

Alabama

Data as of July 2003

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

As of July 2003, 821,695 people were covered under Alabama's Medicaid and SCHIP programs. There were 760,527 enrollees in the Medicaid program and 61,168 in the separate SCHIP program. In State fiscal year 2001, Alabama spent \$2.95 billion to provide Medicaid services.

In Alabama, low-income children may be enrolled in the Medicaid program or a separate SCHIP program, based on the child's age and the family's income.

- The Medicaid program serves children from birth to 6 years of age from families with incomes of 133 percent Federal Poverty Level (FPL) or less, and children aged 6–18 from families with incomes of 100 percent FPL or less.
- The separate SCHIP program serves uninsured children under age 19 from families with incomes of 200 percent FPL or less who do not qualify for Medicaid. Families with children in this program with incomes between the Medicaid eligibility level and 150 percent FPL must pay an annual premium of \$50 per child, with a \$150 maximum for the family. For those with incomes between 150 percent FPL and 200 percent FPL, there is an annual premium of \$100 per child, with a maximum for the family of \$150. There are no premiums or copayments for American Indian children.

Alabama operates a Primary Care Case Management (PCCM) program for Medicaid. However, behavioral health services are excluded from managed care and are provided through the fee-for-service system. Nonetheless, Alabama's managed care program serves low-income pregnant women, families, and children enrolled in the Medicaid program. As of July 2003, about 401,393 Medicaid participants were enrolled in the PCCM program.

Alabama also operates a Prepaid Inpatient Health Plan (PIHP) program that serves parents and disabled adults for inpatient hospital services. As of July 2003, there were 391,912 enrollees in the PIHP.

Medicaid

Who Is Eligible for Medicaid?

Families and Children

1. Low-income families who meet the eligibility criteria for Medicaid for low-income families based on policies in effect for the Aid to Families with Dependent Children (AFDC) program as it existed July 16, 1996. The upper income limit varies by family size but is about 13 percent FPL.

Alabama

Data as of July 2003

2. Pregnant women and children under age 6 from families with incomes of 133 percent FPL or less.
3. Children aged 6–19 or less from families with incomes less than 100 percent FPL.
4. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act.

Aged, Blind, and Disabled

1. Individuals eligible to receive Supplemental Security Income (SSI) or Alabama's supplementary payment.
2. Persons who are residents of institutions (including nursing homes, hospitals, and intermediate care facilities for people with mental retardation [ICFs-MR]) for a period of 30 consecutive days, and incomes of no more than 300 percent of the SSI cash benefit.
3. Individuals under the age of 21 who are receiving active treatment as inpatients in psychiatric facilities or programs, reside in a nursing facility, or reside in an ICF-MR.

Medically Needy

Alabama does not have a medically needy program.

Waiver Populations

Alabama does not have a §1115 waiver.

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

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

Mandatory State Plan Services

Inpatient Hospital Services		
Service	Description	Coverage Requirements
Inpatient mental health/substance abuse	An inpatient psychiatric service is psychiatric treatment provided under the direction of a psychiatrist in a psychiatric or other inpatient hospital setting	<ul style="list-style-type: none">• Beneficiaries under 21 who are eligible for early and periodic screening, diagnostic, and treatment (EPSDT) services are eligible for additional medically necessary services beyond these limitations.• Beneficiaries under 21 have unlimited psychiatric facility services. These days do not count against the inpatient benefit limitations for acute care hospitals.• For beneficiaries over 21, psychiatric facility services are limited to 16 days per calendar year.

Alabama

Data as of July 2003

Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Outpatient psychiatric and substance abuse care	Substance abuse and mental health services that would be covered if provided in another setting may be provided by an outpatient hospital clinic, including— <ul style="list-style-type: none"> • Psychotherapy (individual, group, or family) • Medication checkup • Prehospital screening • Diagnostic assessment • Day treatment • Methadone maintenance 	<ul style="list-style-type: none"> • Beneficiaries may receive up to 14 visits in each calendar year in physicians' offices, hospital outpatient settings, nursing facilities, federally qualified health centers (FQHCs) or rural health clinics (RHCs). • Beneficiary services must be provided by a qualified mental health service provider.
Federally Qualified Health Centers (FQHCs)	Any service that would be covered if provided in another setting, including any mental health or substance abuse treatment services	Services provided in an FQHC must meet the same coverage requirements as they would if provided in another setting.
Rural Health Clinics (RHCs)	Substance abuse and mental health services that are typically furnished by a physician in an office or in a physician home visit	Services are subject to the coverage limitations described under physician services.

Physician Services		
Service	Description	Coverage Requirements
Physician services	Physicians may provide mental health and substance abuse services as described under Rehabilitative Services, including— <ul style="list-style-type: none"> • Psychiatric evaluation and testing • Psychotherapy visits • Group and family therapy 	<ul style="list-style-type: none"> • Beneficiaries may receive no more than 14 visits in each calendar year in physicians' offices, hospital outpatient settings, nursing facilities, FQHCs, or RHCs—for any purpose, including psychiatric treatment. • Beneficiaries may receive no more than one psychiatric evaluation per provider per year. • The services must be within the physician's scope of practice as defined in State law.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21		
Service	Description	Coverage Requirements
Early Periodic Screening, Diagnosis, and Treatment (EPSDT) mental health services	Services needed to treat or ameliorate a condition identified in a screen; services that are only available with an EPSDT referral including psychologist services	<ul style="list-style-type: none"> • Service must be needed to ameliorate or treat a condition identified in an EPSDT screen. • Beneficiaries must be under 21 to receive EPSDT services. • Beneficiaries may only receive EPSDT referral services, including psychologist services, when provided as part of an active treatment plan. • Psychologists providing services under EPSDT must have— <ul style="list-style-type: none"> - A doctoral degree from an accredited school or department of psychology - A current license to practice as a psychologist - A practice that operates within the scope established by the appropriate State's board of psychology

Alabama

Data as of July 2003

Optional State Plan Services

Inpatient Psychiatric Services (for persons under the age of 22)		
Service	Description	Coverage Requirements
Inpatient psychiatric facility services for individuals under 21	Inpatient or residential services to treat a psychiatric condition in a distinct unit for children and adolescents	<ul style="list-style-type: none"> All admissions must be prior-approved by the Medicaid agency. The need for continued inpatient services is reviewed every 60 days, and beneficiaries may not remain in a facility without the approval of the Medicaid agency. Beneficiaries may only receive inpatient or residential care when they are in an active treatment that is conducted as part of a plan of care developed by an interdisciplinary team.

Rehabilitation		
Service	Description	Coverage Requirements
Intake evaluation	Clinical evaluation of the client's request for assistance, present psychological and social functions, client's physical and mental condition, and need for additional evaluation and treatment for mental health and substance abuse (MH/SA)	<ul style="list-style-type: none"> Beneficiaries are covered up to one episode per year and services are based on medical necessity.
Physician medical assessment and treatment	Individual, group, family setting for the purpose of medical or psychological treatment of a medical regimen and provision of therapeutic services	<ul style="list-style-type: none"> Beneficiaries may receive up to 6 units of 15 minutes each per day and up to 52 units per year. Beneficiary services are based on medical necessity.
Diagnostic testing	Diagnostic testing for the purposes of defining treatment options, use of various, acceptable testing techniques	<ul style="list-style-type: none"> Beneficiaries may receive up to 10 units of diagnostic testing per year. Beneficiary services are based on medical necessity.
Crisis intervention/resolution	Crisis intervention/resolution services include immediate emergency intervention with the client, family, legal guardian and/or significant other.	<ul style="list-style-type: none"> Beneficiaries may receive up to 6 units of 30 minutes per day. Beneficiary services are based on medical necessity.
Individual, family, group counseling/psychotherapy	Counseling and psychotherapy include services defined in the treatment plan and focused intervention.	<ul style="list-style-type: none"> Beneficiaries may receive up to 3 units of 30 minutes per day and up to 104 units per year. Beneficiary services are based on medical necessity.
Medication monitoring	Monitoring entails meeting with a physician to monitor medication levels.	<ul style="list-style-type: none"> Beneficiaries may receive up to 2 units of 15 minutes each in a day and up to 52 units per year. Beneficiary services are based on medical necessity.
Mental illness day hospitalization	Services are equivalent to those available in an inpatient psychiatric program for persons experiencing acute episodes of psychiatric illness, but who do not pose a threat of harm to themselves/others.	<ul style="list-style-type: none"> Beneficiaries may receive up to 1 unit of 4 hours a day and up to 260 units per year. Beneficiary services are based on medical necessity.
Mental illness intensive day treatment	Time-limited goal-oriented treatment designed to eliminate or reduce psychiatric symptomatology	<ul style="list-style-type: none"> Beneficiaries may receive up to 1 unit of 4 hours a day, and up to 260 units per year. Beneficiary services are based on medical necessity.

Alabama

Data as of July 2003

	and dysfunction stemming from a mental illness	necessity.
Mental illness supported day treatment	Time-limited goal-oriented treatment designed to maintain/improve ability of a beneficiary to function as independently as possible	<ul style="list-style-type: none"> Beneficiaries may receive up to 1 unit of 4 hours each per day, and up to 260 units per year. Beneficiary services are based on medical necessity.
Mental illness child and adolescent day treatment	Treatment designed to improve ability of client to function as normally as possible in home, school, and community setting when impaired by the effects of a mental/emotional disorder	<ul style="list-style-type: none"> Beneficiaries may receive up to 1 unit per day and up to 260 units per year; if academic instruction is provided, or if the client is preschool age, 1 unit is equal to 3 hours; otherwise, units are equal to 4 hours. Beneficiary services are based on medical necessity.
Treatment plan review	Review/revision of the beneficiary's plan by a qualified staff member who is not directly involved in providing services to the client	<ul style="list-style-type: none"> Beneficiaries may receive up to 2 units of 15 minutes each per quarter, and up to 8 units per year. Beneficiary services are based on medical necessity.
Mental health consultation	Providers assisting other providers in providing appropriate services to beneficiaries through written/oral interaction	<ul style="list-style-type: none"> Beneficiaries may receive up to 312 units of 15 minutes each per year. Beneficiary services are based on medical necessity
Adult substance abuse intensive outpatient treatment	<ul style="list-style-type: none"> Time-limited goal-oriented treatment to assist beneficiaries in reaching and maintaining drug and alcohol-free lifestyles Opiate treatment with methadone maintenance is covered 	<ul style="list-style-type: none"> Beneficiaries may receive up to six units of 1 hour a day. Beneficiary services are based on medical necessity.
Child and adolescent substance abuse day treatment	<ul style="list-style-type: none"> Structured treatment designed to assist clients in reaching and maintaining drug- and alcohol-free lifestyles Opiate treatment with methadone maintenance is covered. 	<ul style="list-style-type: none"> Beneficiaries may receive up to six units of 1 hour a day. Beneficiary services are based on medical necessity.
In-home intervention treatment team	Treatment team (two people) designed to defuse an immediate crisis situation, stabilize the living arrangement, and prevent out-of-home placement for a beneficiary	<ul style="list-style-type: none"> Beneficiaries may receive up to 12 units of 30 minutes each per day. Beneficiary services are based on medical necessity.
Prehospital screening	Face-to-face meeting between a qualified provider and a beneficiary to determine the appropriateness of admission/commitment to a State psychiatric hospital or local inpatient unit	<ul style="list-style-type: none"> Beneficiaries may receive up to 4 units of 30 minutes each per day, and up to 16 units per year. Beneficiary services are based on medical necessity.
Basic living skills	Development/restoration of basic living skills for a beneficiary	<ul style="list-style-type: none"> Beneficiary service limits are based on the type of environment the skills training is provided in. If skills training is provided directly to the individual in one-on-one sessions, beneficiaries may receive up to 10 units of 30 minutes each per day and a total of 832 units per year. If skills training is provided in a group setting, beneficiaries are limited to receiving 4 units of 30 minutes each and 832 units per year. Beneficiary services are based on medical necessity

Alabama

Data as of July 2003

Family support	Services are provided to families of mentally ill beneficiaries to assist in understanding the nature of the illness and to help support continued efforts to care for the client in the home. the help at home.	<ul style="list-style-type: none"> • If services are provided to an individual client's family or to a group of clients' families, beneficiaries may receive up to 4 units of 30 minutes each per day and up to 208 units per year. • Beneficiary services are based on medical necessity.
----------------	--	--

Targeted Case Management		
Service	Description	Coverage Requirements
Targeted Case Management (TCM) for mentally ill individuals	<ul style="list-style-type: none"> • Services to assist Medicaid beneficiaries to gain access to needed medical, social, educational, and other services • Services include— <ul style="list-style-type: none"> - Needs assessment - Case planning - Services arrangement - Social support - Reassessment, follow-up, and monitoring 	<ul style="list-style-type: none"> • Beneficiaries may receive no more than 52 hours of case management per calendar year. • To qualify for services, beneficiaries must belong to one of the following two groups: <ol style="list-style-type: none"> I. Chronically mentally ill (CMI) adults: functionally limited individuals 18 years of age or older who have— <ul style="list-style-type: none"> ▪ A DSM-III diagnosis (other than mental retardation or substance abuse) ▪ Impaired-role functioning ▪ A documented lack of capacity for independently accessing and sustaining involvement with needed services II. Seriously emotionally disturbed (SED) children and adolescents: individuals under 18 years of age who meet at least one criterion from Section (1) or (2) and two from Section (3)— <ol style="list-style-type: none"> (1) Mental health treatment history: <ul style="list-style-type: none"> • Have undergone mental health treatment more intensive than outpatient care • Have experienced structured, supportive residential treatment, other than hospitalization, for at least 2 months in their lifetime • Have been assigned to a program of psychotropic medication • Have received mental health outpatient care for a period of at least 6 months, or for more than 20 sessions, or have been admitted for treatment on two or more occasions (2) Indicators of mental health treatment needs: <ul style="list-style-type: none"> • Family history of alcohol or drug abuse or mental health treatment • Failure to thrive in infancy or early development • Victim of child abuse, neglect, or sexual abuse • Pervasive or extreme acts of aggression against self, others, or property • Runaway episode(s) at least 24 hours in duration (3) Current functioning problem areas of 1 year duration or substantial risk of over 1

Alabama

Data as of July 2003

		year duration: <ul style="list-style-type: none">• Is not attending school, is enrolled in a special education curriculum, or has poor grades• Dysfunctional relationship with family and/or peers• Requires help in basic, age-appropriate living skills• Exhibits inappropriate social behavior• Experiences serious discomfort from anxiety, depression, irrational fears, and concerns
--	--	--

SCHIP Medicaid Expansion Program

Alabama does not operate a SCHIP Medicaid Expansion Program.

Separate SCHIP Program

Who is Eligible for the Separate SCHIP Program?

The separate SCHIP program serves two groups of children:

- Uninsured children under age 6 from families with incomes between 133 percent and 200 percent FPL
- Uninsured children from age 6 through 18 from families with incomes between 100 percent and 200 percent FPL

For children with family income between 100 percent FPL (or 133 percent for enrollees under age 6) and 150 percent FPL, there is a \$50 annual premium per child with a \$150 maximum per family. For children with family income between 150 percent and 200 percent FPL, there is a \$100 annual premium with a maximum of \$300 per family. There are no premiums or copayments for American Indian enrollees.

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

Benefits in separate SCHIP programs must be actuarially equivalent to a benchmark selected by the State, among federally established options. In Alabama, the benefit package must be at least actuarially equivalent to the children's health insurance coverage offered by the HMO with the largest commercial enrollment in the State. Currently, outpatient mental health services are provided on a fee-for-service basis through community mental health centers and a capitated arrangement through the Alabama Psychiatric Services network. Both systems provide services statewide. Severely

Alabama

Data as of July 2003

emotionally disturbed (SED) children are eligible for additional outpatient mental health services through the ALL Kids Plus component of SCHIP. These services are delivered through the community mental health centers. Inpatient mental health and substance abuse services are delivered through the ALL Kids inpatient mental health/substance network. Coverage specifics for mental health and substance abuse services that would meet that benchmark are identified here.

Inpatient		
Service	Description	Coverage Requirements
Mental health service	Includes mental health services provided in a psychiatric or general hospital	All admissions and requests for continued stays must be prior-authorized by the SCHIP insurance vendor.
Substance abuse service	Inpatient substance abuse services	Confinement limited to 30 days per calendar year

Outpatient (Office Visits)		
Service	Description	Coverage Requirements
Mental health and substance abuse services	Outpatient mental health and substance abuse services	Twenty visits each calendar year for mental health and 20 visits each calendar year for substance abuse