be permitted under state law. Dr. Lee also tells Maria about other services their office provides, like group therapy. Dr. Lee asks Maria some questions: Why are you here? What do you want to accomplish? Maria mentions her symptoms and job-related stress. Dr. Lee listens to her carefully and asks more questions. At the end of the session, Dr. Lee suggests that Maria return and schedule a follow-up appointment. She also recommends that Maria keep a journal on how she feels about her job, how well she sleeps, and how many alcoholic drinks she consumes each day. Maria agrees with Dr. Lee’s recommendations and schedules another appointment.

Afterwards, Maria thinks about her visit with Dr. Lee and feels good about it. She thinks Dr. Lee will be a good provider for her because she felt comfortable. Maria is looking forward to her next appointment.

6. PREPARE FOR YOUR APPOINTMENT

After you schedule your appointment, it’s time to prepare. Bring these items with you to your appointment:

- Your insurance card
- Valid photo ID
- Personal or family health history
- List of allergies
- Any medications, vitamins, or supplements that you currently take
  - Bring them or make a list of their names, who prescribed them, and how much you take each day
- List of other providers you have seen
- Notes to write down:
  - Questions you want to ask your provider
  - Any symptoms you currently have, how long you’ve had them, and how they impact your life
  - Bring a notepad to write down any instructions the provider gives you
- Payment for a copayment or coinsurance (if your insurance requires it)

Bring anything else the provider may need to answer your questions and address your concerns. It’s important that you feel comfortable with any information or instructions they give you. You may want to bring a family member or friend with you for support. Ask the provider’s office if you can bring a guest to your appointment.
Your health and well-being are both important and personal. You should trust and feel comfortable working and talking with your behavioral health provider. It’s also important for your provider to share and help you make decisions about your treatment. You should feel comfortable with the treatment plan and that it will fit your needs. Discuss any concerns or questions about your treatment with your provider.

Trusting and working with your provider will help you feel and stay better. Trust is built over time through repeat appointments and open communication.

After your first visit, think about:

- Did the provider listen to you and address your health needs?
- Did the provider use words that you could understand? Did he/she speak slowly enough and pay attention to you? Did he/she speak in a way that made you feel comfortable?
- Did the provider clearly explain your treatment options and their benefits and risks? Did you talk about a treatment plan? Do you feel that you shared in this decision?
- If you were given a prescription, did the provider tell you more about it? Such as, when should you take the medicine? How much should you take? Are there any potential side effects?
- Did the provider respect your culture, opinions, values, and beliefs? Do you feel comfortable coming back for another appointment?
- If you asked the provider for assistance; for example, an interpreter, translation, other form of written material, or assistance related to your disability, did they provide it?
- Do you have a follow-up plan?
- Can you contact your provider or their staff with questions? Are there other health care providers they should contact to coordinate care?

If you answered “Yes” to most of these questions, then you may have found a behavioral health provider that’s right for you!

If you answered “No” to any of these questions, call the office and share your concerns with them. They may be able to address or resolve them easily. You can also request to see another provider in that practice. Or, you can contact your health plan to find a new provider.
8. STAY ON THE ROAD TO RECOVERY

Your treatment plan is important. After your appointment:

1. **Schedule any follow-up appointments before you leave.** Routine appointments that work well with your schedule can help build trust and a solid partnership with your provider.

2. **Follow the treatment plan that you and your provider agree on.** If you’re confused about your plan or don’t know how to follow it, see Step 8 (“Next steps after your appointment”) of the Roadmap to Better Care for some helpful tips.

3. **Read your Explanation of Benefits (EOB).** An EOB is a summary of health care charges. Your health plan will send it to you after you visit a provider or receive a service. It’s not a bill. It's a record of your services that includes the amount your provider charged your health plan, how much you should expect to pay, and anything that hasn’t been paid. You may receive a bill later if you had a copay or any coinsurance that your plan did not cover.

4. **Be sure you are covered with the right plan.** Plans and your health needs can change. Review your coverage options during each Open Enrollment to make sure your plan meets your needs. You could be eligible for a special enrollment period if you move, get married, have a baby, or lose your previous coverage. Also, if you qualify for Medicaid, you can enroll at any time. Review the Enrollment Toolkit to find out how to enroll in a health plan.

5. **Access care management resources and talk to your provider.** Chronic care management (CCM) services can help you spend less time managing your care and more time doing what you love. Talk to your provider about any side effects or other concerns about your medication before you decide to stop taking it. You may need to change your medication to find one that works for you.

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Maria’s story: Getting to recovery

Maria prepares for her next appointment with Dr. Lee. She brings the journal they agreed that she would keep. Maria also brings a list of family, friends, and loved ones who support her. She decides to ride her bike to the appointment even though she’s tired. At her first appointment, Dr. Lee said exercise is important and helps keep her body and mind healthy.

At their appointment, Maria and Dr. Lee discuss her journal and list of people in her life who support her. They talk about Maria’s job and how it could be causing her stress. Dr. Lee recommends some changes that Maria can do to help reduce her stress.

Maria sees Dr. Lee once a week for the next three months. According to her health plan, Maria will only need to pay a copay for her visits with Dr. Lee. After three months, Maria notices that she’s sleeping better, eating more regularly, and no longer has headaches. She also feels more energetic and is more interested in activities outside of her job. Maria and Dr. Lee will discuss a revised treatment plan based on her progress at their next appointment.
**Assessment**
An assessment consists of gathering information and engaging in a process with the individual. This enables the provider to establish the presence or absence of a mental or substance use disorder, determine the individual’s readiness for change, identify strengths or problem areas that may affect the processes of treatment and recovery, and engage the individual in the development of an appropriate treatment relationship and plan.

**Behavioral Health Provider**
Behavioral health providers are specially trained to work with people experiencing mental and substance use disorders and work closely with other health care providers in a variety of settings, including hospitals, community mental health clinics, primary care clinics, school-based health centers, college counseling centers, nursing homes or nursing home facilities, and private practices.

**Case Management**
A process that assesses, plans, coordinates, and monitors services and support to meet an individual’s or family’s comprehensive health and social service needs, such as assistance with securing employment, education, and housing.

**Coinsurance**
Coinsurance is an amount you may have to pay that is set as a percentage. For example, you might pay 20% of the cost for an emergency room visit.

**Copayment**
An amount you may be required to pay as your share of the cost for a service or supply, like a doctor’s visit, hospital outpatient visit, or prescription drug. A copayment is usually a set amount, rather than a percentage. For example, you might pay $10 or $20 for a doctor’s visit or a drug prescription.

**Deductible**
The amount you owe for the health care services that your health plan covers before your health plan begins to pay. In some plans, coverage of certain preventive services are available once the deductible is paid.
Inpatient Care
Treatment and services received when admitted to a health care facility, like a hospital or nursing home.

Integrated Care
The systematic coordination of general and behavioral health care. This may involve integrating mental health, substance use disorder, and primary care services to produce the best outcomes for people with multiple health care needs.

Peer Support
Refers to help based on the shared understanding, respect, and mutual empowerment between people in similar situations or with similar lived experience. Peer support has been described as the giving and receiving of help based on shared responsibility and agreement about what is helpful for people in similar circumstances.

Preauthorization
A decision by your health plan that a health care service, treatment plan, prescription drug, or durable medical equipment is medically necessary. This is also sometimes called pre-authorization, prior approval, or pre-certification. Your health plan may require prior authorization for certain services before you receive them, except in an emergency. Preauthorization isn’t a promise your health insurance or plan will cover the cost.

Prior Authorization
Approval from a health plan that may be required before you get a service or fill a prescription in order for the service or prescription to be covered by your plan.

Premium
The periodic (usually monthly) payment to a health plan for health and insurance coverage.

Preventive Care
Health care to keep you healthy or to prevent illness (for example, Pap tests, pelvic exams, flu shots, and screening mammograms). Find out more at: healthcare.gov/coverage/preventive-care-benefits

Primary Care Provider
The doctor or health care provider you see first for most health concerns. He/she makes sure you get the care that you need to stay healthy. He/she may also talk with other doctors and health care providers about your care and refer you to them. In many health plans, you must see your primary care doctor before you see any other health care provider. You should check with your health plan to determine what requirements you need to meet first.

Recovery
Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. It involves overcoming or managing one’s disease(s) or symptoms; making informed, healthy choices that support physical and emotional wellbeing; and having a stable and safe place to live, meaningful daily activities, and relationships and social networks that provide support.

Recovery Services and Supports
These services and support help you manage your behavioral health conditions by providing social and emotional support and help you with other related concerns, such as finding a job, child care, or affordable housing. The process of recovery is different for each person. These services and support may be provided by a doctor or other health provider, or by a support group, such as one at a community clinic or church.

Screening
A brief set of questions to determine the likelihood that a person has a mental or substance use disorder. Screening establishes the need for an in-depth assessment and usually occurs soon after a patient seeks services.

Telehealth
Telehealth can help you get quality care from home when you can’t travel to your provider. With telehealth, you can use a phone, computer, or other technology when you and your provider aren’t in the same room. Many providers now offer behavioral health care through telehealth. This includes mental health counseling, follow up on care plans, and services for substance use disorders.

Treatment
Services such as therapy or counseling, and/or medication.

For more terms, see the Roadmap to Better Care or visit healthcare.gov/glossary.
ADDITIONAL RESOURCES

Understand and Use Health Coverage
Coverage to Care Website
gp.cms.gov/c2c
SAMHSA Treatment Locator
findtreatment.samhsa.gov

Apply for Coverage
Coverage to Care Enrollment Toolkit

Health Insurance Marketplace
- Website: healthcare.gov
- Call Center: 1-800-318-2596 (TTY: 1-855-889-4325)
- State Marketplace Referral: healthcare.gov/get-coverage
- State Medicaid Office: medicaid.gov/about-us/contact-us/contact-state-page.html
- Find a trained person in your community to help you apply for health insurance: localhelp.healthcare.gov
- Find and compare plans in your area: healthcare.gov/see-plans

SAMHSA Treatment Locator
findtreatment.samhsa.gov or call 1-800-662-HELP (4357) (TTY: 1-800-487-4889)

Parity and Your Rights
- U.S. Department of Labor, Benefits Advisors: dol.gov/agencies/ebsa or call 1-866-444-3272
- U.S. Department of Labor Parity of Mental Health and Substance Abuse Benefits with Other Benefits: Using Your Employer-Sponsored Health Plan to Cover Services: store.samhsa.gov/sites/default/files/d7/priv/sma16-4937.pdf
- National Association of Insurance Commissioners to find your state’s Department of Insurance: content.naic.org/state-insurance-departments
- SAMHSA Mental Health Parity Addiction Act: hhs.gov/programs/topic-sites/mental-health-parity/index.html
- SAMHSA’s Behavioral Health Equity: samhsa.gov/behavioral-health-equity
MY TO-DO LIST

☐ Apply for health insurance
☐ Choose health insurance
☐ Pay premium (usually each month)
☐ Receive card
☐ Choose primary care provider
☐ Choose behavioral health provider
☐ Make appointment
☐ Prepare for appointment
☐ Make follow-up appointment
☐ Follow plan developed by you and your provider
☐ If needed, fill prescriptions
☐ If needed, update healthcare.gov with income and report life changes
## MY IMPORTANT HEALTH PLAN INFO

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<th>Information</th>
<th>Details</th>
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<td>This guidebook belongs to</td>
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<td>Pharmacy</td>
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<td>Allergies</td>
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