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TABLE 1: COVERAGE OF FAMILIES BY MEDICAID PROGRAMS

State	Parents	Infants and Pregnant Women	Children 1-5 years	Children 6-18 years	SCHIP Medicaid Expansion
ALABAMA	§1931 ¹	133% FPL	133% FPL	100% FPL	No Program
ALASKA	§1931	200% FPL	133% FPL	100% FPL	Children 1-5 between 133-200% FPL; Children 6-18 between 100-200% FPL
ARIZONA	100% FPL	Infants: 140% FPL Pregnant Women: 133% FPL	133% FPL	100% FPL	No Program
ARKANSAS	§1931	Pregnant women and infants 133% FPL Uninsured Children: 200% FPL	All children: 133% FPL Uninsured Children: 200% FPL	All children: 100% FPL Uninsured Children: 200% FPL	No Program
CALIFORNIA	100% FPL	200% FPL	133% FPL	100% FPL	1. Children who meet income, but not asset standard 2. 1 month 'bridge' for those leaving Medicaid due to increased income but who will qualify for separate SCHIP
COLORADO	§1931	133% FPL	133% FPL	100% FPL	No Program
CONNECTICUT	100% FPL	185% FPL	185% FPL	185% FPL	No Program
DELAWARE	100% FPL	200% FPL	133% FPL	100% FPL	No Program
DISTRICT OF COLUMBIA	185% FPL	185% FPL	133% FPL	100% FPL	Children <1 between 185-200% FPL; Children 1-5 between 133-200% FPL; Children 6-18 between 100-200% FPL
FLORIDA	§1931	185% FPL	133% FPL	100% FPL	Children 0-1 between 185-200% FPL
GEORGIA	§1931	Infants: 185% FPL Pregnant women: 235% FPL	133% FPL	100% FPL	No Program
HAWAII	100% FPL	185% FPL	133% FPL	100% FPL	Children 0-1 between 185-200% FPL; Children 1-5 between 133-200% FPL; Children 6-18 between 100-200% FPL
IDAHO	§1931	133% FPL	133% FPL	100% FPL	Children 0-5 between 133-150% FPL; Children 6-18 between 100-150% FPL
ILLINOIS	§1931 Medically Needy	200% FPL	133% FPL	100% FPL	Children 6-18 between 100-133% FPL
INDIANA	§1931	150% FPL	133% FPL	100% FPL	Children 1-6 between 133-150% FPL; Children 6-18 between 100-150% FPL

¹ §1931 requires Medicaid programs to cover, at a minimum, all who would have qualified for the state's AFDC program under the AFDC state plan in place on July 16, 1996. In most states the actual limit varies by family size and cannot be expressed as a single percentage of the Federal Poverty Level (FPL). Typically, states cover those who qualify for cash assistance under the Transitional Assistance for Needy Families (TANF) program in this category, as well as some related groups such as those transitioning from the program.

TABLE 1: COVERAGE OF FAMILIES BY MEDICAID PROGRAMS

State	Parents	Infants and Pregnant Women	Children 1-5 years	Children 6-18 years	SCHIP Medicaid Expansion
IOWA	§1931	185% FPL	133% FPL	100% FPL	Infants from 185-200% FPL; Children 6-18 from 100-133% FPL
KANSAS	§1931	150% FPL	133% FPL	100% FPL	No Program
KENTUCKY	§1931	185% FPL	133% FPL	100% FPL	Children 1-5; between 133-150% FPL; Children 6-18; between 100-150% FPL
LOUISIANA	§1931	200% FPL	133% FPL	100% FPL	Children 1-5 between 133-200% FPL; Children 6-18 between 100-200% FPL
MAINE	100% FPL	185% FPL	133% FPL	6-19 125% FPL	Children 1-5 between 133-150% FPL; Children 6-18 between 125-150% FPL
MARYLAND	§1931	250% FPL	133% FPL	100% FPL	Children 1-5 between 133-185% FPL; Children 6-18 between 100-185% FPL ²
MASSACHUSETTS	133% FPL	200% FPL	150% FPL	150% FPL	For those who are uninsured at the time of application: Infants 185-200% FPL; 6-18 114-150% FPL
MICHIGAN	§1931	185% FPL	150% FPL	6-15; 150% FPL 16-18; 100% FPL	Parents; Section 1931-150% FPL Children 16-18 between 100-150% FPL
MINNESOTA	275% FPL	275% FPL	275% FPL	6-21; 275% FPL	Children under 2 between 275-280% FPL
MISSISSIPPI	§1931	185% FPL	133% FPL	100% FPL	No Program
MISSOURI	77% FPL	185% FPL	133% FPL	100% FPL	Children <1 between 185-300% FPL; Children 1-5 between 133-300% FPL; Children 6-18 between 100-300% FPL
MONTANA	§1931	133% FPL	133% FPL	100% FPL	No Program
NEBRASKA	§1931	150% FPL	133% FPL	100% FPL	Children <1 up to 150-185% FPL; Children 1-5 between 133-185% FPL; Children 6-18 between 100-185% FPL
NEVADA	§1931	133% FPL	133% FPL	100% FPL	No Program
NEW HAMPSHIRE	§1931	185% FPL	185% FPL	185% FPL	Children <1 between 185-300% FPL
NEW JERSEY	§1931 ³	185% FPL	133% FPL	100% FPL	Children 6-18 100% -133% FPL; Pregnant women between 185-200% FPL
NEW MEXICO	§1931	185% FPL	185% FPL	185% FPL	Children 0-19 between 185-235% FPL
NEW YORK	All: §1931 Uninsured: 150% FPL	200% FPL	133% FPL	100% FPL	6-18 between 100-133% FPL

² Effective July 1, 2004, Maryland increased the upper income limit for its Medicaid expansion program from 185% to 200% FPL

³ New Jersey has a §1115 waiver enabling them to serve parents OF Medicaid/SCHIP eligible children from families with incomes of no more than 133% FPL, but that program has been closed to new applications since June 2002.

TABLE 1: COVERAGE OF FAMILIES BY MEDICAID PROGRAMS

State	Parents	Infants and Pregnant Women	Children 1-5 years	Children 6-18 years	SCHIP Medicaid Expansion
NORTH CAROLINA	§1931	185% FPL	133% FPL	100% FPL	No Program
NORTH DAKOTA	§1931	133% FPL	133% FPL	100% FPL	All children through age 18 who do not qualify for Medicaid solely due to excess resources
OHIO	§1931	Pregnant Women and infants: 133% FPL Insured children: 150% FPL	All children: 133% FPL Insured children: 150% FPL	All children: 100% FPL Insured children: 150% FPL	Uninsured children 0-5 between 133-200% FPL; Uninsured children 6-18 between 100-200% FPL
OKLAHOMA	§1931	150% FPL	133% FPL	100% FPL	Infants and pregnant women between 150-185% FPL; Children 1-5 between 133-185% FPL; Children 6-18 between 100-185% FPL
OREGON	All parents: 100% FPL Uninsured parents 185% FPL	185% FPL	133% FPL	100% FPL	No Program
PENNSYLVANIA	§1931	185% FPL	133% FPL	100% FPL	No Program
RHODE ISLAND	100% FPL	Pregnant Women: 185% FPL Infants: 250% FPL	250% FPL	6-7 250% FPL; 8-18 100% FPL	Children 8-18 between 100-250% FPL; Parents between 100-185% FPL
SOUTH CAROLINA	50% FPL	185% FPL	133% FPL	100% FPL	Children 1-5 between 133-150% FPL; Children 6-18 between 100-150% FPL
SOUTH DAKOTA	§1931	133% FPL	133% FPL	100% FPL	Children 0-5 between 133-140% FPL; Children 6-18 between 100-140% FPL
TENNESSEE	All parents: §1931 All uninsured adults: 100% FPL	Pregnant women: 185% FPL All children: 200% FPL Uninsurable children: No limit	All children: 200% FPL Uninsurable children: No limit	All children: 200% FPL Uninsurable children: No limit	No Program
TEXAS	§1931	Adult pregnant women: 158% FPL Pregnant women < age 19: 185% FPL Infants: 185% FPL	133% FPL	100% FPL	No Program
UTAH	§1931	133% FPL	133% FPL	100% FPL	No Program
VERMONT	185% FPL	Pregnant women 200% FPL All children: 225% FPL Underinsured children: 300% FPL	All children: 225% FPL Underinsured children: 300% FPL	All children: 225% FPL Underinsured children: 300% FPL	No Program

TABLE 1: COVERAGE OF FAMILIES BY MEDICAID PROGRAMS

State	Parents	Infants and Pregnant Women	Children 1-5 years	Children 6-18 years	SCHIP Medicaid Expansion
VIRGINIA	§1931	133% FPL	133% FPL	All children: 100% FPL Insured Children 133% FPL	Uninsured children 6-18 between 100-133% FPL
WASHINGTON	§1931	185% FPL	200% FPL	200% FPL	No Program
WEST VIRGINIA	§1931	150% FPL	133% FPL	100% FPL	No Program
WISCONSIN	185%	185% FPL	185% FPL	185% FPL	Children and families less than 185% FPL at application; can remain in program until income reaches > 200% FPL (1115 waiver)
WYOMING	§1931	133% FPL	133% FPL	100% FPL	No Program

TABLE 2: COVERAGE OF AGED, BLIND, AND DISABLED ELIGIBILITY GROUPS BY MEDICAID PROGRAMS

State	Eligibility standard for Aged, Blind and Disabled	ABD groups that receive state supplemental income payments	Eligibility through OBRA 100% Rule	"Medically Needy" program	Working people w/disabilities whose incomes are above standard Medicaid limits
ALABAMA	Federal SSI	All	No	No	No
ALASKA	Federal SSI	All	No	No	SSI definition of disability; Incomes <=250% FPL; Incomes >=100% FPL must pay premium
ARIZONA	Federal SSI	None	Yes (100% FPL)	No program, but 1115 waiver allows coverage of people with recent medical expenses that reduces their income to 40% FPL or less	SSI definition of disability; Incomes <=250% FPL Must pay premium
ARKANSAS	Federal SSI	None	No	Yes	SSI definition of disability; Incomes <=250% FPL
CALIFORNIA	Federal SSI	All	Yes (130% FPL)	Yes	SSI definition of disability; Incomes <=250% FPL; Incomes >=150% FPL must pay premium
COLORADO	Federal SSI	Colorado Old Age Pension	No	No	No
CONNECTICUT	Federal disability definition; State income standard that is lower than federal SSI	None	No	Yes	SSI definition of disability; Earn < \$75,000/year; Incomes >200% FPL must pay premium
DELAWARE	Federal SSI	All	No, but 1115 waiver allows coverage of all uninsured with incomes of 100% FPL or below	No	No
DISTRICT OF COLUMBIA	Federal SSI	All	Yes (100% FPL)	Yes	No
FLORIDA	Federal SSI	None	Yes (88% FPL)	Yes	No
GEORGIA	Federal SSI	None	No	Yes	No
HAWAII	Federal disability definition; State income standard that is lower than federal SSI	If combined SSI/State supplement monthly benefit is <= 75% FPL	Yes (100% FPL)	Yes	No
IDAHO	Federal SSI	None	No	No	SSI definition of disability; No income limit; Incomes >=150% FPL must pay premium

TABLE 2: COVERAGE OF AGED, BLIND, AND DISABLED ELIGIBILITY GROUPS BY MEDICAID PROGRAMS

State	Eligibility standard for Aged, Blind and Disabled	ABD groups that receive state supplemental income payments	Eligibility through OBRA 100% Rule	"Medically Needy" program	Working people w/disabilities whose incomes are above standard Medicaid limits
ILLINOIS	Federal disability definition State income standard	If income is below a limit set by the state based on individual need	Yes (85% FPL)	Yes	SSI definition of disability; Income of 200% FPL or less; Some must pay premium
INDIANA	State definition of disability and incomes <100% FPL	None	No	No	State definition of disability; No income limit; Incomes >= 150% FPL must pay premium
IOWA	Federal disability definition State income standard of 100% FPL ⁴	All	No	Yes	SSI definition of disability; Incomes <=250% FPL; Incomes >150% FPL must pay premium
KANSAS	Federal SSI	None	No	Yes	State definition of disability; Incomes <= 300% FPL; Incomes >= 100% FPL must pay premium
KENTUCKY	Federal SSI	All	No	Yes	No
LOUISIANA	Federal SSI	None	No	Yes	No
MAINE	Federal SSI	All	Yes (100% FPL)	Yes	SSI definition of disability; Incomes <=250% FPL; Incomes 150-250% FPL must pay premium
MARYLAND	Federal SSI	for some people in assisted living facilities or other group living arrangements as defined under SSI	No	Yes	No
MASSACHUSETTS	Federal SSI	All	No	Yes	SSI definition of disability; No upper income level; Incomes >114% FPL must pay premium
MICHIGAN	Federal SSI	All	Yes (100% FPL)	Yes	No
MINNESOTA	Federal SSI	All	Yes (95% FPL)	Yes	SSI definition of disability; No income limit; Incomes =>100% FPL must pay premium
MISSISSIPPI	Federal SSI	None	Yes (100% FPL)	No	SSI definition of disability; Incomes <=250% FPL; Incomes >=150% FPL must pay premium
MISSOURI	Federal SSI definition of disability, but state definition of blindness that is more restrictive; State income standard	People receiving a state supplemental payment in December 1973.	No	No	SSI definition of disability; Incomes <=250% FPL; Incomes >=150% FPL must pay premium

⁴ This income standard was established under §1902(r)(2).

TABLE 2: COVERAGE OF AGED, BLIND, AND DISABLED ELIGIBILITY GROUPS BY MEDICAID PROGRAMS

State	Eligibility standard for Aged, Blind and Disabled	ABD groups that receive state supplemental income payments	Eligibility through OBRA 100% Rule	"Medically Needy" program	Working people w/disabilities whose incomes are above standard Medicaid limits
MONTANA	Federal SSI	All	No	Yes	No
NEBRASKA	Federal SSI	All	Yes (100% FPL)	Yes	SSI definition of disability; No income limit; Incomes =>200% FPL must pay premium
NEVADA	Federal SSI	Aged and Blind	No	No	SSI definition of disability; Incomes <=250% FPL and state restriction; All pay premium
NEW HAMPSHIRE	State Disability definition that is stricter than federal SSI definition State income standard that is lower than federal SSI	If monthly net income is no more than \$560 per individual/\$830 per couple	No	Yes	SSI definition of disability; Incomes <=450% FPL; Must pay premium
NEW JERSEY	Federal SSI	All	Yes (100% FPL)	Yes	SSI definition of disability; Incomes <=250% FPL and state restriction; Incomes >=150% FPL must pay premium
NEW MEXICO	Federal SSI	None	No	No	SSI definition of disability; Incomes <=250% FPL
NEW YORK	Federal SSI	If monthly income in CY 2003 < \$639/individual; \$933/couple	No	Yes	SSI Definition 250% FPL Some pay premium
NORTH CAROLINA	Federal SSI	All	Yes (100% FPL)	Yes	No
NORTH DAKOTA	Federal disability definition; State income standard lower than federal SSI. (\$564 per individual/\$846 per couple)	None	No	Yes	No
OHIO	Federal disability definition; State income standard	If monthly income below a state-established maximum limit	No	No	No
OKLAHOMA	Federal SSI	All	Yes (100% FPL)	No	No
OREGON	Federal SSI	All	No (1115 waiver allows coverage of all Uninsured adults up to 185% FPL)	No	SSI definition of disability; Incomes <250% FPL; Some must pay premium
PENNSYLVANIA	Federal SSI	All	No	Yes	SSI definition of disability; Incomes <=250% FPL and <\$10,000 in resources; Must pay premium
RHODE ISLAND	Federal SSI	All	Yes (100% FPL)	Yes	No

TABLE 2: COVERAGE OF AGED, BLIND, AND DISABLED ELIGIBILITY GROUPS BY MEDICAID PROGRAMS

State	Eligibility standard for Aged, Blind and Disabled	ABD groups that receive state supplemental income payments	Eligibility through OBRA 100% Rule	"Medically Needy" program	Working people w/disabilities whose incomes are above standard Medicaid limits
SOUTH CAROLINA	Federal SSI	If monthly income <= \$564/individual; \$846/couple	Yes (100% FPL)	No	SSI definition of disability; Incomes <=250% FPL
SOUTH DAKOTA	Federal SSI	If in group living arrangement	No	No	No
TENNESSEE	Federal SSI	None	No (1115 waiver allows coverage of all uninsured adults with incomes of no more than 100% FPL)	Yes	No
TEXAS	Federal SSI	All	No	No	No
UTAH	Federal SSI	None	Yes (100% FPL)	Yes	SSI definition of disability; Incomes <= 250% FPL; Incomes >100% FPL must pay premium
VERMONT	Federal SSI	All	No	Yes	SSI definition of disability; Incomes <= 250% FPL
VIRGINIA	Federal SSI	All	Yes (80% FPL)	Yes	No
WASHINGTON	Federal SSI	All	No	Yes	SSI definition of disability; Incomes <= 220% FPL; Incomes >=150% FPL must pay premium
WEST VIRGINIA	Federal SSI	None	No	Yes	No
WISCONSIN	Federal SSI	All	No	Yes	SSI definition of disability; Incomes <= 250% FPL; Incomes >=150% FPL must pay premium
WYOMING	Federal SSI	None	No	No	"SSI definition of disability; Incomes <=100% FPL All pay a premium based on income"

TABLE 3: OPTIONAL MEDICAID CATEGORIES UNDER WHICH MEDICAID AGENCIES DELIVER MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES⁵

State	Other Licensed Practitioners	Clinic	Inpatient Psychiatric (<21)	Rehabilitation	Targeted Case Management
Number of States:	31	30	43	49	46
ALABAMA			Y	Y	Y
ALASKA		Y	Y	Y	Y
ARIZONA	Y	Y	Y	Y	
ARKANSAS			Y	Y	
CALIFORNIA	Y		Y	Y	Y
COLORADO	Y	Y	Y	Y	Y
CONNECTICUT	Y	Y	Y	Y	Y
DELAWARE		Y		Y	
DISTRICT OF COLUMBIA			Y	Y	Y
FLORIDA			Y	Y	Y
GEORGIA	Y	Y		Y	Y
HAWAII	Y	Y	Y		Y
IDAHO		Y	Y	Y	Y
ILLINOIS	Y	Y	Y	Y	Y
INDIANA			Y	Y	Y
IOWA	Y	Y	Y		Y
KANSAS	Y		Y	Y	Y
KENTUCKY		Y	Y	Y	Y
LOUISIANA		Y	Y	Y	
MAINE	Y	Y	Y	Y	Y
MARYLAND			Y	Y	Y
MASSACHUSETTS	Y			Y	Y
MICHIGAN	Y	Y		Y	Y
MINNESOTA	Y		Y	Y	Y
MISSISSIPPI			Y	Y	Y
MISSOURI		Y	Y	Y	Y

⁵ Please note that the column headings used in this table are abbreviations for state plan categories—not services. For example, New Mexico covers inpatient psychiatric care for beneficiaries under age 21, but establishes that coverage under the EPSDT state plan service category. Therefore [this table reports that the state plan category “Inpatient Psychiatric \(<21\)”](#) Also, some states cover mental health or substance abuse services provided in clinics—but establish that coverage under the state plan category ‘Rehabilitation.’ These states would not be identified in this table as using ‘clinic’ services.

TABLE 3: OPTIONAL MEDICAID CATEGORIES UNDER WHICH MEDICAID AGENCIES DELIVER MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES⁵

State	Other Licensed Practitioners	Clinic	Inpatient Psychiatric (<21)	Rehabilitation	Targeted Case Management
MONTANA	Y	Y	Y	Y	Y
NEBRASKA	Y	Y	Y	Y	Y
NEVADA	Y		Y	Y	Y
NEW HAMPSHIRE	Y		Y	Y	Y
NEW JERSEY	Y	Y	Y	Y	Y
NEW MEXICO				Y	Y
NEW YORK	Y	Y	Y	Y	Y
NORTH CAROLINA	Y	Y	Y	Y	Y
NORTH DAKOTA	Y	Y	Y	Y	Y
OHIO	Y	Y	Y	Y	Y
OKLAHOMA	Y	Y	Y	Y	Y
OREGON ⁶	Y	Y	Y	Y	Y
PENNSYLVANIA			Y	Y	Y
RHODE ISLAND			Y	Y	Y
SOUTH CAROLINA		Y	Y	Y	Y
SOUTH DAKOTA				Y	Y
TENNESSEE ⁷		Y	Y	Y	Y
TEXAS	Y			Y	Y
UTAH	Y	Y	Y	Y	Y
VERMONT	Y	Y	Y	Y	Y
VIRGINIA	Y	Y	Y	Y	Y
WASHINGTON	Y		Y	Y	
WEST VIRGINIA	Y		Y	Y	Y
WISCONSIN	Y	Y	Y	Y	Y
WYOMING				Y	Y

⁶ 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.

⁷ TennCare covers services only through its Section 1115 waiver. They do not report service coverage under the standard state plan service categories. The categories reported here are the nearest equivalent to TennCare's coverage categories.

TABLE 4A: MEDICAID PROGRAM COVERAGE OF MENTAL HEALTH SERVICES AND THE SERVICE CATEGORIES IN WHICH THEY ARE ESTABLISHED

Mandatory Categories: Inp=General Inpatient; Phys=Physician; Outp=Outpatient hospital, FQHC, and RHC Optional Categories: <21=Psychiatric facility services for children under age 21; Prac = Other Licensed Practitioners, Rhb=Rehabilitation; Cl=Clinic; TCM=Targeted Case Management; HCB=Home and Community Based Waiver Services								
State	Hospitalization	Outpatient testing and treatment	Extensive Outpatient	Collateral	Residential	Case Management	Crisis	School-Based
Number of States	51	51	45	38	32	48	43	25
ALABAMA	Inp; <21	Outp; EPSDT; Rhb	Outp, Rhb	Outp; Phys; Rhb	<21	TCM	Rhb	
ALASKA	Inp; <21	Rhb; Cl	Rhb, Cl	Rhb; Cl; TCM	<21	TCM	Rhb, Cl	
ARIZONA	Inp; <21	Phys; EPSDT; Prac; Cl; Rhb	Rhb, Cl	Phys; Prac; Cl; Rhb	<21; Rhb	EPSDT; Cl; Rhb	EPSDT; Cl; Rhb	EPSDT
ARKANSAS	Inp; <21	EPSDT; Rhb	EPSDT; Rhb	EPSDT; Rhb	EPSDT; <21		EPSDT; Rhb	EPSDT
CALIFORNIA	Inp; <21	Outp; Phys; EPSDT; Prac; Rhb	EPSDT; Rhb	EPSDT; Prac; Rhb	Rhb	TCM	EPSDT; Rhb	EPSDT
COLORADO(1)	Inp; <21	Outp; Prac; Cl; Rhb	Outp; Prac; Cl; Rhb		<21	Rhb; TCM; HCB	Prac; Cl; Rhb	Rhb; Cl
CONNECTICUT	Inp; <21	Outp; Phys; Prac; Cl; Rhb	Outp; Rhb	Phys; Prac; Cl; Rhb	Rhb	TCM		Rhb
DELAWARE	Inp	EPSDT; Cl; Rhb	Rhb		Rhb	EPSDT	Rhb	EPSDT
DISTRICT OF COLUMBIA	<21; EPSDT	Phys; EPSDT	EPSDT	EPSDT		TCM		
FLORIDA	Inp; <21	EPSDT; Rhb	EPSDT; Rhb	EPSDT; Rhb; TCM	<21	TCM	EPSDT; TCM	EPSDT
GEORGIA	Inp; <21; EPSDT	EPSDT; Prac; Cl; Rhb	EPSDT; Cl; Rhb	EPSDT; Rhb		TCM	Rhb	
HAWAII	Inp; <21	Outp; Phys; Prac; Cl	Outp			TCM		
IDAHO	Inp; <21	Outp; Phys; EPSDT; Cl; Rhb	Cl; Rhb	Cl; Rhb		TCM	Rhb; TCM	Rhb

TABLE 4A: MEDICAID PROGRAM COVERAGE OF MENTAL HEALTH SERVICES AND THE SERVICE CATEGORIES IN WHICH THEY ARE ESTABLISHED

Mandatory Categories: Inp=General Inpatient; Phys=Physician; Outp=Outpatient hospital, FQHC, and RHC
Optional Categories: <21=Psychiatric facility services for children under age 21; Prac = Other Licensed Practitioners, Rhb=Rehabilitation; Cl=Clinic;
 TCM=Targeted Case Management; HCB=Home and Community Based Waiver Services

State	Hospitalization	Outpatient testing and treatment	Extensive Outpatient	Collateral	Residential	Case Management	Crisis	School-Based
ILLINOIS	Inp; <21	Outp; Prac; Cl; Rhb, TCM	Outp; Cl; Rhb, TCM	Outp; Cl, TCM, Rhb	<21, TCM	TCM	Prac; Cl; Rhb; TCM	Cl
INDIANA	Inp; <21	Rhb	Rhb	Rhb	<21	Rhb; TCM	Rhb	
IOWA	Inp; <21	Outp; EPSDT; Cl;	Outp; EPSDT; Cl;	EPSDT	<21	TCM	TCM	Prac
KANSAS	Inp; <21	Outp; EPSDT; Prac; Rhb	Outp; EPSDT; Prac; Rhb	EPSDT; Rhb	EPSDT; <21	Rhb; TCM	Outp	
KENTUCKY	Inp; <21	Phys; EPSDT; Cl	EPSDT; Cl	EPSDT; Cl	<21	TCM	EPSDT; TCM	
LOUISIANA	Inp; <21	Rhb		Rhb				
MAINE	Inp; <21	Phys; Prac; Cl; Rhb	Rhb	Prac; Rhb	Rhb	TCM	Rhb	Rhb
MARYLAND	Inp; <21	EPSDT; Rhb	Outp; Rhb	Rhb; TCM	<21	TCM	Rhb	
MASSACHUSETTS	Inp	Outp; Phys; Prac; Rhb	Outp; Rhb	Outp; Phys; Rhb		TCM	Outp; Phys	Rhb
MICHIGAN	Inp	Outp; Phys; EPSDT; Prac; Cl; Rhb	Rhb	Outp; EPSDT; Cl; Rhb	EPSDT; Rhb	TCM	Cl; Rhb	
MINNESOTA	Inp; <21	Phys; EPSDT; Prac; Rhb	Outp; EPSDT; Prac; Rhb	Phys; EPSDT; Rhb; Prac; TCM	EPSDT	TCM	EPSDT; Prac; Rhb	
MISSISSIPPI	Inp; <21	Rhb	Rhb	Rhb		TCM	Rhb	
MISSOURI	Inp; <21	Phys; EPSDT; Cl; Rhb	EPSDT; Rhb	EPSDT;		TCM	EPSDT; Cl; Rhb	
MONTANA	Inp; <21	Outp; Prac; Cl; Rhb	Outp; Cl	EPSDT; Cl	<21	TCM	Cl; TCM	EPSDT; Cl
NEBRASKA	Inp; EPSDT; <21	Outp; EPSDT; Prac; Cl; Rhb	EPSDT; Cl; Rhb	EPSDT; Rhb	EPSDT; <21	Rhb; TCM	EPSDT; Rhb	

TABLE 4A: MEDICAID PROGRAM COVERAGE OF MENTAL HEALTH SERVICES AND THE SERVICE CATEGORIES IN WHICH THEY ARE ESTABLISHED

Mandatory Categories: Inp=General Inpatient; Phys=Physician; Outp=Outpatient hospital, FQHC, and RHC
Optional Categories: <21=Psychiatric facility services for children under age 21; Prac = Other Licensed Practitioners, Rhb=Rehabilitation; Cl=Clinic;
 TCM=Targeted Case Management; HCB=Home and Community Based Waiver Services

State	Hospitalization	Outpatient testing and treatment	Extensive Outpatient	Collateral	Residential	Case Management	Crisis	School-Based
NEVADA	Inp; <21	Outp; Phys; EPSDT; Prac; Rhb, Cl	Rhb		Rhb	TCM	Rhb	Rhb
NEW HAMPSHIRE	Inp; <21	Phys; Prac; Rhb	Rhb	Phys; Rhb		TCM	Rhb; TCM	
NEW JERSEY	<21	Outp; Phys; Prac; Cl; Rhb	Outp; Rhb	Cl		TCM	Cl	Rhb
NEW MEXICO	Inp; EPSDT	Outp; EPSDT; Rhb	Outp; EPSDT	Outp; EPSDT	EPSDT	EPSDT; TCM		EPSDT
NEW YORK	Inp; <21	Outp; Phys; Prac; Cl; Rhb	Rhb; HCB	Rhb; HCB	<21; Rhb	TCM	TCM; HCB	EPSDT
NORTH CAROLINA	Inp; <21	Outp; EPSDT; Prac; Rhb	EPSDT; Rhb		EPSDT	TCM		Rhb
NORTH DAKOTA	Inp; <21	Prac; Cl; Rhb	Rhb; Outp			TCM	TCM	
OHIO	Inp; <21	Outp; Prac; Cl; Rhb	Rhb			TCM	Rhb	
OKLAHOMA	Inp; <21	Outp; EPSDT; Prac; Cl		Outp; EPSDT; Prac; Cl	EPSDT	TCM	Outp; EPSDT; Cl	EPSDT
OREGON ⁸	Inp; <21	Phys; Outp; Prac; Cl; Rhb	Prac; Cl; Rhb	Rhb	<21	TCM	Rhb	Rhb
PENNSYLVANIA	Inp; <21	Outp; Phys; Cl; Rhb	Outp	Rhb		TCM	Rhb	
RHODE ISLAND	Inp; <21	Rhb	Rhb	Rhb	Rhb	TCM	Rhb	Rhb
SOUTH CAROLINA	Inp; <21	Phys; EPSDT; Cl; Rhb		Phys; EPSDT; Cl; Rhb	<21	TCM	Rhb	
SOUTH DAKOTA	Inp; EPSDT	EPSDT; Rhb	EPSDT; Rhb		EPSDT	TCM		

⁸ 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.

TABLE 4A: MEDICAID PROGRAM COVERAGE OF MENTAL HEALTH SERVICES AND THE SERVICE CATEGORIES IN WHICH THEY ARE ESTABLISHED

Mandatory Categories: Inp=General Inpatient; Phys=Physician; Outp=Outpatient hospital, FQHC, and RHC
Optional Categories: <21=Psychiatric facility services for children under age 21; Prac = Other Licensed Practitioners, Rhb=Rehabilitation; Cl=Clinic;
 TCM=Targeted Case Management; HCB=Home and Community Based Waiver Services

State	Hospitalization	Outpatient testing and treatment	Extensive Outpatient	Collateral	Residential	Case Management	Crisis	School-Based
TENNESSEE ⁹	Y	Y			Y	Y	Y	
TEXAS	Inp; <21	Outp; EPSDT; Prac; Rhb	Rhb			TCM	TCM	EPSDT
UTAH	Inp; <21	Outp; Phys; EPSDT; Prac; Rhb				TCM		
VERMONT	Inp; <21	Phys; Prac; Cl; Rhb	Cl	Rhb		Rhb; TCM	Rhb	Rhb
VIRGINIA	Inp	Phys; EPSDT; Prac; Cl; Rhb	EPSDT; Rhb	Inp; EPSDT	EPSDT; <21	EPSDT; TCM	EPSDT; Rhb	
WASHINGTON	Inp; <21	Outp; Rhb; Phys; EPSDT; Prac	Rhb				Rhb	Rhb
WEST VIRGINIA	Inp; <21	Outp; Phys; Prac; Rhb				TCM	Rhb; TCM	
WISCONSIN	Inp; <21	Outp; Prac; Cl; Rhb; Phys; EPSDT	EPSDT; Rhb; Phys	Prac; Cl; Rhb; Phys		TCM; Rhb; Phys	Rhb; Phys	Rhb; Phys
WYOMING	Inp; EPSDT	Outp; Phys; EPSDT; Rhb	EPSDT; Rhb	Phys; Rhb	EPSDT	Rhb; TCM	TCM	

⁹ TennCare covers services only through its Section 1115 waiver. They do not report service coverage under the standard state plan service categories. The categories reported here are the nearest equivalent to TennCare's coverage categories

TABLE 4B: MEDICAID PROGRAM COVERAGE OF SUBSTANCE ABUSE SERVICES AND THE SERVICE CATEGORIES IN WHICH THEY ARE ESTABLISHED

Mandatory Categories: Inp=General Inpatient; Phys=Physician; Outp=Outpatient hospital, FQHC, and RHC Optional Categories: <21=Psychiatric facility services for children under age 22; Prac = Other Licensed Practitioners, Rhb=Rehabilitation; Cl=Clinic; TCM=Targeted Case Management; HCB=Home and Community Based Waiver Services									
State	Hospitalization	Outpatient testing and treatment	Extensive Outpatient	Collateral	Residential	Case Management	Crisis	School-Based	Opioid Treatment
Number of States:	40	43	25	12	15	13	9	1	28
ALABAMA	Inp	Outp	Outp						Outp; Rhb
ALASKA	Inp	Rhb; Cl.	Rhb; Cl.	Rhb; Cl.					Rhb; Cl.
ARIZONA	Inp	Prac; Rhb							Rhb
ARKANSAS									
CALIFORNIA		Rhb	Rhb		Rhb (Perinatal residential)				Rhb
COLORADO(1)	Inp (must have concurrent medical condition); <21					TCM			
CONNECTICUT	Inp	Outp; Phys; Cl							Outp; Cl
DELAWARE	Inp	EPSDT			EPSDT; Rhb				Rhb
DISTRICT OF COLUMBIA		Outp							
FLORIDA		Rhb	Rhb	Rhb					
GEORGIA		EPSDT; Cl; Rhb	EPSDT; Cl; Rhb	EPSDT; Cl; Rhb		TCM			Cl; Rhb
HAWAII									Phys
IDAHO	Inp								
ILLINOIS	Inp	Rhb	Rhb		Rhb, <21				
INDIANA	Inp	Outp; Rhb							
IOWA	Inp	Outp; EPSDT	EPSDT	EPSDT					
KANSAS	Inp; <21	Outp; Phys; Rhb	Outp; Phys; Rhb		Rhb	TCM	Outp		

TABLE 4B: MEDICAID PROGRAM COVERAGE OF SUBSTANCE ABUSE SERVICES AND THE SERVICE CATEGORIES IN WHICH THEY ARE ESTABLISHED

<p>Mandatory Categories: Inp=General Inpatient; Phys=Physician; Outp=Outpatient hospital, FQHC, and RHC Optional Categories: <21=Psychiatric facility services for children under age 22; Prac = Other Licensed Practitioners, Rhb=Rehabilitation; Cl=Clinic; TCM=Targeted Case Management; HCB=Home and Community Based Waiver Services</p>									
State	Hospitalization	Outpatient testing and treatment	Extensive Outpatient	Collateral	Residential	Case Management	Crisis	School-Based	Opioid Treatment
KENTUCKY	Inp (detox in acute hospitals only)								
LOUISIANA		EPSDT							
MAINE	Inp	Cl; Rhb	Cl; Rhb		Rhb	TCM			Cl; Rhb
MARYLAND	Inp	EPSDT, Rhb	EPSDT, Rhb		EPSDT, Rhb	TCM			Rhb
MASSACHUSETTS	Rhb	Rhb	Rhb	Rhb		Rhb	Phys		Rhb
MICHIGAN	Inp (detox in acute hospitals only)	Rhb	Rhb		Rhb		Rhb		Rhb
MINNESOTA	Inp	Outp; Phys; Rhb	Outp; Rhb	Rhb					Rhb
MISSISSIPPI									
MISSOURI	Inp (detox in acute hospitals only)	Rhb	Rhb	Rhb					Rhb
MONTANA	Inp	Outp; EPSDT	EPSDT	EPSDT					
NEBRASKA	Inp; EPSDT; <21	EPSDT	EPSDT	EPSDT	EPSDT; <21		EPSDT		
NEVADA	Inp								Outp
NEW HAMPSHIRE	Inp (detox only)								
NEW JERSEY		Outp; Rhb							Outp
NEW MEXICO	EPSDT	EPSDT	EPSDT		EPSDT	TCM			
NEW YORK	Inp	Outp; Phys; Cl; Rhb				TCM			Rhb
NORTH CAROLINA	Inp (medical detox only)	EPSDT; Rhb	EPSDT; Rhb		EPSDT	TCM			Rhb
NORTH DAKOTA	Inp; <21	Outp; Cl; Rhb	Outp			TCM	TCM		Outp; Cl

TABLE 4B: MEDICAID PROGRAM COVERAGE OF SUBSTANCE ABUSE SERVICES AND THE SERVICE CATEGORIES IN WHICH THEY ARE ESTABLISHED

<p>Mandatory Categories: Inp=General Inpatient; Phys=Physician; Outp=Outpatient hospital, FQHC, and RHC Optional Categories: <21=Psychiatric facility services for children under age 22; Prac = Other Licensed Practitioners, Rhb=Rehabilitation; Cl=Clinic; TCM=Targeted Case Management; HCB=Home and Community Based Waiver Services</p>									
State	Hospitalization	Outpatient testing and treatment	Extensive Outpatient	Collateral	Residential	Case Management	Crisis	School-Based	Opioid Treatment
OHIO	Inp; <21	Cl; Rhb	Rhb			Rhb	Rhb		Rhb
OKLAHOMA	Inp	Outp; Phys; EPSDT			EPSDT		Outp		
OREGON ¹⁰	Inp (detox only)	Rhb	Rhb				Rhb		Rhb
PENNSYLVANIA	Inp	Cl							Cl
RHODE ISLAND	Inp	Rhb	Rhb	Rhb	Rhb				Rhb
SOUTH CAROLINA	Inp	Rhb				TCM			
SOUTH DAKOTA	Inp (detox only); EPSDT	EPSDT							
TENNESSEE ¹¹	Y	Y							
TEXAS	Inp	EPSDT							EPSDT
UTAH	Inp (Detox-only)	Rhb							Cl
VERMONT	Inp	Rhb			Rhb				Rhb
VIRGINIA ¹²	Inp (detox only)	EPSDT	Rhb; EPSDT		Rhb				
WASHINGTON	Inp	Outp; Rhb; Phys			Rhb		Rhb	Rhb	Rhb
WEST VIRGINIA		Outp							
WISCONSIN		Outp; Cl; Rhb; Phys	Rhb; Phys	Cl; Rhb; Phys					Rhb; Phys
WYOMING	Inp	Rhb	Rhb	Rhb		Rhb			

¹⁰ Oregon operates its Medicaid program under a 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.

¹¹ TennCare covers services only through its Section 1115 waiver. It does not report service coverage under the standard state plan service categories. The categories reported here are the nearest equivalent to TennCare's coverage categories.

¹² Virginia does not cover substance abuse treatment, but will cover medications to prevent withdrawal.

TABLE 5A: MEDICAID PROGRAM LIMITS ON INPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE SERVICE COVERAGE

State	Limit
ALABAMA	For beneficiaries over 21, psychiatric facility services are limited to 16 days per calendar year; Beneficiaries under 21 have unlimited psychiatric facility services. Additionally, these days do not count against the inpatient benefit limitations for acute care hospitals.
ALASKA	All admissions for psychiatric care must be preapproved by the State's utilization review contractor; The contractor must also approve all days of care beyond that originally authorized; There are no specific day limits for beneficiaries under age 21 but they must continue to meet qualification for inpatient care; Beneficiaries 21–64 may only receive care from a general hospital that provides psychiatric services; Beneficiaries over 65 may only receive services from an inpatient psychiatric hospital facility or a general hospital that provides psychiatric services.
ARIZONA	Beneficiaries between 21 and 64 years of age may receive no more than 30 days per admission and 60 days per contract year; All admissions and requests for additional days must be preapproved by the behavioral health contractor. Emergency services do not require preauthorization.
ARKANSAS	All stays of longer than 4 days must be approved by the Medicaid agency's designated agent; All admissions to a psychiatric facility must be prior authorized by the Medicaid agency or its designated agent; Beneficiaries age 21 and over may receive no more than 20 days of inpatient services/year; Beneficiaries under age 21 may not receive more than 20 days of service without the prior authorization of the Medicaid agency.
CALIFORNIA	Except in an emergency, beneficiaries may not be admitted to a hospital without the prior approval of the Medicaid agency or its designated agent.
COLORADO	The Medicaid agency's designated agent and the beneficiary's PIHP must approve all non-emergency psychiatric admissions and requests for continuation of stays for mental health treatment. Limited to 45 days per fiscal year. Substance abuse treatment for detoxification or rehabilitation for people with a concurrent medical condition.
CONNECTICUT	Beneficiaries may receive no more than the following services without the prior authorization of the Medicaid agency: - 1 psychiatric evaluation in any 12-month period, per provider, per beneficiary - 13 therapy visits per calendar quarter, per treatment type, per provider
DELAWARE	Beneficiaries enrolled in comprehensive MCOs are limited to 30 days of inpatient psychiatric or substance abuse treatment per year; Children may receive more than 30 days of care from the children's mental health agency, with the approval of that agency; Adults who are not enrolled in managed care are not eligible for the service; those who are enrolled are limited to the 30 days offered by their MCO.
DISTRICT OF COLUMBIA	Only available to EPSDT patients and for patients under 22 requiring psychiatric services; All admissions and lengths of stay must be prior authorized by the Medicaid agency or its designated agent.
FLORIDA	All non-emergency admissions to a psychiatric or general hospital must be prior authorized by the Medicaid agency or its agent; Adults (>21) are limited to 45 days/fiscal year of inpatient treatment for any condition, including mental health and substance abuse conditions.
GEORGIA	A beneficiary may receive no more than 30 days of psychiatric inpatient services per year without the prior authorization of the Medicaid agency or its designated agency; All admissions are subject to preadmission screening and concurrent review for medical necessity.
HAWAII	Inpatient psychiatric services for individuals are limited to 30 days per year with prior authorization from the Medicaid agency; In communities where a psychiatric facility is not readily available, emergency inpatient psychiatric services may be provided for up to 48 hours at the closest licensed general hospital.

TABLE 5A: MEDICAID PROGRAM LIMITS ON INPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE SERVICE COVERAGE

State	Limit
IDAHO	All admissions for psychiatric and chemical dependency treatment require prior authorization from the Medicaid agency's designated agent and are subject to concurrent review.
ILLINOIS	All inpatient psychiatric services are subject to a review by the Department's peer review organization.
INDIANA	All admissions, except emergency admissions, must be preapproved by the Medicaid agency and reviewed every 60 days.
IOWA	All nonemergency admissions to a psychiatric or general hospital must be prior authorized by the Medicaid agency or its agent.
KANSAS	All nonemergency admissions for mental health and substance abuse treatment must be prior authorized by the Medicaid agency; Electroshock is limited to 12 inpatient treatments per month; Inpatient treatment for substance abuse is limited to detoxification.
KENTUCKY	Must have prior approval by the designated peer review organization (not including emergency admissions); Limited to services that could not be covered on an outpatient basis; Detoxification is only covered in a general acute hospital.
LOUISIANA	All admissions, including those for acute psychiatric care, to acute care and rehabilitation hospitals require registration and length of stay assignment; Psychiatric care in an acute hospital is limited to care needed to treat an acute psychiatric condition.
MAINE	All nonemergency admissions must be prior authorized by the Medicaid agency or its designated agent;
MARYLAND	Prior authorization is required for extension of hospital benefits beyond 60 days.
MARYLAND	All admissions to a psychiatric or general hospital must be prior authorized by the Medicaid agency or its agent.
MASSACHUSETTS	Prior to admission members are screened by an Emergency Services Program; For members under age 21 and age 65 and over, the Division covers psychiatric inpatient hospital services until the earlier of the following: the date the member no longer needs the service; or the date the member turns 21; For members age 21 through 64 the Division covers psychiatric inpatient hospital services in an IMD up to a maximum of 30 consecutive days per admission and no more than 60 days of psychiatric hospital services per year per member.
MICHIGAN	Beneficiaries may not be admitted to hospitals without the approval of the Medicaid agency or its agent, except to a state-owned psychiatric hospital or a separate inpatient unit that contracts with the state department of mental health to provide services must be approved by that department; Beneficiaries may not be admitted to a freestanding psychiatric hospital or a Medicare-certified distinct psychiatric unit of a general hospital without the approval of the Medicaid agency or its designated agent
MINNESOTA	Beneficiaries must receive authorization from the Medicaid agency before initial treatment and every 30 days thereafter; Beneficiaries undergoing chemical dependency treatment must receive at least 30 hours per week of therapy/counseling.
MISSISSIPPI	Only short-term psychiatric treatment is covered in general hospitals: -Beneficiaries 21 or older may not receive more than 30 days of inpatient care per fiscal year -Beneficiaries under age of 21 may receive more days with prior approval from the Medicaid agency's designated agent; -Infants under age 1 receiving services in disproportionate-share hospitals will be allowed unlimited days; All hospital admissions are subject to prior authorization or concurrent review; Beneficiaries may not receive more than 45 days of inpatient psychiatric care from a specialized hospital without prior authorization from the Medicaid agency
MISSOURI	Inpatient psychiatric hospital services are not covered for beneficiaries between the ages of 22 and 65; All psychiatric admissions and length of stays must be authorized by the Medicaid agency's designated agent.

TABLE 5A: MEDICAID PROGRAM LIMITS ON INPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE SERVICE COVERAGE

State	Limit
MONTANA	No services may be provided without prior authorization from the State's designated agent; Inpatient AODA stays may be no longer than 4 days without the permission of the Medicaid agency or its designee
NEBRASKA	All admission for psychiatric care must be prior-authorized by the Medicaid agency's designated agent; Beneficiaries are only eligible to receive inpatient detoxification and may receive no more than 5 days of detoxification services without the prior approval of the Medicaid agency.
NEVADA	All admissions, including psychiatric and substance abuse admissions, must be prior authorized by the Medicaid agency, except emergency admissions which must be authorized within 24 hours or the first working day after admission; Beneficiaries can receive no more than five days of inpatient psychiatric services unless the attending physician documents why additional services are required.
NEW HAMPSHIRE	All admissions must be prior authorized by the Medicaid agency's designated agent; The only substance abuse service that adults may receive is detoxification from an acute hospital.
NEW JERSEY	None, except Medical necessity in general hospitals; All nonemergency admissions to an inpatient psychiatric program must be approved by the Medicaid agency or its designated agent..
NEW MEXICO	All inpatient stays in psychiatric units of general acute care hospitals require admission and continued stay reviews
NEW YORK	All nonemergency admissions must be prior authorized by the Medicaid agency or its agent; Authorization also needed for more than 30 days/year of combined mental health and chemical dependency services
NORTH CAROLINA	All admissions to the psychiatric hospitals or the psychiatric ward of a general hospital must be preapproved by the Medicaid agency or its designated agent Inpatient substance abuse services consist of medical detoxification only.
NORTH DAKOTA	Services must be prior authorized by the Medicaid agency or its designated agent; A psychiatric stay in a distinct part psychiatric unit of a general hospital may no last longer than 21 days, except children under age 21 may be authorized for more days under EPSDT; A beneficiary may receive no more than 45 days of inpatient mental health or chemical dependency treatment per year, except children under age 21 may be authorized for more days under EPSDT; To qualify for services the beneficiary must be mentally ill or chemically dependent and be in imminent danger of harming self or others
OHIO	All non-emergency admissions to psychiatric hospitals and alcohol and/or drug buse rehabilitation hospitals must be prior authorized by the Medicaid agency or its designated agent Limited to 30 days per spell of illness. Spell of illness is 60 days from date of admission; Inpatient substance abuse treatment limited to detoxification
OKLAHOMA	Mental Health: Adult beneficiaries are limited to 24 days per individual per State fiscal year for general acute care inpatient services; All children's psychiatric admissions require prior authorization from the Medicaid agency or its designated agent of both the admission and length of stay Substance Abuse: Adult beneficiaries may receive only 5 days/admission All admissions must be approved by the Medicaid agency or its designated agent. The approval may be retroactive.
OREGON	None, except all psychiatric admissions are subject to review for medical necessity; inpatient treatment for substance abuse is limited to detoxification.
PENNSYLVANIA	Beneficiaries may only receive inpatient psychiatric or drug/alcohol services in a general hospital with prior approval from the Medicaid agency, except beneficiaries may receive up to two days of emergency treatment in an area other than the psychiatric unit without state approval;

TABLE 5A: MEDICAID PROGRAM LIMITS ON INPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE SERVICE COVERAGE

State	Limit
RHODE ISLAND	All admissions must be prior authorized by the Medicaid agency or its designated agent; Concurrent reviews are performed for all individuals who have been admitted to an acute care facility for the treatment of mental illness or substance abuse
SOUTH CAROLINA	All non-emergency admissions must be prior authorized by the Medicaid agency or its designated agent
SOUTH DAKOTA	All hospitals with psychiatric units must participate in the care management program and obtain prior authorization from a care manager before providing any inpatient psychiatric care; Only acute psychiatric admissions (those expected to be completed within 10 days) are covered for adults by Medicaid; Substance abuse coverage for adults is limited to detoxification
TENNESSEE	Beneficiaries may receive inpatient hospital days as medically necessary Medicaid covers only acute inpatient psychiatric care Substance abuse care is limited to 10 days of detox and \$30,000 total of inpatient/outpatient substance abuse services (lifetime limits)
TEXAS	A beneficiary may not receive more than \$200,000/year in inpatient hospital services without the prior approval of the Medicaid agency; All non-emergency admissions must be approved by the Medicaid agency's designated agent Services from a free-standing psychiatric hospital, psychiatric unit of a general acute hospital, or state-operated mental hospital are not available to beneficiaries age 21-64
UTAH	A general hospital may only provide acute psychiatric care and substance abuse detoxification Beneficiaries under age 21 may be admitted to a psychiatric specialty hospital with the prior approval of the Medicaid agency
VERMONT	Most children are screened by community mental health centers prior to emergency inpatient psychiatric hospitalization admission. Adults in the Community Rehabilitation & Treatment Program (SPMI carve-out) are approved by Community Mental Health Centers; General hospitals may only provide treatment for acute mental health and substance abuse needs
VIRGINIA	All inpatient hospitalizations and lengths of stay for psychiatric treatment must be approved by the Medicaid agency or its designated agent; To qualify for psychiatric inpatient or residential services beneficiaries must have a severe psychiatric disorder; Beneficiaries of any age may receive short-term psychiatric treatment in an acute general hospital; Only beneficiaries under age 21 or over age 64 may be admitted to a freestanding psychiatric hospital or residential treatment center
WASHINGTON	Beneficiaries may not remain in the hospital beyond a length of time specified by the State without the permission of the Medicaid agency or its designated agent. The length of time varies by diagnosis and is based on the average length of stay for Western states; All non-emergency admissions must be prior authorized by the Medicaid agency or its agent
WEST VIRGINIA	All mental health admissions and length of stays to a psychiatric or general hospital must be prior authorized by the Medicaid agency or its agent; Adult beneficiaries may receive no more than 25 days of inpatient services in a fiscal year, July 1 through June 30
WISCONSIN	Inpatient MH/SA only covered for beneficiaries under age 21; All admissions must be pre-approved by designated external review organization
WYOMING	A beneficiary may be admitted to an inpatient psychiatric or residential treatment facility and a prior authorization from the Medicaid agency will be conducted to determine the medical necessity of admission; To qualify as an acute care admission, the beneficiary must have one or more of the following conditions: -Suicide attempt -Homicidal threats or other assaultive behavior indicating a threat to others -Gross dysfunction -Child exhibiting bizarre or psychotic behaviors that cannot be contained or treated in an outpatient setting

TABLE 5B: MEDICAID PROGRAM LIMITS ON OUTPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE SERVICE COVERAGE

State	Limit
ALABAMA	Beneficiaries may receive up to 3 units of 30 min per day and up to 104 units per year of individual, family, and/or group psychotherapy; Beneficiaries may receive no more than 1 psychiatric evaluation per provider per year;
ALASKA	<p>Mental Health: Beneficiaries may receive no more than 10 hours of psychotherapy in a calendar year without the prior approval of the Medicaid agency; Beneficiaries may receive no more than the following amounts of service without the prior approval of the Medicaid agency: -Crisis intervention: 22 hours in a calendar year, no more than one hour per day -Family, group, or individual psychotherapy: 10 sessions in a calendar year; -Medication management: 1 visit /week for the initial month and 1 visit/month thereafter, 15 visits in a calendar year; -Psychiatric assessment: 4 in a calendar year; -Psychological testing: 6 hours in a calendar year, excepting neuro-psychological testing; -Home-based therapy: 100 hours in a calendar year; -Activity therapy:140 hours in a calendar year; -Medication administration: 1 visit/ week for the initial month, 15 visits in a calendar year; -Family support:15 hours per month, 180 hours in a calendar year</p> <p>Substance Abuse: Beneficiaries may receive no more than the following amounts of service without the prior approval of the Medicaid agency: -Assessment and diagnosis: 4 hours per assessment and diagnosis; -Counseling: 6, 50-minute individual, group, or family sessions/month, 4, 90 minute group sessions/month, aggregate total of 10 sessions of any type or length per month; -Psychosocial development services: 10 hours per week</p>
ARIZONA	All services must be authorized by the regional behavioral health contractor
ARKANSAS	Beneficiaries may not receive more than 2 diagnostic/evaluation services/State Fiscal Year without the authorization of the Medicaid agency; Other visits require the prior authorization of the Medicaid agency
CALIFORNIA	No more than 8 visits in a 120 day period without prior authorization from the Medicaid agency; No more than 2 psychological services per month
COLORADO	Beneficiaries may receive no more than 35 sessions of outpatient mental health per fiscal year without the prior approval of the Medicaid agency. Substance abuse treatment is not covered on an outpatient basis.
CONNECTICUT	Beneficiaries may receive no more than the following amounts of services without prior authorization from the Medicaid agency: -13 therapy visits per calendar quarter per treatment type per provider; -1 psychiatric evaluation per year per provider; -1 methadone maintenance program clinic visit per week
DELAWARE	Adults are limited to 30 units of mental health or substance abuse service per year. Children receive the first 30 units of service from their MCO. Any services required beyond that are provided by the state children's mental health agency
DISTRICT OF COLUMBIA	All services require prior authorization
FLORIDA	None specified for therapeutic office visits

TABLE 5B: MEDICAID PROGRAM LIMITS ON OUTPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE SERVICE COVERAGE

State	Limit
GEORGIA	<p>A beneficiary may receive no more than 12 physician visits in a year without the prior authorization of the Medicaid agency; A beneficiary under age 21 may receive no more than 24 hours (48 units) of service from a psychologist per calendar year without the prior authorization of the Medicaid agency A beneficiary over age 21 may not receive any mental health or substance abuse services, other than initial services, without the prior authorization of the Medicaid agency</p>
HAWAII	<p>Beneficiaries may receive no more than the following amounts of testing services: - 4 hours once every 12 months or 6 hours every 12 months, if a comprehensive test is justified and prior authorization granted Therapy services include one-hour individual sessions, and two-hour group sessions. No beneficiary may receive more than the following amounts of services without the prior authorization of the Medicaid agency. - 24 individual or 24 group therapy visits within a 12-month period, or - a combination of 6 individual and 24 group therapy visits, or - 6 group therapy and 24 individual visits within 12 months</p>
IDAHO	<p>Beneficiaries may not receive more than the following amounts of service without prior authorization from the Medicaid agency; - Emergency services are limited to 6 visits per year; - Psychotherapy services are limited to 45 hours per year; - 12 hours of psychiatric evaluations in a calendar year</p>
ILLINOIS	<p>There are no limitations on pregnant women, including 60 days post partum or on children (EPSDT). For all other individuals: -Individual/group therapy—25 hours per year; -Intensive therapy – 75 hours per year; -Day treatment – 30 days per year; -Medical detoxification – 9 days per year.</p>
INDIANA	<p>Mental Health Prior authorization by the Medicaid agency is required before the beneficiary may receive more than the following amounts of outpatient mental health services, including psychotherapy and counseling.: -More than 20 units of service within a rolling 12 month period; -More than 4 units per month; or -More than 2 diagnostic interviews during a 12 month period Substance Abuse Prior authorization by the Medicaid agency is required before the beneficiary may receive more than the following amounts of substance abuse therapy: -More than 20 units of service within a rolling 12 month period; or -More than 4 units per month</p>
IOWA	<p>Outpatient alcohol and substance abuse services are limited to 28 days</p>
KANSAS	<p>Beneficiaries are limited to 12 office visits/year for all reasons including mental health and substance abuse treatment; The following amounts of service are available under EPSDT expanded services: -Individual psychotherapy: up to 40 hours per calendar year with prior authorization; -Psychotherapy: up to 4 hours per month with prior authorization; -Psychotherapy is limited to a total of 32 hours per calendar year; - Residential treatment (Up to 140 day maximum stay in Level V Treatment Facility, up to 6 months in Level VI Treatment Facility.) -Testing and evaluation are limited to four hours per consumer in two consecutive years</p>

TABLE 5B: MEDICAID PROGRAM LIMITS ON OUTPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE SERVICE COVERAGE

State	Limit
KENTUCKY	A beneficiary may not receive more than 4 outpatient psychiatric procedures in a 12-month period from any physician who is not a psychiatrist
LOUISIANA	Up to 12 outpatient physician visits (including visits with a psychiatrist) are allowed per year to adult Medicaid beneficiaries; All community mental health rehabilitation services require prior approval from the state office of mental health Substance abuse services are only available to beneficiaries under age 21 and only with the approval of the Office of Addictive Disorders (OAD)
MAINE	Individual psychotherapy is limited to 2 hours per week; Psychometric testing is generally limited to a total of four hours Beneficiaries may receive no more than ninety minutes per week of group therapy, unless the person is a patient in an inpatient psychiatric facility or in a group for trauma treatment; Beneficiaries may receive no more than five non-emergency therapy services in any consecutive seven-day period; Beneficiaries may receive up to eight therapy visits per emergency; Intensive Outpatient Services for Substance Abuse treatment are limited to a maximum of twelve consecutive calendar weeks, five days per week and four hours per day up to twenty hours per week
MARYLAND	Mental Health services, other than those provided by a primary care physician, may only be delivered as part of an individual rehabilitation/treatment plan that is approved by the State's designated agent (currently Maryland Health Partners); Medicaid fee-for-service services do not require prior authorization except for Intensive Care Facility-Addiction services. MCOs do not require prior authorization for outpatient services but require notification of admission and filing of treatment plans within specified times.
MASSACHUSETTS	Diagnostic services: 4 hours or 8 units; No more than one type of therapy/week without clinical justification Individual therapy: 1 hour/session/day; Family therapy: 1 1/2 hours/session/day; Case Consultation: 1 hour/session; Group therapy: 2 hours/session; no more than 10 group members;
MICHIGAN	No limits on therapeutic office visits were reported
MINNESOTA	Beneficiaries may no more than the following amounts of service without the approval of the Medicaid agency: - 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.
MISSISSIPPI	Beneficiaries may receive up to 12 visits in a physician's office, outpatient department of a hospital, or in a RHC per fiscal year for any purpose;No specific limits on therapeutic office visits were reported
MISSOURI	Community psychiatric rehabilitation services, including therapy, are only available to the Seriously and Persistently Mentally Ill (SPMI) Comprehensive Substance Abuse and Rehabilitation Services must be prior authorized by the state substance abuse agency
MONTANA	Coverage is limited to diagnosis and treatment of a mental health condition. Educational services are not covered.

TABLE 5B: MEDICAID PROGRAM LIMITS ON OUTPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE SERVICE COVERAGE

State	Limit
NEBRASKA	Beneficiaries over age 21 may receive no more than 5 psychiatric treatment services per year without prior authorization from the Medicaid agency To qualify for community mental health services the beneficiary must be experiencing severe and persistent mental illness in the community The only substance abuse service available to adults is detoxification
NEVADA	Beneficiaries may not receive more than 24 one-hour individual therapy visits per year, except under EPSDT
NEW HAMPSHIRE	Beneficiaries may receive no more than 12 outpatient hospital clinic visits per fiscal year for any reason; Beneficiaries may receive no more than 18 physician visits per year without prior authorization from the Medicaid agency. (Psychotherapy visits from a psychiatrist count toward this limit.); A beneficiary may only receive a combined total of 12 psychotherapy sessions per year from any provider Beneficiaries may receive up to \$1,800/year from a community mental health center, except those with a developmental disability or severe mental illness may receive up to \$12,000/year in services
NEW JERSEY	Prior authorization is required for psychiatric services by a private practitioner that exceeds payment of \$900 in a 12-month period; Prior authorization is also required for psychiatric services rendered to Medicaid recipients in nursing facilities, licensed boarding homes, and residential health care facilities after the initial visit if it is expected that treatment will exceed \$400 in a 12-month period Prior authorization is required for mental health clinic services that exceed \$6,000 in a 12-month period. Prior authorization is required for partial hospitalization services exceeding 30 calendar days.
NEW MEXICO	Services must be provided as part of a treatment plan and some services require prior authorization
NEW YORK	No more than 20 outpatient visits per year of mental health services and 60 outpatient visits per year of substance abuse services without the approval of the beneficiary's health plan or the Medicaid agency
NORTH CAROLINA	A beneficiary may receive no more than the following amounts of service without the prior authorization of the Medicaid agency or its designated agent: - Prior approval required to receive more than 8 psychiatric outpatient visits/year, if the beneficiary is over age 21 - Prior approval required to receive more than 26 psychiatric outpatient visits/year if the beneficiary is age 21 or younger
NORTH DAKOTA	Beneficiaries may not receive more than the following amounts of service from a licensed psychologist without prior authorization from the Medicaid agency: -1 evaluation per year -40 therapy visits per year -4 units of psychological testing per year
OHIO	Independent licensed psychologists may provide a beneficiary no more than the following amounts of service without prior authorization: - 8 hours per year per case of psychological testing - 10 visits per month A beneficiary may receive no more than the following number of visits from an outpatient mental health facility - 24 visits per year - 4 visits per month to a psychologist in a clinic setting
OKLAHOMA	Beneficiaries may only receive the following amounts of service without the prior approval of the Medicaid agency: One treatment plan development/calendar year and one plan review per calendar year Six, 30 minute units of individual counseling/calendar year Two, 30 minute units of family counseling/calendar year One medical review/month

TABLE 5B: MEDICAID PROGRAM LIMITS ON OUTPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE SERVICE COVERAGE

State	Limit
OREGON	No specific limits for therapeutic office visits reported Services must be part of an active plan of treatment
PENNSYLVANIA	Mental Health: A beneficiary may receive no more than the following amounts of service without the prior authorization of the Medicaid agency: -1 Outpatient Comprehensive Diagnostic Psychological Evaluation limited per year -\$80.00 worth of individual psychological or intellectual evaluations per patient per 365 consecutive days -2 outpatient psychiatric evaluations per year -7 total hours per 30 consecutive days of psychotherapy -3 psychiatric clinic medication visits per 30 consecutive days. Substance Abuse: A beneficiary may receive no more than the following amounts of service without the prior authorization of the Medicaid agency: -One 15 minute clinic visit per day -7 methadone maintenance clinics visits per week -42 Opiate detoxification clinic visits per 365-day period -3 chemotherapy clinic visits in a 30 day period -8 hours of psychotherapy per 30-day period. This total applies to all psychotherapy: individual, family and group. -Psychiatric evaluation or comprehensive medical evaluation limited to 1 per patient per 365-day period or up to an \$80.00 maximum worth of individual psychological or intellectual evaluations per patient per 365-day period
RHODE ISLAND	A beneficiary may not receive more than 30 outpatient counseling sessions per calendar year without prior authorization from the Medicaid agency or its designated agent:
SOUTH CAROLINA	No specific limits on therapeutic office visits were reported
SOUTH DAKOTA	Beneficiaries may only receive services based on a medical/psychological evaluation
TENNESSEE	Beneficiaries may receive no more than 24 office visits per fiscal year; Adults, other than those who are diagnosed as Severely and Persistently Mentally III (SPMI), may receive no more than the following amounts of substance abuse services: 10 days of detox; and \$30,000/beneficiary (lifetime limit for inpatient and outpatient substance abuse treatment services) SPMI may exceed these limits with the prior authorization of the BHO in which they are enrolled.
TEXAS	Outpatient mental health services are limited to no more than 30 outpatient visits per calendar year without the approval of the Medicaid agency. Outpatient chemical dependency services are only available to children under age 21 and beneficiaries may receive no more than the following amounts of service without the prior authorization of the Medicaid agency: - 26 hours/person/calendar year of individual counseling - 135 hours/person/calendar year of group counseling
UTAH	Services must be medically necessary and specified in an individual plan of care
VERMONT	Mental Health Services must be medically necessary, but there are no prior authorization requirements or care limits; Substance Abuse Beneficiaries may receive no more than 90 hours per episode of counseling to residents without prior authorization from the Medicaid agency -
VIRGINIA	Beneficiaries may receive up to 5 outpatient psychiatric sessions in the first year of treatment without prior authorization and may receive one possible extension of 47 sessions, when preauthorized, during the first year of treatment. In subsequent years - individuals 21 years of age or older, may receive an additional 26 sessions when preauthorized. - all services to individuals under 21 years of age must be preauthorized and medically necessary.
WASHINGTON	Beneficiaries may only receive services that are provided to reach the goals of an Individualized Service Plan Some services require the approval of the Medicaid agency or the PIHP that serves the beneficiaries catchment area.

TABLE 5B: MEDICAID PROGRAM LIMITS ON OUTPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE SERVICE COVERAGE

State	Limit
WEST VIRGINIA	Beneficiaries may receive no more than 10 sessions of psychotherapy without prior authorization from the Medicaid agency
WISCONSIN	No more than 15 hours or \$500/services per year of outpatient therapy services without prior approval of Medicaid agency
WYOMING	Beneficiaries may receive no more than 12 office visits per calendar year without prior authorization from the Medicaid agency

TABLE 6: USE OF MANAGED CARE TO DELIVER MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES IN MEDICAID PROGRAMS

MCO=Managed Care Organization; PIHP=Prepaid Inpatient health Plan; PAHP=Prepaid Ambulatory Health Plan; PCCM=Primary Care Case Management Program

State	Comprehensive MCO	PIHP	PAHP	PCCM
ALABAMA	No Program	No Program	No Program	MH/SA excluded
ALASKA	No Program	No Program	No Program	No Program
ARIZONA	Limited MH/SA included	MH/SA included	No Program	No Program
ARKANSAS	No Program	No Program	No Program	MH/SA excluded
CALIFORNIA	Limited MH included	MH included/SA excluded	Dental-only	No Program
COLORADO	MH/SA excluded	MH included	No Program	MH/SA excluded
CONNECTICUT	MH/SA included	No Program	No Program	No Program
DELAWARE	Limited MH included	MH/SA not covered by MCO included	No Program	No Program
DISTRICT OF COLUMBIA	MH/SA included	No Program	No Program	No Program
FLORIDA	MH/SA excluded	MH/SA only (Tampa area-only)	No Program	MH/SA excluded
GEORGIA	No Program	No Program	No Program	No Program
HAWAII	Limited MH/SA included	Limited MH/SA included	No Program	No Program
IDAHO	No Program	No Program	No Program	MH/SA included
ILLINOIS	MH/SA included	No Program	No Program	No Program
INDIANA	MH/SA excluded	No Program	No Program	MH/SA excluded
IOWA	MH/SA excluded	MH/SA only	No Program	MH/SA excluded
KANSAS	MH/SA excluded	No Program	No Program	MH/SA excluded
KENTUCKY	MH/SA excluded	No Program	No Program	MH/SA excluded
LOUISIANA	No Program	No Program	No Program	MH/SA excluded
MAINE	No Program	No Program	No Program	MH/SA excluded
MARYLAND	All SA/Ltd MH included	No Program	No Program	No Program
MASSACHUSETTS	MH/SA included	Delivers only behavioral health services	No Program	MH/SA excluded
MICHIGAN	Limited MH included	Delivers only behavioral health services	No Program	No Program
MINNESOTA	All MH covered; Some SA covered	No Program	No Program	No Program
MISSISSIPPI	No Program	No Program	No Program	No Program
MISSOURI	MH/SA included except for aged, blind and disabled	No Program	No Program	No Program
MONTANA	No Program	No Program	No Program	MH/SA excluded

TABLE 6: USE OF MANAGED CARE TO DELIVER MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES IN MEDICAID PROGRAMS

MCO=Managed Care Organization; PIHP=Prepaid Inpatient health Plan; PAHP=Prepaid Ambulatory Health Plan; PCCM=Primary Care Case Management Program

State	Comprehensive MCO	PIHP	PAHP	PCCM
NEBRASKA ¹³	MH/SA excluded	No Program	No Program	MH/SA excluded
NEVADA	MH/SA included	No Program	No Program	No Program
NEW HAMPSHIRE	No Program	No Program	No Program	No Program
NEW JERSEY	Most MH/SA excluded	No Program	No Program	No Program
NEW MEXICO	MH/SA included	No Program	No Program	No Program
NEW YORK	Some specialized MH/SA excluded if general MCO; all MH/SA included if special needs plan	No Program	No Program	MH/SA excluded
NORTH CAROLINA	MH/SA excluded	No Program	No Program	MH/SA excluded
NORTH DAKOTA	MH/SA included	No Program	No Program	MH/SA excluded
OHIO	Includes all inpatient MH/SA/ Limited outpatient MH/SA	No Program	No Program	No Program
OKLAHOMA	Limited MH/SA included (Program ended 12/31/03)	No Program	Primary care services only	No Program
OREGON	MH excluded/SA included	Delivers only mental health services	Dental-only	MH/SA excluded
PENNSYLVANIA	MH/SA excluded	MH/SA included	No Program	MH/SA excluded
RHODE ISLAND	Limited MH/SA included	No Program	No Program	No Program
SOUTH CAROLINA	Limited MH/SA included	No Program	Primary care services only	No Program
SOUTH DAKOTA	No Program	No Program	No Program	MH/SA included
TENNESSEE	MH/SA excluded	Delivers only behavioral health services	No Program	No Program
TEXAS	Limited MH/SA included	MH/SA included	No Program	Self-referral allowed
UTAH	Limited SA included	MH included	No Program	MH/SA excluded
VERMONT	No Program	SPMI Adults Only	No Program	MH/SA included for all except adults served in PIHP
VIRGINIA	Limited MH included	No Program	No Program	MH/SA excluded
WASHINGTON	Limited MH included	MH not covered by MCO included	No Program	Available to AI/AN only; MH/SA excluded
WEST VIRGINIA	MH/SA excluded	No Program	No Program	MH/SA excluded
WISCONSIN	MH/SA included	MH/SA included	No Program	No Program

¹³Nebraska uses an "administrative services-only" contractor to manage the delivery of mental health and substance abuse services to all beneficiaries. While this program is not a managed care program it serves many of the same functions.

TABLE 6: USE OF MANAGED CARE TO DELIVER MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES IN MEDICAID PROGRAMS

MCO=Managed Care Organization; PIHP=Prepaid Inpatient health Plan; PAHP=Prepaid Ambulatory Health Plan; PCCM=Primary Care Case Management Program

State	Comprehensive MCO	PIHP	PAHP	PCCM
WYOMING	No Program	No Program	No Program	No Program

TABLE 7: UPPER INCOME LIMITS FOR CHILDREN AND TYPE OF SCHIP PROGRAMS THAT SERVE THEM: JULY 2003

State	Medicaid Expansion	Separate SCHIP (Unless otherwise noted the child must be uninsured to participate)
ALABAMA	No Program	Age <6, 133-200% FPL Age 6-18, 100-200% FPL
ALASKA	Age 1-5, 133-200% FPL Age 6-18, 100-200% FPL	No Program
ARIZONA	No Program	Age <1, 140-200% FPL Age 1-5, 133-200% FPL Age 6-18, 100-200% FPL HIFA 1115 waiver enables it to use SCHIP funding to cover: All parents of Medicaid & SCHIP eligible children; 100-200% FPL. All childless adults with incomes of 100% FPL or less.
ARKANSAS	No Program	No Program
CALIFORNIA	1. Children who meet income, but not asset standard 2. 1 month 'bridge' for those leaving Medicaid due to increased income but who will qualify for separate SCHIP	Age <1, 200-250% FPL Age 1-5, 133-250% FPL Age 6-18, 100-250% FPL
COLORADO	No Program	Age 0-5, 133-185% FPL Age 6-18, 100-185% FPL
CONNECTICUT	No Program	Age 0-18, 185-300% FPL Age 0-18, >300% FPL, but the family must pay the full cost of care and no federal or state funding is used to cover these children.
DELAWARE	No Program	Age 1-5, 133-200% FPL Age 6-19, 100-150% FPL
DISTRICT OF COLUMBIA	Age <1, 185-200% FPL Age 1-5, 133-200% FPL Age 6-18, 100-200% FPL	No Program
FLORIDA	Age <1, 185-200% FPL	MediKids: Age 1-4, 133-200% FPL Healthy Kids: Age 5, 133-200% FPL Healthy Kids: Age 6-18; 100-200% FPL
GEORGIA	No Program	Age <1, 185-235% FPL Age 1-5, 133-235% FPL Age 6-18, 100-235% FPL
HAWAII	Children 0-1 between 185-200% FPL; Children 1-5 between 133-200% FPL; Children 6-18 between 100-200% FPL	No Program
IDAHO	Age 0-5, 133-150% FPL Age 6-18, 100-150% FPL	No Program

TABLE 7: UPPER INCOME LIMITS FOR CHILDREN AND TYPE OF SCHIP PROGRAMS THAT SERVE THEM: JULY 2003

State	Medicaid Expansion	Separate SCHIP (Unless otherwise noted the child must be uninsured to participate)
ILLINOIS	Age 6-18, 100-133% FPL	KidCare Share: Age 1-18, 133-150% FPL KidCare Premium: Age 1-18, 150-200% FPL. KidCare Rebate: insured, Age 1-18, 133-185% FPL. This program reimburses part of the cost for private health insurance for children. -- 1115 waiver covers parents of Medicaid & SCHIP-eligible children from families, <= 133% FPL who do not qualify for Medicaid. Note: Illinois HIFA waiver allows separate SCHIP coverage of insured children.
INDIANA	Age 1-6, 133-150% FPL Age 6-18, 100-150% FPL	Age <19, 150-200% FPL
IOWA	Age <1, 185-200% FPL Age 6-18, 100-133% FPL	Age 1-18, 133-200% FPL
KANSAS	No Program	Age <1, 150-200% FPL Age 1-5, 133-200% FPL Age 6-18, 100-200% FPL
KENTUCKY	Age 1-5, 133-150% FPL Age 6-18, 100-150% FPL	Age <1, 185-200% FPL Age 1-18, 150-200% FPL
LOUISIANA	Age 1-5, 133-200% FPL Age 6-18, 150-200% FPL	No Program
MAINE	Age 1-5, 133-150% FPL Age 6-18, 125-150% FPL	Age <1, 185-200% FPL Age 1-18, 150-200% FPL
MARYLAND	Age 1-5, 133-185% FPL Age 6-18, 100-185% FPL ¹⁴	Age 1-18, 185-300% FPL As of July 2003, Maryland stopped enrolling new applicants from families with incomes over 200% FPL or more. But, children already enrolled could remain in the program as long as they continued to meet all other enrollment requirements. ¹⁵
MASSACHUSETTS	Age <1, <=200% FPL Age 6-18, <=150% FPL	Age 1-18, 150-200% FPL
MICHIGAN	Parents; Section 1931-150% FPL Children 16-18 between 100-150% FPL	Age <1, 185-200% FPL Age 1-18, 150-200% FPL
MINNESOTA	Age <2, 275-280% FPL	Unborn children, ≤ 275% FPL Uninsured parents and caretaker relatives of Medicaid/SCHIP eligible children from families with incomes of 100-200% FPL (1115 SCHIP waiver)
MISSISSIPPI	No Program	Age <1, 185-200% FPL Age 1-5, 133-200% FPL Age 6-18, 100-200% FPL

¹⁴ Effective July 1, 2004, Maryland increased the upper income limit for its Medicaid expansion program from 185% to 200% FPL for all children

¹⁵ Effective July 1, 2004, Maryland resumed accepting new applications for its separate SCHIP program and modified its income limits so that it now serves all children from families with incomes of 200-300% FPL

TABLE 7: UPPER INCOME LIMITS FOR CHILDREN AND TYPE OF SCHIP PROGRAMS THAT SERVE THEM: JULY 2003

State	Medicaid Expansion	Separate SCHIP (Unless otherwise noted the child must be uninsured to participate)
MISSOURI	Age <1, 185-300% FPL Age 1-5, 133-300% FPL Age 6-18, 100-300% FPL	No Program
MONTANA	No Program	Age 0-18, 100-150% FPL (DB-Needs to clarify w/state-doesn't match Medicaid info)
NEBRASKA	Age <1, 150-185% FPL Age 1-5, 133-185% FPL Age 6-18, 100-185% FPL	No Program
NEVADA	No Program	Age 0-5, 133-200% FPL Age 6-18, 100-200% FPL
NEW HAMPSHIRE	Age <1, 185-300% FPL	Age 1-18, 185-300% FPL
NEW JERSEY	Age 6-18, 100-133% FPL Pregnant Women; 185-200% FPL	Age <1, 185-350% FPL Age 1-18, 133-360% FPL Uninsured parents if the family income is below 200% FPL (stopped excepting applications from parents as of 6/02.)
NEW MEXICO	Age 0-19, 185-235% FPL	No Program
NEW YORK	Age 6-18; 100-133% FPL	Age <1, 200-208% FPL Age 1-18, 133-208% FPL
NORTH CAROLINA	No Program	Age <1, 185-200% FPL Age 1-5, 133-200% FPL Age 6-18, 100-200% FPL
NORTH DAKOTA	Age 1-18, who do not qualify for Medicaid solely because they do not meet the Medicaid assets test.	Age 0-5, 133-140% FPL Age 6-18, 100-140% FPL
OHIO	Uninsured, Age 0-5, 133-200% FPL Uninsured, Age 6-18, 100-200% FPL Wrap-around: Medicaid covers insured, SCHIP uninsured	No Program
OKLAHOMA	Age <1 and pregnant women, 150-185% FPL Age 1-5, 133-185% FPL; Age 6-18, 100-185% FPL	No Program
OREGON	No Program	Age 0-6, 133-185% FPL Age 6-18, 100-185% FPL
PENNSYLVANIA	No Program	Age <1, 185-200% FPL Age 1-5, 133-200% FPL Age 6-18, 100-200% FPL
RHODE ISLAND	Age 8-18, 100-250% FPL Parents; 100-185% FPL	No Program
SOUTH CAROLINA	Age 1-5, 133-150% FPL Age 6-18, 100-150% FPL	No Program
SOUTH DAKOTA	Age 0-5, 133-140% FPL Age 6-18, 100-140% FPL	Age 0-18, 140-200% FPL
TENNESSEE	No Program	No Program

**TABLE 7: UPPER INCOME LIMITS FOR CHILDREN AND TYPE OF SCHIP PROGRAMS THAT SERVE THEM:
JULY 2003**

State	Medicaid Expansion	Separate SCHIP (Unless otherwise noted the child must be uninsured to participate)
TEXAS	No Program	Age <1, 185-200% FPL Age 1-5, 133-200% FPL Age 6-18, 100-200% FPL
UTAH	No Program	Age 0-5, 133-200% FPL Age 6-18, 100-200% FPL
VERMONT	No Program	Age 1-18, 225-300% FPL
VIRGINIA	Uninsured, Age 6-18, 100-133% FPL	Age 0-18, 133-200% FPL
WASHINGTON	No Program	Age 0-18, 200-250% FPL Unborn children of uninsured pregnant women who do not qualify for Medicaid.
WEST VIRGINIA	No Program	Age <1, 150-200% FPL Age 1-6, 133-200% FPL Age 6-18, 100-200% FPL
WISCONSIN	Age <18, <=185% FPL After enrollment the family can remain in the program unless their income rises above 200% FPL.	No Program
WYOMING	No Program	Age 6-18, 101-133% FPL

TABLE 8: STATE COVERAGE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES IN SEPARATE SCHIP PROGRAMS: JULY 2003

State	Provides Medicaid Package		Covered Services, if Not Medicaid Package						
	Yes	No	Inpatient Mental Health	Inpatient Substance Abuse	Outpatient mental Health	Outpatient Substance Abuse	Opioid Treatment	Residential Services	Other
Number of States:	19	21	21	21	21	21	5	6	2
ALABAMA		•	•	•	•	•			
ARIZONA	•								
CALIFORNIA ¹⁶		•	•	Detox only	•	Crisis intervention and treatment of alcoholism/ substance abuse			Special program for SED children
COLORADO		•	•	Detox only	•	•			
CONNECTICUT		•	•	•	•	•	•		Special Program for Special Needs Children with a more extensive benefit package
DELAWARE	•								
FLORIDA	MediKids	Healthy Kids	•	•	Combined MH/SA Benefits	Combined MH/SA Benefits		•	
GEORGIA	•	•							
ILLINOIS	•								
INDIANA		•	•	•	•	•			
IOWA		•	•	•	•	•			
KANSAS		•	•	•	•	•		• (MH Inpatient)	
KENTUCKY	• (some minor differences)								
MAINE	•								

¹⁶ California has a special program for SED children. The services reported here include those provided through this specialized program.

TABLE 8: STATE COVERAGE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES IN SEPARATE SCHIP PROGRAMS: JULY 2003

State	Provides Medicaid Package		Covered Services, if Not Medicaid Package						
	Yes	No	Inpatient Mental Health	Inpatient Substance Abuse	Outpatient mental Health	Outpatient Substance Abuse	Opiod Treatment	Residential Services	Other
MARYLAND	•								
MASSACHUSETTS	•								
MICHIGAN	•								
MINNESOTA ¹⁷	All but some adults	Some Adults	•	•	•	•			
MISSISSIPPI		•	•	•	•	•			
MONTANA		•	Combined MH/SA Benefits	Combined MH/SA Benefits	Combined MH/SA Benefits	Combined MH/SA Benefits	•	•	
NEVADA	•								
NEW HAMPSHIRE		•	•	•	Combined MH/SA Benefits	Combined MH/SA Benefits			
NEW JERSEY		•	•	•	Detox-only	Detox-only			
NEW YORK		•	Combined MH/SA Benefits	Combined MH/SA Benefits	Combined MH/SA Benefits	Combined MH/SA Benefits	•		
NORTH CAROLINA	Children w/chronic mental illness	All other children	•	•	•	•			
NORTH DAKOTA		•	•	•	•	•		•	
OREGON	Children	Adults (1115 waiver; no mental health or substance abuse services)							

¹⁷ Minnesota, through its 1115 Waiver, provides a modified Medicaid benefit package to certain adults.

TABLE 9A: LIMITS ON INPATIENT MENTAL HEALTH AND/OR SUBSTANCE ABUSE SERVICES COVERED BY SEPARATE SCHIP PROGRAMS

State	Mental Health Limit	Substance Abuse Limit
ALABAMA	All admissions and requests for continued stays must be prior authorized by the SCHIP insurance vendor	Confinement limited to 30 days each calendar year.
ARIZONA	Medicaid Limits	
CALIFORNIA	<p>1. Inpatient services are provided without limit for serious mental illnesses.</p> <p>2. For members with an SED, plan will provide up to 30 days inpatient; after 30 days responsibility for providing inpatient care shifts to county mental health department.</p> <p>3. Non-SMI/SED limited to 30 days inpatient mental health care per benefit year. If appropriate 1 day of inpatient care may be substituted by: 2 days residential, 3 days day care, or 4 outpatient visits</p>	Hospitalization for alcohol or substance abuse as medically appropriate to remove toxic substances from the system.
COLORADO	Enrollees are limited to 45 days of inpatient coverage with the option of converting the 45 days to 90 days of day treatment.	limited to a maximum of 5 days per episode and available for acute detoxification only
	<p>Husky B Benefits</p> <p>1. No limits, except, enrollees may receive no more than 60 days of inpatient care for treatment of the following conditions. (a) Mental retardation; (b) Learning, motor skills, (c) communication and caffeine-related disorders; (d) Relational problems; (e) Other conditions that may be the focus of clinical attention that are not defined as mental disorders in the American Psychiatric Associations "Diagnostic & Statistical Manual of Mental Disorders."</p> <p>2. Inpatient days are exchangeable with alternative levels of care, such as day treatment or partial hospitalization.</p>	<p>Husky B Benefit</p> <p>1. No limits for detoxification</p> <p>2. No limits for other substance abuse services except beneficiaries may receive no more than 60 days of care for drug abuse/45 for alcohol abuse for the specific conditions (a-e) identified under 'Mental Health'</p>
CONNECTICUT	<p>Husky Plus Benefits (Available only to special needs children)</p> <p>1. Supplementary Inpatient Mental Health & Substance Abuse Services (beyond regular Husky B benefits) are available when medically necessary</p>	
DELAWARE	Medicaid Limits	
FLORIDA	<p>1. Enrollees may receive no more than 30 inpatient/residential days per contract year.</p> <p>2. If residential services are used then at least 10 days must be reserved for inpatient services.</p>	<p>1. 7 inpatient days per year for detox and</p> <p>2. 30 days per year for residential services</p>
GEORGIA	Medicaid Limits	
ILLINOIS	Medicaid Limits	
INDIANA	Inpatient mental health/substance abuse services are covered when the services are medically necessary for the diagnosis or treatment of the member's condition, except when they are provided in an institution for treatment of mental diseases with more than 16 beds.	

TABLE 9A: LIMITS ON INPATIENT MENTAL HEALTH AND/OR SUBSTANCE ABUSE SERVICES COVERED BY SEPARATE SCHIP PROGRAMS

State	Mental Health Limit	Substance Abuse Limit
IOWA	1. IA Health Solutions: Up to 60 days per calendar year for inpatient mental health 2. Wellmark: Up to 30 days of inpatient days per year for mental health and substance abuse combined 3. John Deere: Up to 30 days per year for inpatient mental health	1. IA Health Solutions: Up to \$9,000/calender year; \$29,000 lifetime combined limit for inpatient and outpatient substance abuse 2. Wellmark: Up to 30 days of inpatient days per year for mental health and substance abuse combined 3. John Deere: Up to 30 days per year for inpatient substance abuse
KANSAS	1. All services must be medically necessary. 2. The service must be needed to treat a biologically based condition, such as schizophrenia, major affective disorders, obsessive/compulsive disorder, or panic disorder.	1. Substance abuse treatment services are provided up to 60 days per year.
KENTUCKY	Medicaid Limits	
MAINE	Medicaid Limits	
MARYLAND	Medicaid Limits	
MASSACHUSETTS	Medicaid Limits	
MICHIGAN	Medicaid Limits	
MINNESOTA	Medicaid Limits except · Unborn children of mothers who are ineligible for Medicaid receive only prenatal care and associated health services for children from conception through birth. - SCHIP Waiver participants have a \$10,000 annual benefit limit	
MISSISSIPPI	1. All in-patient hospital admissions for mental health services must be certified as medically necessary by the SCHIP health plan 2. SCHIP enrollees may receive up to 30 days per calendar year of Inpatient mental health.	1. All in-patient hospital admissions for substance abuse treatment must be certified as medically necessary by the SCHIP health plan. 2. An SCHIP enrollee may receive up \$8,000 in combined inpatient and outpatient substance abuse treatment services each calendar year up to a lifetime maximum of \$16,000.
MONTANA	1. 21 days combined mental health/substance abuse days per year 2. Partial hospital may be exchanged for inpatient days at a rate of 1 inpatient day for 2 partial treatment days; 3. No day limits for the following diagnoses: schizophrenia, schizoaffective disorder, bipolar disorder, major depression, panic disorder, obsessive-compulsive disorder, autism	
NEVADA	Medicaid Limits	
NEW HAMPSHIRE	Limit of 15 days per year	Limited to inpatient days for medical detoxification. No benefits available for partial hospitalization (day/evening programs).
NEW JERSEY	Limit of 35 days per calendar year.	Detox only: No limit on days, but \$25 co-payment per outpatient visit.
NEW YORK	No more than 30 days combined per calendar year for inpatient mental health, inpatient detoxification, inpatient rehabilitation	
NORTH CAROLINA	All inpatient mental health and substance abuse admissions require precertification.	

TABLE 9A: LIMITS ON INPATIENT MENTAL HEALTH AND/OR SUBSTANCE ABUSE SERVICES COVERED BY SEPARATE SCHIP PROGRAMS

State	Mental Health Limit	Substance Abuse Limit
NORTH DAKOTA	1. SCHIP enrollees may receive up to 60 days of inpatient mental health treatment per year 2. SCHIP enrollees may receive no more 120 days of partial hospitalization for mental health treatment per year	1. SCHIP enrollees may receive up to 60 days of inpatient substance abuse treatment per year 2. SCHIP enrollees may receive no more than 5 days of detox services in any one substance abuse inpatient admission 3. SCHIP enrollees may receive no more 120 days of partial hospitalization for substance abuse treatment per year
OREGON	Children: Medicaid Limits Adults: No Mental Health and Substance Abuse services	
PENNSYLVANIA	Participants may receive no more than a combined total of 90 day per year of inpatient hospital services, including mental health and substance abuse admissions.	Detoxification limited to seven days per year, with a lifetime maximum of four inpatient admissions Participants may receive no more than a combined total of 90 day per year of inpatient hospital services, including mental health and substance abuse admissions.
SOUTH DAKOTA	Medicaid Limits	
TEXAS	Enrollees may receive no more than 30-days of inpatient services/12-month period.	1. Enrollees may receive no more than 5 days/year for detoxification/crisis stabilization services; 2. Enrollees may receive no more than 30 days/year of residential treatment for substance abuse
UTAH	Plan A 1. A child may obtain no more than 30 days per plan per year of inpatient mental health and/or substance abuse services (combined limit) 2. Enrollee must pay a \$3 co-pay for each visit Plan B 1. A child may obtain no more than 30 days per plan per year of inpatient mental health and/or substance abuse services (combined limit) 2. The plan will pay 90% of the cost of service for the first 10 days, 50% for the next 20 days	
VERMONT	Medicaid Limits	
VIRGINIA ¹⁸	A: If not enrolled in MCO: Medicaid Limits B: If enrolled in MCO: 1. All admissions and requests for continued stays must be prior authorized by the MCO 2. Enrolled children may receive up to 30 days per calendar year of inpatient mental health services, including partial day treatment services.	Inpatient substance abuse services are covered for up to 90 days per enrollee (lifetime benefit; regardless of MCO enrollment status)
WASHINGTON	Medicaid Limits	

¹⁸ The services available through fee-for-service SCHIP in Virginia changed as of August 1, 2003.

TABLE 9A: LIMITS ON INPATIENT MENTAL HEALTH AND/OR SUBSTANCE ABUSE SERVICES COVERED BY SEPARATE SCHIP PROGRAMS

State	Mental Health Limit	Substance Abuse Limit
WEST VIRGINIA	1. All inpatient admissions, including detoxification and partial hospitalization require precertification from the SCHIP agency's designated agent, currently Intracorp. 2. 30 days per year for inpatient care and up to 60 days per year for partial hospitalization and day programs. 3. Annual \$200,000/lifetime \$1 million limit on all benefits (including mental health and substance abuse benefits).	
WYOMING	Medicaid Limits	

TABLE 9B: LIMITS ON OUTPATIENT SERVICES COVERED BY SEPARATE SCHIP PROGRAMS

State	Mental Health Limit	Substance Abuse Limit
ALABAMA	Enrollees may receive no more than 20 outpatient mental health visits per year.	Substance Abuse: Enrollees may receive no more than 20 outpatient substance abuse visits per diagnosis per year.
ARIZONA	Medicaid Limits	
CALIFORNIA	<ol style="list-style-type: none"> 1. Outpatient services provided without limit for serious mental illness 2. For members with an SED, outpatient visits pertaining to the SED condition will be provided by the county mental health department. 3. Outpatient treatment for all non-SMI/SED conditions limited to 20 outpatient services/benefit year 4. Participants must meet coverage requirements established by their health plan. 	<ol style="list-style-type: none"> 1. Crisis intervention and treatment of alcoholism or drug abuse on an outpatient basis as medically necessary. 2. 20 visits per benefit year. Additional benefits may be covered if approved and authorized by their health plan.
COLORADO	<ol style="list-style-type: none"> 1. Enrollees may receive no more than 20 outpatient visits per year. 2. Neurobiological illnesses are treated as any other illness and not subject to limit. 	<ol style="list-style-type: none"> 1. Enrollees may receive no more than 20 outpatient visits per year.
CONNECTICUT	<p>Husky B Benefits</p> <ol style="list-style-type: none"> 1. No limits, except enrollees may receive no more than 30 visits (at progressively lesser cost) for the following conditions: (a) Mental retardation; (b) Learning, motor skills, (c) communication and caffeine-related disorders; (d) Relational problems; (e) Other conditions that may be the focus of clinical attention that are not defined as mental disorders in the American Psychiatric Association's "Diagnostic & Statistical Manual of Mental Disorders. 	<p>Husky B Benefit</p> <ol style="list-style-type: none"> 1. No limits, except, enrollees may receive no more than 60 visits per calendar year for the specific conditions identified under "Mental Health"
	<p>Husky Plus Benefits (Available only to children with special needs who are enrolled in the HuskyPLUS program)</p> <ol style="list-style-type: none"> 1. Supplementary office visits beyond those covered in Husky B after Husky B mental health & substance benefits are exhausted. 2. HuskyPlus also covers in-home, mobile crisis and care coordination services when appropriate. 	
DELAWARE	Medicaid Limits	
FLORIDA	<ol style="list-style-type: none"> 1. Limited to a combined 40 visits per year. 2. Specific opioid treatments, such as methadone and/or LAAM are not covered. 	
GEORGIA	Medicaid Limits	
ILLINOIS	Medicaid Limits	
INDIANA	Office visits limited to a maximum of 30 per rolling 12 months, per member without prior approval to a maximum of 50 visits per year.	

TABLE 9B: LIMITS ON OUTPATIENT SERVICES COVERED BY SEPARATE SCHIP PROGRAMS

State	Mental Health Limit	Substance Abuse Limit
IOWA	1. IA Health Solutions: Up to 20 visits per calendar year for outpatient mental health 2. Wellmark: Up to 30 visits per year for mental health and substance abuse combined 3. John Deere: Up to 30 visits per year for outpatient mental health	1. IA Health Solutions: Up to \$9,000/calender year; \$29,000 lifetime combined limit for inpatient and outpatient substance abuse 2. Wellmark: Up to 30 visits per year for mental health and substance abuse combined 3. John Deere: Up to 20 visits per year for outpatient substance abuse
KANSAS	1. The service must be needed to treat a biologically based condition, such as schizophrenia, major affective disorders, obsessive/compulsive disorder, or panic disorder.	1. Up to 25 individual therapy visits per plan year; 1 group therapy session counts as ½ of an individual session. 2. Inpatient days can be exchanged for partial hospitalization treatment at the rate of: - 1 partial hospitalization treatment per inpatient day if the cost of the partial hospitalization is less than 50% the cost of a inpatient day - 2 partial hospitalization treatments per inpatient day if the cost of the partial hospitalization is less than 50% of the cost of an inpatient day. 3. Specific opioid treatments, such as methadone and/or LAAM are not covered.
KENTUCKY	Medicaid Limits	
MAINE	Medicaid Limits	
MARYLAND	Medicaid Limits	
MASSACHUSETTS	Medicaid Limits	
MICHIGAN	Medicaid Limits	
MINNESOTA	Medicaid Limits 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 following services are financed from the 10-percent administrative cap: - Mental health screenings of children in the court system - Outreach and mental health screenings for all homeless children	
MISSISSIPPI	A. Outpatient: SCHIP enrollees may receive up to 52 outpatient treatment visits per calendar year. B. Intensive outpatient hospital: 1. SCHIP enrollees may receive up to 60 days per calendar year of medically necessary mental health day treatment and partial hospitalization programs.	A: Outpatient: 1. An SCHIP enrollee may receive up \$8,000 in combined inpatient and outpatient substance abuse treatment services each calendar year up to a lifetime maximum of \$16,000. B: Intensive Outpatient hospital: An SCHIP enrollee may receive up \$8,000 in combined inpatient and outpatient substance abuse treatment services each calendar year up to a lifetime maximum of \$16,000.

TABLE 9B: LIMITS ON OUTPATIENT SERVICES COVERED BY SEPARATE SCHIP PROGRAMS

State	Mental Health Limit	Substance Abuse Limit
MONTANA	Mental Health & Substance Abuse: 1. There is a combined benefit for inpatient and outpatient treatment for alcoholism and drug addiction, excluding costs for medical detoxification, subject to a maximum benefit of \$6,000 in a 12-month period, until a lifetime inpatient maximum benefit of \$12,000 is met, after which the annual benefit may be reduced to \$2,000. 2. Costs for medical detoxification treatment are paid the same as any other illness and are not subject to lifetime limits. 3. All services require authorization from the contracted insurance carrier (currently Blue Cross/Blue Shield)	
NEVADA	Medicaid Limits	
NEW HAMPSHIRE	1. Limit total of 20 visits per calendar year regardless of whether substance abuse or mental health services are used.	
NEW JERSEY	1. Limit of 25 visits per year and \$25 copayment per visit.	Detox only: 1. No limit on days, but \$25 copayment per outpatient visit.
NEW YORK	No more than a combined 60 visits per calendar year for outpatient mental health and substance abuse treatment	
NORTH CAROLINA	1. Participants may receive no more than 60 days of rehabilitative day treatment per 12-month period. 2. Participants may receive no more than 60 outpatient visits per 12-month period for crisis stabilization, evaluation and treatment, except- All 60 rehabilitative day treatment days can be converted to outpatient visits on the basis of financial equivalence. 3. Medication management visits do not count against the outpatient visit limit. 4. The enrollee's health plan may require that beneficiaries obtain approval from the plan before receiving services.	Requires precertification after 26 outpatient visits per year
NORTH DAKOTA	1. Outpatient services for both substance abuse and mental health treatment is limited to 30 hours per year	1. Outpatient services for both substance abuse and mental health treatment is limited to 30 hours per year 2. Outpatient substance abuse treatment is limited to 20 visits per year
OREGON	Children: Medicaid Limits Adults: No Mental Health and Substance Abuse services	
PENNSYLVANIA	1. Participants may receive no more than a combined total of 50 outpatient visits per year of mental health and/or substance abuse services. 2. Up to 50 visits/outpatient mental health services can be exchanged for inpatient hospital days. Substance Abuse 30 full sessions visits per year; lifetime maximum of 120 days.	
SOUTH DAKOTA	Medicaid Limits	
TEXAS	1. Enrollees may obtain no more than 30 outpatient visits per 12-month period	1. Enrollees may obtain no more than 30 outpatient visits per 12-month period

TABLE 9B: LIMITS ON OUTPATIENT SERVICES COVERED BY SEPARATE SCHIP PROGRAMS

State	Mental Health Limit	Substance Abuse Limit
UTAH	<p>Plan A 1. Children may obtain no more than 30 visits per plan per year of outpatient mental health and/or substance abuse services (combined limit) Outpatient 2. Enrollee must pay a \$3 per visit co-pay.</p> <p>Plan B 1. A child may obtain no more than 30 visits per plan per year of outpatient mental health and/or substance abuse services (combined limit) Outpatient 2. Plan pays 50% of the cost of each visit</p> <p>Substitution of outpatient mental health services/visits for inpatient days 1. Substitutions may be made if - An enrollee requires more than 30 outpatient mental health services/visits per year, - An enrollee would otherwise be hospitalized for treatment of the mental illness or condition, and - In lieu of hospitalization, outpatient mental health services could be used to stabilize the enrollee. 2. If the criteria are met,- Day treatment or intensive outpatient programs may be considered in lieu of inpatient care with two or more days applicable to one inpatient day.</p>	
VERMONT	Medicaid Limits	
VIRGINIA	<p>A. If NOT enrolled in MCO a child has access to the Medicaid mental health package B. If enrolled in MCO: An enrolled child may receive no more than a combined total of 50 outpatient psychiatric and/or substance abuse visits for treatment each calendar year</p>	
WASHINGTON	Medicaid Limits	
WEST VIRGINIA	<p>1. All day treatment services require precertification. 2. Participants may receive up to 26 visits/year without prior approval, more if authorized and case managed by the agency's designated agent (Intracorp) 3. Annual \$200,000/lifetime \$1 million limit on all benefits (including mental health and substance abuse benefits)</p>	
WYOMING	Medicaid Limits	

TABLE 10: USE OF MANAGED CARE TO DELIVER MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES IN THEIR SEPARATE SCHIP PROGRAMS

MCO=Managed Care Organization; PIHP=Prepaid Inpatient health Plan; PAHP=Prepaid Ambulatory Health Plan; PCCM=Primary Care Case Management Program

State	Comprehensive MCO	PIHP	PAHP	PCCM
ALABAMA	No Program	No Program	Some outpatient services are capitated	No Program
ARIZONA	MH/SA excluded	MH/SA included	No Program	No Program
CALIFORNIA	Most MH/all SA included	MH for SMI	No Program	No Program
COLORADO	MH/SA included	No Program	No Program	No Program
CONNECTICUT	MH/SA included	No Program	No Program	No Program
DELAWARE	Limited MH included	MH/SA not covered by MCO included	No Program	No Program
FLORIDA	MH/SA included	No Program	No Program	No Program
GEORGIA	No Program	No Program	No Program	No Program
ILLINOIS	MH/SA included	No Program	No Program	No Program
INDIANA	MH/SA excluded	No Program	No Program	MH/SA excluded
IOWA	3 MCO to choose from with different MH/SA coverage	No Program	No Program	No Program
KANSAS	MH/SA included	No Program	No Program	No Program
KENTUCKY	MH/SA excluded	No Program	No Program	MH/SA excluded
MAINE	No Program	No Program	No Program	MH/SA excluded
MARYLAND	Limited MH/all SA included	No Program	No Program	No Program
MASSACHUSETTS	MH/SA included	Delivers only behavioral health services	No Program	MH/SA excluded
MICHIGAN	Limited MH included	MH/SA only	No Program	No Program
MINNESOTA	All MH/limited SA included	No Program	No Program	No Program
MISSISSIPPI	No Program	No Program	No Program	No Program
MONTANA	No Program	No Program	No Program	No Program
NEVADA	MH/SA included	No Program	No Program	No Program
NEW HAMPSHIRE	MH/SA included	No Program	No Program	No Program
NEW JERSEY	Most MH/SA excluded	No Program	No Program	No Program
NEW YORK	MH/SA included	No Program	No Program	No Program
NORTH CAROLINA	No Program	No Program	No Program	No Program
NORTH DAKOTA	No Program	No Program	No Program	No Program
OREGON	MH/SA excluded	MH/SA included	Dental-only	MH/SA excluded
PENNSYLVANIA	MH/SA included	No Program	No Program	No Program
SOUTH DAKOTA	No Program	No Program	No Program	MH/SA included

TABLE 10: USE OF MANAGED CARE TO DELIVER MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES IN THEIR SEPARATE SCHIP PROGRAMS

MCO=Managed Care Organization; PIHP=Prepaid Inpatient health Plan; PAHP=Prepaid Ambulatory Health Plan; PCCM=Primary Care Case Management Program

State	Comprehensive MCO	PIHP	PAHP	PCCM
TEXAS	MH/SA included	No Program	No Program	No Program
UTAH	MH/SA included	No Program	No Program	No Program
VERMONT	No Program	No Program	No Program	MH/SA included
VIRGINIA	MH/SA included	No Program	No Program	MH/SA excluded
WASHINGTON	Limited MH included	Includes MH beyond MCO provided	No Program	Available to AI/AN only; MH/SA excluded
WEST VIRGINIA	No Program	No Program	No Program	No Program
WYOMING	No Program	No Program	No Program	No Program

TABLE 11: STATE USE OF 1115 WAIVERS TO EXPAND ELIGIBILITY FOR MEDICAID AND SCHIP

* The State has an 1115 waiver that either does not expand eligibility or does not include mental health/substance abuse services in the benefit package provided to the expansion population.	
State	Waiver Description
ARIZONA	<p>Arizona's entire Medicaid program operates under an 1115 waiver. Arizona obtained an 1115 waiver for comprehensive state health reform in 1982 that enabled the state to establish the Arizona Health Care Cost Containment System (AHCCCS), which serves program participants through managed care. Eligibility for AHCCCS has been modified through amendments to the original 1115 waiver and the granting of a new HIFA waiver in September 2001. As of July 2003, AHCCCS contracted health plans now serve all individuals with incomes of 100% FPL or less; and all families with incomes of 200% FPL or less. All non-Indian program participants with incomes over 150% FPL must pay a premium that ranges from \$10-\$20 depending on family income and size. Either Medicaid or SCHIP funding finances the cost of caring for program participants. In addition to those groups previously described, the 1115 waiver enables Arizona to cover childless adults with incomes of 100% FPL or less in the AHCCCS acute care program, which offers mental health and substance abuse services.</p> <p>In addition, Arizona obtained a HIFA 1115 waiver for its separate SCHIP program (called KidCare) that enables it to use SCHIP funding to cover: 1) All parents of Medicaid and SCHIP eligible children from families with incomes of 100-200% FPL, and 2) All childless adults with incomes of 100% FPL or less.</p>
ARKANSAS	Arkansas has a Medicaid 1115 waiver that allows it to expand Medicaid to cover uninsured children age 0-18, from families with incomes of 200% FPL or less who do not otherwise qualify for Medicaid
COLORADO	Colorado received an 1115/HIFA waiver for its SCHIP program to allow them to enroll insured pregnant women from families with incomes of no more than 185% FPL who do not qualify for Medicaid into their separate SCHIP program (called CHP+).
DELAWARE	The waiver allows Delaware to expand Medicaid eligibility to include all uninsured Delawareans who earn 100% FPL or less who are not otherwise eligible for Medicaid.
DISTRICT OF COLUMBIA	District of Columbia obtained a Medicaid/SCHIP 1115 waiver that makes health insurance available to a number of previously uninsured families and individuals with incomes up to 200% FPL. The waiver allows them to cover childless adults aged 50-64 with incomes up to 50% FPL. However, this group only receives those Medicaid covered services that are provided through a comprehensive MCO. This benefit package included all Medicaid-covered mental health and substance abuse benefits except residential treatment.
FLORIDA*	Florida's 1115 waiver does not expand eligibility for behavioral health services.
GEORGIA*	Georgia's 1115 waiver does not expand eligibility for behavioral health services.
HAWAII	<p>Hawaii has an 1115 waiver (QUEST program) that enables them to expand Medicaid coverage to the following groups of individuals.</p> <ol style="list-style-type: none"> 1. Age 0-18, 200%-300% FPL who were previously enrolled in either QUEST or Medicaid fee-for-service. 2. Non-categorical individuals with incomes at or below 100 percent of FPL who meet the Medicaid asset limits. 3. Individuals who are TANF cash recipients and are otherwise not eligible for Medicaid. 4. Adults with incomes below 300 percent of the FPL who lose Medicaid eligibility.

TABLE 11: STATE USE OF 1115 WAIVERS TO EXPAND ELIGIBILITY FOR MEDICAID AND SCHIP

* The State has an 1115 waiver that either does not expand eligibility or does not include mental health/substance abuse services in the benefit package provided to the expansion population.	
State	Waiver Description
ILLINOIS*	Illinois has three 1115 waivers to expand eligibility. One waiver is used to enroll parents of Medicaid and SCHIP-eligible children from families with incomes of no more than 133% FPL into the State's separate SCHIP program. ¹⁹
IOWA*	Iowa's 1115 waiver does not expand eligibility for behavioral health services.
KENTUCKY*	Kentucky has an 1115 waiver, but this waiver does not expand Medicaid eligibility.
MAINE	Maine has several 1115 waivers, including one that enables them to cover all individuals with incomes of no more than 125% FPL who do not otherwise qualify for Medicaid. As of July 2003 the State had implemented the expansion to cover all individuals up to 100% FPL.
MARYLAND	Maryland obtained a Medicaid/SCHIP 1115 waiver to establish a new program, HealthChoice, that mandates enrollment into managed care. Maryland also has an 1115 waiver that expands Medicaid eligibility for pharmacy services to those with incomes at or below 175% FPL.
MASSACHUSETTS	Implemented in 1997, the 1115 waiver allowed Massachusetts to establish a new program, MassHealth, that expands Medicaid to cover several different groups of families, children, and childless individuals.
MICHIGAN*	Michigan has an 1115 waiver that expands Medicaid eligibility for pharmacy services to Medicare beneficiaries with incomes of no more than 200% FPL. This program combines Medicaid and SCHIP funding to serve all parents and children aged 18 years from families with incomes up to 150% FPL. This waiver does not expand eligibility for behavioral health services.
MINNESOTA	In 1995, Minnesota obtained a Medicaid 1115 waiver to expand eligibility for low-income parents, caretaker relatives, pregnant women, and children under age 21 with income up to 275% FPL and to enroll most beneficiaries in regular Medicaid (known as Minnesota Medical Assistance) managed care. 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.
MISSISSIPPI*	Mississippi has an 1115 waiver that expands Medicaid coverage for some women, but the benefit package for this group is limited to family planning services.
MISSOURI	Missouri obtained a Medicaid/SCHIP 1115 waiver from the federal government to expand eligibility using a combination of Medicaid and SCHIP funding. As a result Missouri can offer Medicaid/SCHIP coverage to the following groups: Parents/caretakers qualified for extended transitional medical assistance Uninsured women losing MC+ eligibility 60 days after the birth of their child Children under age 19 from families with incomes of 300% FPL or less.
NEW JERSEY	New Jersey obtained an 1115 waiver from the federal government to create a new program, NJ FamilyCare, to expand Medicaid eligibility to cover parents of all Medicaid and SCHIP eligible children in families with incomes up to 200% FPL and pregnant women with incomes between 185% and 200% FPL. Under this program, parents with earned income up to 133% FPL will receive the Medicaid benefit package, parents with incomes between 133% and 200% will receive a State defined package of benefits based on the most widely sold commercial HMO package, and pregnant women will the Medicaid benefit package. Premiums and co-payments are required for families with incomes over 150% FPL. Additionally, the Medicaid expansion program increases eligibility to include children aged 6 through 18 from families with incomes up to 133% FPL. (Note, this program stopped accepting applications from parents in June 2002.)
NEW MEXICO	New Mexico was granted an 1115 HIFA waiver to allow them to expand Medicaid coverage, but this waiver has not yet been implemented. When the waiver is implemented it will allow New Mexico to cover (1) all parents of Medicaid and SCHIP children in families with income up to 200% FPL who are not otherwise eligible for Medicaid and (2) childless adults not otherwise eligible for Medicaid with incomes up to 200% FPL.
NEW YORK*	New York has an 1115 waiver that allows them to cover uninsured childless adults with incomes at or below 100% FPL

¹⁹ Illinois' other waivers extend pharmacy benefits to seniors up to 200% FPL and family planning services to women losing Medicaid eligibility.

TABLE 11: STATE USE OF 1115 WAIVERS TO EXPAND ELIGIBILITY FOR MEDICAID AND SCHIP

* The State has an 1115 waiver that either does not expand eligibility or does not include mental health/substance abuse services in the benefit package provided to the expansion population.	
State	Waiver Description
OKLAHOMA	Oklahoma has an 1115 waiver that allows them to require beneficiaries to enroll into managed care. This waiver does not expand Medicaid eligibility.
OREGON*	<p>Oregon has one 1115 waiver that allows it to cover all adults in families with incomes up to 100% FPL.</p> <p>Another 1115 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.</p> <ol style="list-style-type: none"> 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).
RHODE ISLAND	<p>Rhode Island obtained an 1115 waiver from the federal government to establish a new program, Rite Care that makes health insurance available to a number of previously uninsured families and individuals.</p> <ul style="list-style-type: none"> - Families with children under age 18 and incomes of no more than 185% FPL. - Pregnant women with incomes of no more than 250% FPL - Children up to age 19 with family incomes of no more than 250% FPL
SOUTH CAROLINA*	South Carolina has an 1115 waiver to expand Medicaid pharmacy coverage to certain seniors. This group does not, however, receive substance abuse or mental health services
TENNESSEE	Tennessee has an 1115 waiver that allows them to expand Medicaid coverage. The waiver allows the State to offer these groups a reduced package of benefits, but that policy is on hold pending review by the new Governor. In the meantime, members of these groups continue to receive the full Medicaid package.
UTAH	Utah obtained and implemented an 1115 waiver from the federal government to create a new program, the Primary Care Network (PCN) that expands eligibility for a limited package of services to uninsured adults (age 19 or over) with incomes under 150% FPL who would not otherwise qualify for Medicaid. Adults who would not otherwise qualify for Medicaid do not receive mental health and substance abuse services.
VERMONT	<p>Vermont uses an 1115 waiver and a separate SCHIP program to provide coverage to children with incomes of 300% FPL or less, as well as parents with incomes of 185% FPL or less.</p> <p>The waiver also expands Medicaid eligibility for pharmacy-only coverage</p>
VIRGINIA*	Virginia has an 1115 waiver to expand access to family planning services, but those covered under this waiver do not receive any mental health or substance abuse services.
WASHINGTON*	Washington has an 1115 waiver that allows them to provide Medicaid-covered family planning services to men and women of childbearing age from families with incomes of 200% FPL or less. No mental health or substance abuse services are provided to this group of beneficiaries.
WISCONSIN	Wisconsin obtained a Medicaid/SCHIP 1115 waiver to establish a new program, BadgerCare, that serves low-income families. This program combines Medicaid and SCHIP funding to serve all parents and children from families with incomes of less than 185% FPL at application. After enrollment in the program the family can remain in the program unless their income rises above 200% FPL. Families with incomes over 150% FPL must pay a premium that varies by income.