

Indiana

Data as of July 2003

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

As of July 2003, 768,305 people were covered under Indiana's Medicaid and SCHIP programs. There were 707,316 enrolled in the Medicaid program, 46,844¹ enrolled in the Medicaid SCHIP expansion program and 14,145* in the separate SCHIP program. In state fiscal year 2000, Indiana spent \$2.93 billion to provide Medicaid services.

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

- The Medicaid program serves children under 1 year of age from families with incomes of less than 150% FPL, children from age 1-5 from families with incomes of 133% FPL or less, and children age 18 or less from families with incomes less than 100% FPL.
- The SCHIP Medicaid expansion program serves all children from families with incomes at 150% FPL or below who do not otherwise qualify for Medicaid.
- The Separate SCHIP program serves all children from families with incomes between 150 and 200% FPL. Families with children in this program must pay a monthly premium between \$11.00 and \$24.75.

Indiana operates a managed care program, but almost all Medicaid and SCHIP-covered mental health and substance abuse services are excluded from the managed care arrangements and delivered through the fee-for-service system. Indiana's managed care program is called Hoosier Healthwise. This program serves low-income pregnant women, families, and children enrolled in the Medicaid program, as well as, children enrolled in the state's SCHIP programs. As of July 2003, about 478,589 Medicaid and SCHIP participants were enrolled in Hoosier Healthwise. 246,507 of these received care from comprehensive Managed Care Organization (MCO) and 232,082 from a Primary Care Case Management (PCCM) program.

Medicaid

Who is Eligible for Medicaid?

Families and Children

1. Low income families with children with incomes of less than approximately 22% FPL. The actual amount varies by family size.
2. Pregnant women and children under 1 year from families with incomes of 150% FPL or less.
3. Children from age 1-6 from families with incomes of 133% FPL or less
4. Children from 6-19 from families with incomes less than 100% FPL
5. Individuals under the age of 18 who are legally in the custody or supervision of the County Departments of Public Welfare or the Indiana Family Social Services Administration.
6. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act

Aged, Blind, and Disabled

1. All individuals who meet the state's definition of disability and have incomes of less than 100% of the FPL
2. All individuals between the ages of 16 and 64 who meet the state's definition of disability. Those who earn 150% FPL or more must pay a premium that varies by income in order to participate in the Medicaid program.

¹ Number derived from the Indiana AIM system that reflects CHIP (separate program) enrollees who qualified retroactively for the SCHIP Medicaid expansion program.

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3. Aged, Blind, and Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
4. Individuals under the age of 21 who are receiving active treatment as inpatients in psychiatric facilities or programs.
5. Individuals who have been in institutions for at least 30 consecutive days and who have incomes of no more than \$1,452/month if single or \$2,178/month if a married couple.

Medically Needy

1. Indiana does not have a Medically Needy program.

What Mental Health and 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 Indiana Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that Indiana 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	<ul style="list-style-type: none"> • Includes mental health and substance abuse services provided in <ul style="list-style-type: none"> - the specialized wing of an acute care hospital; or - an Inpatient Psychiatric Facility • Covered inpatient substance abuse services include inpatient detoxification, rehabilitation, and aftercare for chemical dependency 	<ul style="list-style-type: none"> • All admissions, except emergency admissions, must be pre-approved by the Medicaid agency and reviewed every 60 days. • Each patient admitted must have an individually developed plan of care developed by the physician and an interdisciplinary team. The plan must be reviewed and updated every 30 days. • Emergency admissions are covered only in cases of a sudden onset of a psychiatric condition manifesting itself by acute symptoms of such severity that the absence of immediate medical attention could reasonably be expected to result in danger to the individual, danger to others, or death of the individual.

Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Outpatient	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"> • Services must be physician or psychologist directed • Mental health and substance abuse services provided in an outpatient hospital setting must meet the same requirements as those provided in another setting (See Rehabilitative Services table for more information)
Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)	Substance abuse and mental health services that would be covered in another setting may be provided by FQHCs and RHCs, if they are provided by a physician, physician assistant, nurse practitioner, clinical psychologist, or	Mental health and substance abuse services provided by an FQHC or RHC must meet the same requirements as those provided in another setting (See Rehabilitative Services table for more information)

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	clinical social worker	
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Physician Services		
Service	Description	Coverage Requirements
Physician Services	Physicians may provide mental health and substance abuse services as described under Rehabilitative Services.	<ul style="list-style-type: none"> The service must be within the scope of the practice of medicine, as defined by state law. Mental health or substance abuse services provided in a physician's office must meet the same requirements as those provided in another setting. (See Rehabilitative Services table for more information)

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21		
Service	Description	Coverage Requirements
Indiana does not identify any specific service as a mental health or substance abuse service that is provided only under EPSDT. The federal criteria to cover any service that (1) can be covered under federal Medicaid regulations, and (2) that is needed to treat or ameliorate a condition identified in an EPSDT screen continues to apply.		

Optional State Plan Services

Inpatient Psychiatric Services (for persons under the age of 21):		
Service	Description	Coverage Requirements
Inpatient Psychiatric Services for persons under the age of 21	Inpatient psychiatric services are services provided in an inpatient psychiatric hospital facility or residential treatment facility that is devoted to the provision of inpatient psychiatric services for persons under the age of 21.	<ul style="list-style-type: none"> All admissions must be pre-approved by the Medicaid agency. Services may only be provided by facilities that maintain a current license as a hospital or a residential treatment center and accreditation by the Joint Commission on Accreditation of Healthcare Organizations.

Rehabilitation		
Service	Description	Coverage Requirements
Community Mental Health Rehabilitative Services	<p>Includes three types of services</p> <ul style="list-style-type: none"> Mental health clinical services, including but not limited to: <ul style="list-style-type: none"> diagnostic assessment, pre-hospitalization screening, individual counseling/psychotherapy, conjoint counseling/ psychotherapy, family counseling/psychotherapy, group counseling/psychotherapy, crisis intervention, medication/somatic treatment, and training in activities of daily living; Partial hospitalization services; and Case management services. <p>Services may be provided by a psychiatrist, physician, psychologist, or qualified individual with at least a Masters degree and two years of supervised clinical experience.</p>	<ul style="list-style-type: none"> Services must be provided as part of a plan of care developed by a qualified mental health professional and approved by a supervising physician or service provider in psychology (HSPP). An initial treatment plan must be developed and approved within 7 days; and The treatment plan must be reviewed by the supervising physician/HSPP at least every 90 days.

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Rehabilitation		
Service	Description	Coverage Requirements
Outpatient mental health	<ul style="list-style-type: none"> Outpatient mental health services are conducted in an office or outpatient setting. Services may include: <ul style="list-style-type: none"> Group, family, or individual psychotherapy Evaluation, neuropsychological and psychological testing Services may not include day treatment, hypnosis, biofeedback, partial hospitalization, and missed appointments 	<ul style="list-style-type: none"> Services must be provided by a licensed physician, psychiatric hospital, psychiatric wing of an acute care hospital, outpatient mental health facility, or psychologist endorsed as a health service provider in psychology (HSPP) Prior authorization by the Medicaid agency is required before the beneficiary may receive: <ul style="list-style-type: none"> 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 A physician, psychiatrist, or HSPP must certify the diagnosis and supervise the plan of treatment All services provided by a physician must be within the scope of practice defined in state law.
Substance Abuse Services	<ul style="list-style-type: none"> Includes services provided by: <ul style="list-style-type: none"> Physicians; psychiatric wings of acute care hospitals; outpatient mental health facilities; and psychologists endorsed as Health Services Providers in Psychology Specific opioid treatments, such as methadone and/or LAAM are not covered 	<p>Prior authorization by the Medicaid agency is required before the beneficiary may receive:</p> <ul style="list-style-type: none"> More than 20 units of service within a rolling 12 month period; or More than 4 units per month

Targeted Case Management ²		
Service	Description	Coverage Requirements
Targeted Case Management (TCM)	<p>TCM services are goal-oriented activities that locate or create, facilitate access to, and coordinate and monitor the full range of basic human needs, treatment, and service resources. Allowable activities include: identification and outreach; individual assessment; service planning; implementation; monitoring of service delivery and utilization; and reassessment.</p>	<ul style="list-style-type: none"> The individual receiving the service must be identified as seriously mentally ill or seriously emotionally disturbed.

² Indiana provides Targeted Case Management Services to other groups, but these groups are not defined by the need for mental health or AODA services.

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SCHIP Medicaid Expansion Program

Who is Eligible for the SCHIP Medicaid Expansion Program?

Indiana's SCHIP Medicaid expansion program serves all children from families that earn 150% FPL or less but who do not otherwise qualify for Medicaid. In other words, two groups of children are covered in this program.

1. Children from age 1-5 from families with incomes of 133 - 150% FPL.
2. Children from age 6-18 from families with incomes 100 - 150% FPL

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

Service coverage in the SCHIP Medicaid Expansion Program is identical to coverage in the Medicaid program, which was described in the previous section.

Separate SCHIP Program

Who is Eligible for the Separate SCHIP Program?

1. Children under 19 years of age from families with incomes of more than 150% FPL, but not more than 200% FPL

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

Benefits in Separate SCHIP programs must meet a benchmark selected by the State. In Indiana 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.

Inpatient Mental Health and Substance Abuse		
Service	Description	Coverage Requirements
Mental Health/Substance Abuse	<p>Includes mental health and substance abuse services provided in</p> <ul style="list-style-type: none">• the specialized wing of an acute care hospital; or• an Inpatient Psychiatric Facility (to those under 21 years of age)	<p>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.</p>

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Outpatient (Office Visits) Mental Health and Substance Abuse		
Service	Description	Coverage Requirements
Mental Health/ Substance Abuse	<ul style="list-style-type: none">• Outpatient mental health and substance abuse services• Specific opioid treatments, such as methadone and/or LAAM are not covered.	Covers outpatient mental health/substance abuse services when the services are medically necessary for the diagnosis or treatment of the member's condition, except when provided in an institution for mental diseases with more than 16 beds. 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.