

Oregon

Data as of July 2003

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

As of July 2003, 398,874 people were covered under Oregon's Medicaid/SCHIP programs. There were 380,546 enrolled in the Medicaid program and 18,328 enrolled in the separate SCHIP program. In state fiscal year 2002, Oregon spent \$1.8 billion to provide Medicaid services.

In 2002, Oregon obtained a HIFA Waiver from the federal government to extend its current 1115 waiver and create OHP2 (Oregon Health Plan 2) made up of three parts to expand coverage to previously uninsured adults and families.

1. OHP Plus provides comprehensive benefits including mental health and substance abuse benefits, to Medicaid eligible adults, pregnant women, and children up to 185% FPL.
2. OHP Standard provides limited benefits, NOT including mental health and substance abuse benefits, to adults not eligible for Medicaid under a mandatory category up to 185% FPL.
3. Family Health Insurance Assistance Program provides premium assistance to help families with incomes up to 185% FPL afford their employer's insurance coverage.

All three parts of OHP2 require beneficiaries to pay varied copayments and premiums depending on income.

In Oregon, low-income children may be enrolled into the Medicaid program or a Separate SCHIP program based on the child's age and their family's income.

- Oregon's Medicaid program serves children from birth through age 5 in families with incomes of 133% FPL or less as well as children ages 6 through 18 in families with incomes of 100% FPL or less.
- Oregon's Separate SCHIP program provides coverage for uninsured children through age 18 from families with incomes of no more than 185% FPL who do not qualify for Medicaid.

Oregon Medicaid requires all groups of Medicaid beneficiaries, as well as separate SCHIP program participants, to enroll into their managed care program that includes comprehensive Managed Care Organization (MCO) and Prepaid Inpatient Health Plans (PIHP), as well as a fee-for-service Primary Care Case Management (PCCM) program. All beneficiaries in Oregon (including those enrolled with other managed care entities) must obtain all mental health services through a specialty PIHP that delivers only mental health services. As of July 2003, there were 218,860 Medicaid beneficiaries enrolled in MCOs, 9,110 in the PCCM program, 274,327 in the mental health PIHP, and 268,338 in the dental PAHP.

Medicaid

Who is Eligible for Medicaid?

Families and Children

1. Low-income families with children under age 19 and incomes below 100% FPL.
2. Pregnant women with family incomes up to 185% FPL
3. Children from birth to age 6 from families with incomes at or below 133%.
4. Children under 18 who are recipients of adoption assistance and foster care under Title IV-E of the Social Security Act

Aged, Blind, and Disabled

1. Individuals receiving SSI or the state's supplementary payment.

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2. Working individuals between the ages of 16 and 64 who meet the SSI definition of disability and have adjusted incomes below 250% FPL. Individuals are required to pay cost-sharing charges if unearned income remaining after the above charge, combined with earned income after allowable disregards, exceeds 200 percent of the poverty level.
3. Persons who are resident of medical institutions for a period of 30 consecutive days and have incomes of 300% of the maximum SSI benefit or less.
5. Certain disabled children age 18 and under who are living at home, but would be eligible for Medicaid if living in a medical institution.

Medically Needy

Oregon does not have a medically needy program.

Waiver Populations

Oregon has an 1115 waiver that allows it to cover all adults in families with incomes up to 100% FPL. It also has a HIFA Waiver, OHP2 (Oregon Health Plan 2), that expands coverage to previously uninsured adults and families up to 185% FPL. Under this waiver members of the following groups receive the comprehensive benefit described here. Beneficiaries who are NOT members of the following groups access a limited package of benefits that does not include mental health and substance abuse services.

1. Blind or disabled and receiving SSI, or
2. Pregnant, or
3. Under the age of 19, or
4. Age 65 or older and receiving SSI, or
5. Receiving services under the Home and Community Based or Developmental Disability waivers, or are an inpatient in a Hospital, Nursing Facility, or Intermediate Care Facility for the Mentally Retarded (ICF/MR), or
6. Receiving General Assistance or Temporary Assistance to Needy Families (TANF).

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 Oregon Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State¹ plan that Oregon 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	Services provided in a general acute hospital, including acute psychiatric care and detoxification.	<ul style="list-style-type: none">• All psychiatric admissions are subject to review for medical necessity• Inpatient treatment for substance abuse is limited to detoxification.

¹ Oregon operates its Medicaid program under an 1115 waiver that uses a priority list of covered services to define coverage instead of the standard state plan categories. The coverage defined here is the best match to the list.

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Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Outpatient Hospital	Outpatient hospital clinics may provide Medicaid-covered substance abuse and mental health services that are within the scope of practice of the providing practitioner.	<ul style="list-style-type: none"> Beneficiaries may receive mental health and substance abuse services from an outpatient hospital clinic, but the services are limited to the same extent as physician services, therapy, and other services as specified in the remainder of this document.
Federally Qualified Health Centers (FQHCs)	FQHCs may provide ambulatory Medicaid-covered services that are within the scope of practice of the providing practitioner.	<ul style="list-style-type: none"> No beneficiary may receive more than 10 ambulatory visits to FQHCs. Beneficiaries may receive mental health and substance abuse services from an FQHC, but the services are limited to the same extent as physician services, therapy, and other services as specified in the remainder of this document.
Rural Health Centers (RHCs)	RHCs may provide the same mental health and substance abuse services as those that can be delivered by a physician or nurse practitioner	<ul style="list-style-type: none"> Beneficiaries may receive mental health and substance abuse services from an RHC, but the services are limited to the same extent as physician and nurse practitioner services, as specified in the remainder of this document.

Physician Services		
Service	Description	Coverage Requirements
Physician Services	Physicians may provide mental health and substance abuse services as described under Rehabilitative Services.	<ul style="list-style-type: none"> Services provided under scope of license.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21		
Service	Description	Coverage Requirements
Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Mental Health Services	EPSDT provides for access to services, including mental health and substance abuse services <ul style="list-style-type: none"> in amounts greater than that otherwise covered by the Medicaid program That can be covered under federal Medicaid law, but that Oregon has otherwise chosen not to cover. 	<ul style="list-style-type: none"> Beneficiaries must be under age 21 to qualify for services. Service must be needed to ameliorate or treat a condition identified in an EPSDT screen. All services beyond that otherwise covered by the Medicaid agency must be prior authorized by the Medicaid agency.

Optional State Plan Services

Inpatient Psychiatric Services (for persons under the age of 21)		
Service	Description	Coverage Requirements
Inpatient Psychiatric Facility Services for Individuals Under age 21	Evaluation, diagnostic and treatment services provided in a psychiatric hospital	<ul style="list-style-type: none"> Beneficiary must be under age 21 at admission Pre-admission screening is required for all non-emergency admissions.

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Rehabilitative Services		
Service	Description	Coverage Requirements
Psychiatric Day Treatment Centers	<ul style="list-style-type: none"> • Medical or remedial services provided through facilities comparable to day treatment centers. • Services include <ul style="list-style-type: none"> - medical/social and psychosocial evaluations, - comprehensive treatment plans, - individual, group, and family psychotherapy services, - developmental therapy, - other therapies, - patient-centered consultations 	<ul style="list-style-type: none"> • Services may only be provided as part of an active plan of treatment • To qualify for services beneficiaries must meet diagnostic and functional criteria set by the State.
Rehabilitative Mental Health Services	<p>Mental health rehabilitative services include</p> <ul style="list-style-type: none"> • coordinated assessment, • therapy, • daily structure/support, • consultation, • medication management, • skills training, and • interpretive services. 	<ul style="list-style-type: none"> • Beneficiaries may receive these services in a variety of settings, including residential.
Rehabilitative Alcohol and Drug Services	<p>Outpatient services to assess and treat chemical dependency, including assessment, treatment, methadone (or LAAM) dispensing, monitoring, treatment consultation, and acupuncture.</p>	<p>Services must be ordered by a physician</p>
School-Based Rehabilitative Services	<p>School-based rehabilitative services include psychological evaluations and services, among other services.</p>	<ul style="list-style-type: none"> • Services must <ul style="list-style-type: none"> - be ordered by a physician and recommended by health care professionals - address the physical or mental disabilities of a child, - identified in a child's Individual Education Plan (IEP) or Individual Family Service Plan (IFSP).
Behavior Rehabilitation Services	<p>Interventions to help children and youth acquire essential coping skills, including</p> <ul style="list-style-type: none"> • milieu therapy, • crisis counseling • regular scheduled counseling, and • skills training. 	<ul style="list-style-type: none"> • To qualify for services a beneficiary must be <ul style="list-style-type: none"> - Be under age 21 - have primary mental, emotional and behavioral disorders and/or developmental disabilities that prevent them from functioning at developmentally appropriate levels in their home, school, or community. - Exhibit symptoms such as <ul style="list-style-type: none"> ▪ drug and alcohol abuse, ▪ anti-social behaviors that require close supervision, intervention and structure, ▪ sexual behavior problems, ▪ victims of severe family conflict, ▪ behavioral disturbances often resulting from psychiatric disorders of the parents

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Rehabilitative Services		
Service	Description	Coverage Requirements
		<ul style="list-style-type: none">• Services must be ordered by a licensed practitioner of the healing arts• Services must be prior authorized by the Medicaid agency.• Service must be needed to remediate specific dysfunctions, which have been explicitly identified in an individualized written treatment plan that is regularly reviewed and updated

Targeted Case Management		
Service	Description	Coverage Requirements
Targeted Case Management	Services to help qualified beneficiaries access needed care, including <ul style="list-style-type: none">• screening and assessment,• case plan development,• intervention and• Implementation.	Targeted case management services will be provided to Medicaid eligible women who: <ul style="list-style-type: none">• are either pregnant or have children under the age of five; and• are in need of treatment for the abuse of alcohol and other drugs.

SCHIP Medicaid Expansion Program

Oregon does not operate a SCHIP Medicaid Expansion Program

Separate SCHIP Program

Who is Eligible for the Separate SCHIP Program?

Oregon's SCHIP program provides coverage for three groups of people.

1. Uninsured children from birth to age 6 in families with incomes between 133% and 185% FPL
2. Uninsured children ages 6 through 18 in families with incomes between 100% FPL and 185% FPL.

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

Benefits in Separate SCHIP programs must be actuarially equivalent to a benchmark selected by the State, among federally established options. In Oregon

- Children enrolled in the SCHIP program can access the same comprehensive services as those provided to Medicaid beneficiaries (described earlier in this document); but
- Adults have a more limited package of benefits that does NOT include mental health or substance abuse services.