

Minnesota

Data as of July 2003

Mental Health and Substance Abuse Services in Medicaid and SCHIP in Minnesota

As of June 2003, 582,934 people were covered under Minnesota's Medicaid/SCHIP programs. Of these, 556,862 were financed by Medicaid, and 26,072 by SCHIP. In state fiscal year 2002, Minnesota spent over \$4 billion to provide Medicaid services.

In 1995, Minnesota obtained a Medicaid 1115 waiver from the federal government to expand eligibility for families with children to 275% FPL and enroll most beneficiaries in regular Medicaid (known as Minnesota Medical Assistance) into managed care. As of July 2003 Minnesota uses both Medicaid and SCHIP funding to cover the following family members.

- Medicaid funds are used to cover pregnant women, and families with children under 21 years of age with incomes of 275% FPL or less in a premium-based program known as MinnesotaCare. A part of the MinnesotaCare-enrolled parents and caretakers are covered with SCHIP funds as described below.
- SCHIP funding is used to cover:
 - children under 2 from families with incomes of 275-280% FPL in an SCHIP Medicaid expansion program; and
 - Parents and caretaker relatives of Medicaid/SCHIP eligible children from families with incomes of 100-200% FPL under a section 1115 waiver, as well as, unborn children of mothers who are ineligible for Medicaid up to 275% FPL under a separate SCHIP program.

Minnesota operates a Medicaid managed care program called the Prepaid Medical Assistance Program (PMAP) in 60 of its 87 counties for the regular Medicaid program, and a separate County Based Purchasing (CBP) waiver in 20 counties. Minnesota also uses managed care organizations in all counties for the MinnesotaCare program. In PMAP counties, parents, children, and aged beneficiaries are required to enroll into comprehensive MCOs. In ten counties, aged beneficiaries can also choose to enroll into a comprehensive MCO that is specially designed to serve them, called Minnesota Senior Health Options (MSHO). Finally, in four counties, people with blindness or disability can choose between fee-for-service and a comprehensive MCO that is specially designed to serve them called Minnesota Disability Health Options (MnDHO). All comprehensive MCOs deliver all mental health services and some substance abuse services—additional substance abuse services are available through the fee-for service system. As of July 2003, 262,424 beneficiaries were enrolled into the PMAP program, 17,780 were enrolled in the CBP program, 4,904 were enrolled into MSHO, and 200 were enrolled into MnDHO. In addition, 122,138 were enrolled in MCOs through the MinnesotaCare program.

Medicaid

Who is Eligible for Medicaid?

Families and Children

1. Children and young adults aged 0-21 from families with incomes of less than 275% FPL. Health care coverage without premiums is available to families in regular Medicaid for children under age 19 up to 170% FPL
2. Pregnant women from families with incomes of 275% FPL or less. Pregnant women have the option of enrolling in MinnesotaCare or in the regular Medicaid program without a premium.
3. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act
4. Parents and caretaker relatives of Medicaid eligible children from families with incomes of 275% FPL or less. Health care coverage is available without premiums in regular Medicaid for parents and caretaker relatives, and children age 19 and 20 with income up to 100% FPL

Aged, Blind, and Disabled

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1. Individuals receiving SSI or Minnesota's supplementary SSI payment.
2. Individuals who are over 65 or meet the SSI definition of disability of with income above the income limit who spend down to 75% FPL or less.
3. Individuals who are over 65 or meet the SSI definition of disability with incomes of 95% FPL or less.
4. Working individuals age 16 through 64 who meet the SSI definition of disability without an income test. Members of this group with incomes of 100% FPL or more must pay a premium in order to participate in the program.
5. Certain disabled children age 18 19 or under without regard to parental income, who are living at home, receiving institutional level services and who would be eligible for Medicaid if they were in a medical institution.
6. Individuals over age 65 or older who are in institutions for at least 30 consecutive days and who earn no more than 300% of the maximum SSI benefit.

Medically Needy

Members of the following groups may qualify for Medicaid coverage in the regular Medicaid program as Medically Needy if they have sufficient medical expenses.

1. Pregnant women
2. Children under age 21
3. Parents and caretaker relatives
4. Aged, blind, and disabled

Waiver Populations

Minnesota has an 1115 waiver that allows them to cover low-income parents, caretaker relatives, pregnant women, and children under age 21 with income up to 275% FPL in the MinnesotaCare program as previously described. Minnesota also has an 1115 waiver that allows them to cover the low-income parents and caretaker relatives with income above 100% FPL up to 200% FPL with SCHIP funds.

What Mental Health/Substance Abuse Services are Covered by Medicaid?

Medicaid must cover some types of services (mandatory services) and may cover some other types of services (optional services). The information presented here identifies the types of service Minnesota Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that Minnesota must maintain under Medicaid law. Only those types of services that include mental health or substance abuse services are discussed.

Mandatory State Plan Services

Inpatient Hospital Services		
Service	Description	Coverage Requirements
Inpatient Psychiatric Care	An inpatient mental health or substance abuse service is treatment provided under the direction of a psychiatrist in a psychiatric or other inpatient setting hospital.	<ul style="list-style-type: none"> • Beneficiaries that are undergoing inpatient chemical dependency treatment must receive at least 30 hours per week of therapy/counseling. • Beneficiaries are eligible for detoxification only when inpatient hospitalization is medically necessary because of conditions resulting from withdrawal or conditions occurring in addition to withdrawal. • Beneficiaries must receive services provided by or under the on-site supervision of a physician. • Beneficiaries must receive authorization from the Medicaid agency before initial treatment and every 30 days thereafter

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Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Outpatient Mental Health and Substance Abuse Care	<ul style="list-style-type: none"> • Substance abuse and mental health services that would be covered if provided in another setting may be provided by an outpatient hospital clinic. • Specific outpatient hospital services include: <ul style="list-style-type: none"> - Outpatient day treatment for mental illness - partial hospital programs for mental illness - Outpatient chemical dependency programs provided for under the rehabilitation services option. 	Mental health and substance abuse services provided in an outpatient hospital must meet the same requirements as those provided in another setting (See Rehabilitative Services table for more information)
Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)	FQHCs and RHCs may provide the same mental health and substance abuse services as any other provider-as long as the personnel providing the service meet the same qualifications as other providers.	Services provided by an FQHC or RHC must meet the same requirements as services provided by another provider.

Physician Services		
Service	Description	Coverage Requirements
Psychiatric and psychotherapy services	<ul style="list-style-type: none"> • Psychiatrists may provide the following services: <ul style="list-style-type: none"> - Diagnostic assessment - Psychological testing - Neuropsychological assessment - Individual psychotherapy - Family psychotherapy - Group psychotherapy - Electroconvulsive therapy single seizure • Physicians may provide other substance abuse and psychotherapy services as described under the rehabilitative services option. 	<ul style="list-style-type: none"> • Beneficiaries may receive no more than the following amounts of service without the approval of the Medicaid agency: <ul style="list-style-type: none"> - 1, 2-hour or 4 shorter assessments per calendar year, - 32 units per calendar year of psychological testing (1 unit = 30 minutes) (28 units per calendar year of Neuropsychological assessment) - 20-26 hours of individual psychotherapy, - 20 hours per calendar year of family psychotherapy - 10 multiple family group psychotherapy sessions per calendar year. • A mental health or substance abuse service provided in a physician's office must meet the same requirements as those provided in another setting.

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Early Periodic Screening, Diagnosis, and Treatment (EPSDT)		
Service	Description	Coverage Requirements
Professional home-based mental health services	<ul style="list-style-type: none"> • Culturally appropriate, structured programs of intensive mental health services for the purposes of <ul style="list-style-type: none"> - resolving an acute episode of emotional disturbance, - reducing the risk of out-of-home placement, - reunifying and reintegrating the child into the child's family after an out-of-home placement. • Specific services include: <ul style="list-style-type: none"> - diagnostic assessment; - individual psychotherapy, family psychotherapy, and multiple-family group psychotherapy; and - individual, family, or group skills training 	<ul style="list-style-type: none"> • To qualify for services a child must be at risk of out-of-home placement because of the severe emotional disturbance as determined by a diagnostic assessment by a mental health professional within the previous 180 days. • Beneficiaries may not receive more than the following amounts of services without the approval of the Medicaid agency: <ul style="list-style-type: none"> - more than 192 hours of individual, family, or group skills training within a six-month period, - more than a combined total of 48 hours within a six month period of individual psychotherapy and family psychotherapy and multiple-family group psychotherapy - more than 240 hours in any combination of psychotherapy and individual, family, or group skills training within a six month period. • Service must be needed to ameliorate or treat a condition identified in an EPSDT screen • Services may only be provided by outpatient hospitals, community mental health centers; community mental health clinics; an entity operated by or under contract to the county; and an entity operated by or under contract to a children's mental health collaborative
Day treatment services for mental illness	Services provided to treat mental illness in the day treatment setting	<ul style="list-style-type: none"> • Service must be needed to ameliorate or treat a condition identified in an EPSDT screen • Services must be recommended by a psychiatrist, licensed psychologist licensed independent clinical social worker, registered nurses that meet State-established criteria, licensed psychological practitioner, or licensed marriage and family therapist. • Beneficiaries may receive no more than the following amounts of service without the prior approval of the Medicaid agency <ul style="list-style-type: none"> - More than five days per week of day treatment services; - More than three hours per day of day treatment - No more than one individual or one family session per week when in day treatment.

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Early Periodic Screening, Diagnosis, and Treatment (EPSDT)		
Service	Description	Coverage Requirements
Family community support services	<p>Services to help a child function and remain with their family in the community, including:</p> <ul style="list-style-type: none"> • diagnostic assessment, • individual, family, or group skills training, • crisis assistance • Mental health crisis intervention and crisis stabilization services • Medically necessary mental health services provided by a mental health behavioral aide, • therapeutic components of preschool and camp programs. 	<ul style="list-style-type: none"> • To qualify for services, a beneficiary must be <ul style="list-style-type: none"> - under age 18 and determined, using a diagnostic assessment, to be a child with severe emotional disturbance; or - between ages 18 and 21 and have been determined to have a serious and persistent mental illness who meets the functional criteria defined in the State plan section governing mental health targeted case management, or who meets one of the criteria for professional home-based mental health services. • Service must be needed to ameliorate or treat a condition identified in an EPSDT screen • A child may receive no more than the following amounts of service without the approval of the Medicaid agency <ul style="list-style-type: none"> - 192 hours per year of mental health crisis intervention and crisis stabilization. - 24 hours of crisis assistance within any consecutive six-month period. - 92 hours of family community support services in any combination of crisis assistance, and individual, family, or group skills training within any consecutive six-month period. - 72 hours per year of treatment as a therapeutic component of a preschool program - 68 hours of individual, family, or group skills training within a consecutive six-month period. - 60 hours of day treatment within a six-month period provided concurrently with FCSS to a child with severe emotional disturbance - 20 hours per year of treatment as a therapeutic component of a therapeutic camp program • Services may only be provided by <ul style="list-style-type: none"> - mental health professionals or - mental health practitioners under the clinical supervision of mental health professionals.

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Early Periodic Screening, Diagnosis, and Treatment (EPSDT)		
Service	Description	Coverage Requirements
Therapeutic support of foster care services	<ul style="list-style-type: none"> • Mental health training and support services and clinical supervision provided to foster families to provide a therapeutic family environment and support the child's improved functioning. • Specific services include: <ul style="list-style-type: none"> - diagnostic assessment; - individual psychotherapy, family psychotherapy, and multiple-family group psychotherapy; and - individual, family, or group skills training 	<ul style="list-style-type: none"> • To qualify for services, a beneficiary must be <ul style="list-style-type: none"> - under age 18 and have been determined to be a child with severe emotional disturbance; or - between ages 18 and 21 and have been determined to have a serious and persistent mental illness who meets the functional criteria defined in the State plan section governing mental health targeted case management, or who meets one of the criteria for professional home-based mental health services. • Service must be needed to ameliorate or treat a condition identified in an EPSDT screen • Beneficiaries may not receive more than the following amounts of services without the approval of the Medicaid agency: <ul style="list-style-type: none"> - 192 hours of individual, family, or group skills training in a six-month period, - a combined total of 48 hours within a six month period of individual, family, group and multiple-family group psychotherapy - 240 hours of therapeutic support services in any combination of psychotherapies and individual, family, or group skills training in a six month period. • Services may only be provided by mental health professionals or mental health practitioners
Services provided to children with severe emotional disturbance residing in a children's residential treatment facility	<p>Services include:</p> <ul style="list-style-type: none"> • Intake, treatment planning and support • Psychological examinations, case consultation, individual and group psychotherapy, and counseling • Skills development • Family psychotherapy and skills training 	<ul style="list-style-type: none"> • To qualify for services a child must be residing in a children's residential treatment facility. • Service must be needed to ameliorate or treat a condition identified in an EPSDT screen

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Optional State Plan Services

Other Licensed Practitioners		
Service	Description	Coverage Requirements
Psychiatrists	-	Physicians' services
Licensed Psychologist services	<ul style="list-style-type: none"> Any covered service that is within the psychologist's scope of practice, as defined in State law. Services may include: <ul style="list-style-type: none"> Diagnostic assessment Psychological testing Individual psychotherapy Family psychotherapy Group psychotherapy 	<ul style="list-style-type: none"> Services provided by a psychologist are subject to the same coverage limitations as those provided by psychiatrists (See Physicians' services) Services provided must be within the provider's scope of practice as defined in State law.
Licensed Psychological practitioner	<ul style="list-style-type: none"> Any covered service that is within the provider's scope of practice, as defined in State law. 	<ul style="list-style-type: none"> Services are subject to the same coverage limitations as those provided by psychiatrists (See Physicians' services) Services provided must be within the provider's scope of practice as defined in State law.
Community mental health center services	<p>Services provided in a community mental health center, including:</p> <ul style="list-style-type: none"> diagnostic assessment; explanation of findings; family, group and individual psychotherapy, crisis intervention psychotherapy services, multiple family group psychotherapy, psychological testing, medication management; day treatment services; professional home-based mental health' services; and partial hospitalization for mental illness, if Medicare-certified. 	<ul style="list-style-type: none"> Services provided in a community mental health center are subject to the same coverage requirements as those provided in another setting. Services must be provided <ul style="list-style-type: none"> under the clinical supervision of a mental health professional who is licensed for independent practice at the doctoral level, by a board-certified psychiatrist, or by a psychiatrist who is eligible for board certification. Providers must be capable of providing the services to <ul style="list-style-type: none"> those diagnosed with both mental illness or emotional disturbance and chemical dependency, and those diagnosed with a mental illness or emotional disturbance and mental retardation or a related condition.
Licensed Independent clinical social worker	Any covered service that is within the provider's scope of practice, as defined in State law.	<ul style="list-style-type: none"> Services are subject to the same coverage limitations as those provided by psychiatrists (See Physicians' services) Services provided must be within the provider's scope of practice as defined in State law
Masters prepared registered nurse or registered nurse with certification as clinical nurse specialist	Any covered service that is within the provider's scope of practice, as defined in State law.	<ul style="list-style-type: none"> Services are subject to the same coverage limitations as those provided by psychiatrists (See Physicians' services) Services provided must be within the provider's scope of practice as defined in State law
Outpatient rehabilitation facility	Any covered service that is within the provider's scope of practice, as defined in State law.	<ul style="list-style-type: none"> Services are subject to the same coverage limitations as those provided by psychiatrists (See Physicians' services) Services provided must be within the provider's scope of practice as defined in State law

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Other Licensed Practitioners		
Service	Description	Coverage Requirements
Licensed Marriage and family therapist	Any covered service that is within the provider's scope of practice, as defined in State law.	<ul style="list-style-type: none"> The therapist must have at least two years of post-master's supervised experience. Services are subject to the same coverage limitations as those provided by psychiatrists (See Physicians' services) Services provided must be within the provider's scope of practice as defined in State law

Inpatient Psychiatric Services (for persons under the age of 22):		
Service	Description	Coverage Requirements
Inpatient Psychiatric Services for persons under the age of 21	Inpatient psychiatric services are services provided in an inpatient psychiatric hospital facility or residential treatment facility that is devoted to the provision of inpatient psychiatric services for persons under the age of 21.	<ul style="list-style-type: none"> Services are subject to the coverage limitations described under Inpatient Hospital services. Services are covered for individuals who have reached age 21, but not age 22, only if an individual was receiving such services during the period immediately preceding the individual's 21st birthday.

Rehabilitative Services		
Service	Description	Coverage Requirements
Mental health community support services	Services may include <ul style="list-style-type: none"> Basic living and social skills, Consultation with relatives, friends, employers, providers, and other significant people to change situations and allow the beneficiary to function more independently. 	<ul style="list-style-type: none"> Services must be recommended by a mental health professional after a diagnostic assessment and a functional assessment.
Mental health crisis response services	Services include <ul style="list-style-type: none"> Crisis assessment Crisis intervention. Crisis stabilization Consultation with significant people to change situations and allow the beneficiary to function more independently. 	<ul style="list-style-type: none"> Services must be recommended by a physician, mental health professional, or mental health practitioner
Day Treatment Services for Mental Illness	Services provided to treat mental illness in the day treatment setting.	<ul style="list-style-type: none"> Beneficiaries may only receive services that are provided under the recommendation of a physician, licensed psychologist, licensed independent clinical social worker, registered nurse with certification as a clinical nurse specialist or with a master's degree, licensed psychological practitioner, or licensed marriage and family therapist.. The therapeutic treatment must be a part of the recipient's plan of care. Beneficiaries may receive services provided in or by a <ul style="list-style-type: none"> Joint Commission on the Accreditation of Healthcare Organizations approved outpatient hospital; Community Mental Health Center; or County contracted day treatment provider. Beneficiaries may receive up to 15 hours per week of services.

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Rehabilitative Services		
Service	Description	Coverage Requirements
<p>Services for Chemical Abuse</p> <p>1. Primary Rehabilitation Program</p>	<p>Provides intensive, primary chemical dependence/abuse services, including group and individual counseling, and other services specific to chemical dependency rehabilitation</p>	<ul style="list-style-type: none"> Beneficiaries must require intensive, primary therapeutic services, but not detoxification. Beneficiaries receive at least 30 hours per week of chemical dependency services from primary rehabilitation programs. Beneficiaries may only receive services that are provided under the recommendation of a physician. Therapeutic treatment must be a part of a plan of care. Services must be restorative or specialized maintenance therapy services and include medical treatment and physical or psychological therapy.
<p>2. Outpatient Rehabilitation Program</p>	<ul style="list-style-type: none"> Provides chemical dependence/abuse services including group, collateral, and individual therapy/counseling Specific opioid treatments, such as methadone and/or LAAM are covered. 	<ul style="list-style-type: none"> Beneficiaries receive at least 10 hours of therapy/counseling services per week from a program. Services may be provided a supervised living facility, board and lodging facility, or the beneficiary's home. Beneficiaries may only receive services that are provided under the recommendation of a physician. Therapeutic treatment must be a part of a plan of care. Services must be restorative or specialized maintenance therapy services and include medical treatment and physical or psychological therapy.
<p>3. Extended Rehabilitation Program</p>	<p>An extended, long-term combination of in-house chemical dependency services and community ancillary resources including</p> <ul style="list-style-type: none"> group and individual counseling, client education, and other services specific to chemical dependency rehabilitation. 	<ul style="list-style-type: none"> Beneficiaries receive an average of 15 hours a week of chemical dependency services Beneficiaries may only receive services provided by a licensed/certified provider. Beneficiaries may only receive services that are provided under the recommendation of a physician. Therapeutic treatment must be a part of the recipient's plan of care. Services must be restorative or specialized maintenance therapy services and include medical treatment and physical or psychological therapy.
<p>4. Transitional Rehabilitation Program</p>	<ul style="list-style-type: none"> Chemical dependence/abuse services in a transitional semi-independent living arrangement that emphasizes <ul style="list-style-type: none"> aftercare, community ancillary services, and securing employment Services may include <ul style="list-style-type: none"> group counseling, employment counseling, and individual counseling 	<ul style="list-style-type: none"> Beneficiaries receive at least five hours a week of rehabilitation services. Beneficiaries may only receive services that are provided under the recommendation of a physician. Therapeutic treatment must be a part of a plan of care. Services must be restorative or specialized maintenance therapy services and include medical treatment and physical or psychological therapy.

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Targeted Case Management		
Service	Description	Coverage Requirements
Mental health Targeted Case Management	Services include: <ul style="list-style-type: none">• Completion and regular review of functional assessment.• Development and regular review of a written individual community support plan• Assisting the client to access mental health or other service providers• Monitoring the client's progress and the effectiveness of the individual community support plan.• Monitoring the discharge planning process for a client being discharged from a residential treatment facility, state hospital, or inpatient hospital .	<ul style="list-style-type: none">• To qualify for services a beneficiary must have been determined to have<ul style="list-style-type: none">- serious and persistent mental illness or- serious or severe emotional disturbance.• For persons in hospitals, NF's, or ICFs/MR, case management<ul style="list-style-type: none">- is limited to the last 180 consecutive days before discharge. This 180-day coverage may not exceed more than six months in a calendar year.• A client's continued eligibility for case management services must be determined every 36 months by the local agency.

SCHIP Medicaid Expansion Program

Who is Eligible for the SCHIP Medicaid Expansion Program?

The SCHIP Medicaid expansion program serves children under the age of 2 from families with incomes between 275 and 280% FPL.

What Mental Health/Substance Abuse Services are Covered by the SCHIP Medicaid Expansion Program?

Mental health and substance abuse coverage in the SCHIP Medicaid expansion program is identical to that of the Medicaid program (described in the previous section).

Separate SCHIP Program and SCHIP Waiver

Who is Eligible for the Separate SCHIP Medicaid Expansion and SCHIP Waiver Programs?

The separate SCHIP program serves:

1. Unborn children of uninsured mothers who are ineligible for Medicaid from families with incomes of no more than 275% FPL.

The section 1115 SCHIP waiver serves:

1. Uninsured parents and caretaker relatives of Medicaid/SCHIP eligible children from families with

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incomes of 100-200% FPL

What Mental Health/Substance Abuse Services are Covered by the Separate SCHIP Program?

Mental health and substance abuse coverage in the separate SCHIP program is identical to that of the Medicaid program (described in the previous section). Except

- Unborn children of mothers who are ineligible for Medicaid receive only prenatal care and associated health services for children from conception through birth.
- The State has implemented a health services initiative under the State's 10-percent administrative cap that includes:
 - Mental health screenings of children in the court system--The State will provide grants to local agencies to offer screenings for all children who are in the juvenile court system.
 - Outreach and mental health screenings for all homeless children--The State will provide grants to local agencies to provide outreach and mental health screenings to homeless children.

What Mental Health/Substance Abuse Services are Covered by the SCHIP Waiver Program?

Mental health and substance abuse coverage in the SCHIP waiver program is identical to that of the Medicaid program for inpatient services except with a \$10,000 annual benefit limit, and for outpatient services as follows:

- Outpatient mental health services other than diagnostic assessments, psychological testing, explanation of findings, medication management by a physician, day treatment, partial hospitalization, and individual, family, and group psychology.
- Targeted case management