

Delaware

Data as of July 2003

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

As of July 2003, 125,397 people were covered under Delaware's Medicaid and SCHIP programs. There were 120,239 enrolled in the Medicaid program, and 5,158 enrolled in the separate SCHIP program. In federal fiscal year 2001, Delaware spent \$601 million to provide Medicaid services.

Delaware obtained an 1115 'Comprehensive Health Care Reform' waiver from the federal government to establish a new program, Diamond State Health Plan. Approved in 1995 and implemented January 1, 1996, this 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.

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

- The Medicaid program serves infants under 1 from families with incomes 185% FPL or less, children from 1 to 6 years of age from families with incomes of 133% FPL or less and children age 18 or less from families with incomes of 100% FPL or less.
- The separate SCHIP program serves children under 18 from families with incomes up to 200% FPL who do not qualify for Medicaid. The premium amount varies based on family income.

Delaware operates a managed care program that that serves almost all Medicaid beneficiaries including children, families, elders, and people with disabilities through comprehensive Managed Care Organizations (MCOs) (one of which is a state-operated plan). The MCOs, however, provide only limited behavioral health benefits. Any Medicaid covered mental health and substance abuse services, for children 0-18, that are not covered by MCOs are provided by a behavioral health Prepaid Inpatient Health Plan (PIHP) that is operated by the State's children's mental health agency and is reimbursed on fee-for-service. As of July 2003, there were 120,239 Medicaid beneficiaries in the Medicaid program, 95,041 of these received services through comprehensive MCOs.

Medicaid

Who is Eligible for Medicaid?

Families and Children

1. Low-income families with children under age 19 with incomes below 100% FPL.
2. Children under age 1 and pregnant women with incomes at or below 200% FPL.
3. Children ages 1 through 5 from families with incomes at or below 133% FPL.
4. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act
5. Individuals who are under 21 and for whom public agencies are assuming full or partial financial responsibility and who are either residing in a foster home, private institution, nursing home or ICF/MR, or who are receiving active treatment as inpatients in a psychiatric facility or program.

Aged, Blind, and Disabled

1. Individuals receiving SSI or Delaware's supplementary SSI payment.
2. Persons who are resident of medical institutions for a period of 30 consecutive days and meet specific income, resource, and medical criteria.

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3. Certain disabled children under 18 who are living at home who would be eligible for Medicaid if were in a medical institution.

Medically Needy

Delaware does not have a Medically Needy program.

Waiver Populations

Delaware has an 1115 waiver that enables them to cover all people with incomes under 100% FPL who do not otherwise qualify for Medicaid.

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 Delaware Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that Delaware must maintain under Medicaid law. Only those types of services that include mental health or substance abuse services are discussed.

Mandatory State Plan Services

Inpatient Hospital Services		
Service	Description	Coverage Requirements
Inpatient Psychiatric/Substance abuse Care	An inpatient psychiatric service is psychiatric treatment provided under the direction of a psychiatrist in a psychiatric or other inpatient setting. Also includes medically necessary inpatient detoxification.	<ul style="list-style-type: none"> • Beneficiaries enrolled in comprehensive MCOs are limited to 30 days of inpatient psychiatric or substance abuse treatment per year. <ul style="list-style-type: none"> – There are no inpatient services for children 0-21. Services are provided by the appropriate State 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. Unless determined SPI by the State Agency (Division of Substance Abuse and Mental Health(DSAMH.

Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Outpatient Hospital	Substance abuse and mental health services that would be covered if provided in another setting may be provided in an outpatient hospital setting.	<ul style="list-style-type: none"> • Adults are limited to 20 units of mental health or substance abuse service per year. Unless determined SPI by DSAMH.¹ • 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 • Services provided in an outpatient hospital setting must meet the same criteria as those provided in any other setting

¹ Adults are eligible for a 2:1 tradeoff , inpatient to outpatient benefits if approves. (30 inpatient benefits may be traded to 60 outpatient benefits)

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Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Federally Qualified Health Centers (FQHCs)	Substance abuse and mental health services that are typically furnished by a physician in an office or in a physician home visit.	<ul style="list-style-type: none"> Adults are limited to 20 units of mental health or substance abuse service per year. Unless determined SPI. 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. Services provided by an FQHC must meet the same criteria as those provided in any other setting

Physician Services		
Service	Description	Coverage Requirements
Physician Services	Physicians may provide mental health and substance abuse services as described under the State's waiver.	<ul style="list-style-type: none"> The service must be within the physician's scope of practice. Adults are limited to 20 units of service. Children are limited to 30 units of service. All services provided by a physician must meet the same requirements as those provided in another setting.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services for Children Under 21		
Service	Description	Coverage Requirements
Early Periodic Screening, Diagnosis, and Treatment (EPSDT)	Mental health and substance abuse services provided under EPSDT include: mental health outpatient services; mental health case management; professional medical services (i.e., neurologists, clinical psychologists, psychiatric social workers and other licensed medical providers); psychiatric facility services; and drug/alcohol rehabilitation services	<ul style="list-style-type: none"> Service must be needed to ameliorate or treat a condition identified in an EPSDT screen Only beneficiaries under 21 years of age qualify for EPSDT services. After the expiration of the 30 units of service provided by the MCO, mental health and substance abuse services provided under EPSDT must be approved and monitored through the Department of Services for Children, Youth and their Families
Health Services provided in a school setting	Schools may provide screens, assessment and treatment including psychological treatment.	<ul style="list-style-type: none"> Service must be needed to ameliorate or treat a condition identified in an EPSDT screen Only beneficiaries under 21 years of age qualify for EPSDT services. After the expiration of the 30 units of service provided by the MCO, mental health and substance abuse services provided under EPSDT must be approved and monitored through the Department of Services for Children, Youth and their Families

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Optional State Plan Services

Clinic Services		
Service	Description	Coverage Requirements
Mental Health Clinics	Substance abuse and mental health services that would be covered if provided in another setting may be provided in a mental health clinic.	<ul style="list-style-type: none"> • Adults are limited to 20 units of mental health or substance abuse service per year. Unless determined SPI by DSAMH.² • 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 • Services provided by a clinic must meet the same criteria as those provided in any other setting

Rehabilitative Services: These services are provided only by DSAMH		
Service	Description	Coverage Requirements
Community support services (CSP)	<ul style="list-style-type: none"> • Community support services are medically related treatment, rehabilitative and support services provided through self-contained programs. • Specific services may include <ul style="list-style-type: none"> – comprehensive medical/ psychosocial evaluation, – physician services (assessment, treatment, prescription of pharmacotherapy), – Medical and psychiatric nursing services – emergency services, – counseling and psychotherapy, – Methadone maintenance and LAAM 	<ul style="list-style-type: none"> • The beneficiary's physician must certify medical necessity for community support services based on a completed comprehensive medical/psycho-social evaluation. • Beneficiaries must receive an assessment/evaluation, treatment plan, and physician's certification of medical necessity within 60 days of enrollment and on the anniversary date of entry. • Psychotherapy may only be provided by physicians and clinicians who are credentialed in specific modalities or learning and practicing under the supervision of one who is credentialed. • Beneficiaries must receive a minimum of one face-to-face contact per week from their provider. • Clients who are treated with psychotropic medication must be evaluated monthly face-to-face by a physician. • Beneficiaries cannot receive vocational counseling, academic/remedial education services and solely recreation services. • Services provided in an institution for mental diseases are not covered.
Day Health And Rehabilitation Services	<ul style="list-style-type: none"> • Psychosocial day health and rehabilitation services are provided to assist the beneficiary to gain or relearn skills needed to live independently and sustain medical/psychiatric stability. • Specific services may include <ul style="list-style-type: none"> – Rehabilitative therapy (primarily home and community-based) 	<ul style="list-style-type: none"> • Beneficiaries may only receive services that are <ul style="list-style-type: none"> – authorized by a physician's determination of medical necessity, – supported by an individual treatment plan; and – supervised by a physician • Beneficiaries may only receive residential rehabilitation services provided in a licensed mental health group home or a licensed alcoholism and drug abuse residential treatment program.

² Adults are eligible for a 2:1 tradeoff , inpatient to outpatient benefits if approves. (30 inpatient benefits may be traded to 60 outpatient benefits)

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Rehabilitative Services: These services are provided only by DSAMH		
Service	Description	Coverage Requirements
	<ul style="list-style-type: none">- Psychosocial Rehabilitation Center (facility-based) Services- Residential Rehabilitation Services (Facility-based, 24-hour rehabilitative therapy)	<ul style="list-style-type: none">• All residential services must be approved by the Medicaid agency or its designated agent.

SCHIP Medicaid Expansion Program

Delaware has no Medicaid Expansion SCHIP Program

Separate SCHIP Program

Who is Eligible for the Separate SCHIP Program?

The separate SCHIP program, which is called the Delaware Healthy Children Program, serves children under 18 from families with incomes up to 200% FPL. In other words, two groups of children are covered in this program.

1. Children ages 1 through 5 from families with incomes of 133-200% FPL.
2. Children from age 6-19 from families with incomes of 100 - 150% FPL

Families with incomes if 101% FPL or more must pay a monthly premium of between \$10 and \$25 per family. The premium amount varies based on family income, but not family size.

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 Delaware, the benefit package must be at least actuarially equivalent to the children's health insurance coverage provided by the standard Blue Cross/Blue Shield preferred provider option service benefit plan offered under the Federal Employees Health Benefits Program. Coverage specifics for Mental health and substance abuse services that would meet that benchmark are identified here.

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