

Massachusetts

Data as of July 2003

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

As of July 2003, 795,921 people were covered under Massachusetts Medicaid/SCHIP programs. There were 736,909 enrolled in the Medicaid program, 16,493 enrolled in the Medicaid SCHIP expansion program, and 42,119 enrolled in the separate SCHIP program. In state fiscal year 2000, Massachusetts spent \$4.5 billion to provide Medicaid and SCHIP services (we do not have a separate budget for SCHIP).

In 1995 Massachusetts obtained a Medicaid 1115 waiver from the federal government that was implemented in 1997. This 1115 waiver allowed Massachusetts to establish a new program, MassHealth that expands Medicaid to cover several different groups of families, children, and childless individuals. Some beneficiaries must pay nominal premiums in order to participate in the program. (Specifics of this coverage are described in the next section.)

In Massachusetts, children from low-income families may be served by the Medicaid program, a SCHIP program that is an expansion of Medicaid, or a Separate SCHIP program, depending on family income and insurance status.

- The Medicaid program serves (please note – FPL listed below are based on gross income, not net income)
 - children under age 1 from families with incomes of 200% FPL or less, or with incomes between 185%-150% FPL (if insured at time of application);
 - children age 1-5 from families with incomes of 133% FPL or less, or between 133% - 150% FPL or less (if insured at time of application); and
 - children age 6-18 from families with incomes of 100% FPL or less, or between 133% - 150% FPL or less (if insured at time of application);
- The SCHIP Medicaid expansion program serves all uninsured children under one from families with incomes of 200% FPL or less who do not otherwise qualify for Medicaid, and uninsured children 1-18 from families with incomes of 150% FPL or less who do not otherwise qualify for Medicaid.
- The Separate SCHIP program services uninsured children age 1-18 from families with incomes of 150-200% FPL, and unborn children of uninsured pregnant women from families with incomes of 225% FPL or less who do not qualify for Medicaid. Families with children participating in the SCHIP program and that earn more than 133% FPL must pay a monthly premium that varies based on income and family size, but is between \$12 and \$36.

Massachusetts delivers services primarily through comprehensive, full-risk managed care organizations (MCOs), a Primary Care Case Management (PCCM) program, and a specialty Prepaid Inpatient Health Plan (PIHP) that delivers only behavioral health services. Massachusetts requires most SCHIP and Medicaid beneficiaries, except those over age 65 and those residing in an institution, to receive their physical health care through a managed care program. These beneficiaries may choose between the PCCM program and a comprehensive MCO. Those that choose an MCO receive mental health and substance abuse services through their MCO. Those beneficiaries that choose to receive their physical health care through the PCCM program receive mental health and substance abuse services through the specialty PIHP.

As of July 2003, there were 736,909 Medicaid beneficiaries in the Medicaid program. Of these,

- 307,083 were enrolled in the PIHP;
- 248,133 were enrolled in comprehensive MCOs; and
- 307,083 were enrolled in the PCCM program.

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Medicaid

Who is Eligible for Medicaid?

Massachusetts obtained an 1115 waiver, called MassHealth, which has created eligibility groups that are different from the standard Medicaid groupings and extends eligibility beyond that allowed without a waiver. The eligibility groups included in the 1115 waiver are presented in this section.

Families and Children

1. Parents with children under age 19 and a family income of no more than 133% FPL
2. Pregnant women and children under age 1 from families with incomes of 200% FPL or less;
3. Children age 1-18 from families with incomes of 150% FPL or less;
4. Recipients of adoption assistance, and foster care under Title IV-E of the Social Security Act.
5. Children eligible for Transitional Medical Assistance.

Aged, Blind, and Disabled (note: individuals over the age of 65 or residing in long term care facilities are covered by Medicaid but are not included in the 1115 waiver)

1. Individuals receiving SSI or Massachusetts' supplementary SSI payment.
2. Disabled adults ages 19 through 64 with incomes with no upper income level. Disabled adults with incomes of 114% or higher must pay premiums based on a sliding scale.
3. Certain disabled children (18 or under) living at home, who would be eligible for Medicaid if in a medical institution. (Note: These individuals are covered by Medicaid but are not included in our 1115 Waiver)
4. Disabled children under age 18 (or 19 if not working) who meet the state established definition of disability for children with no upper income limit. Children from families with incomes of 133% FPL or higher must pay a monthly premium based on a sliding scale.
5. Aged, Blind, and Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
6. Individuals who are HIV positive, under the age of 65, are not institutionalized, and have income that is less than or equal to 133% FPL. Individuals with incomes over 100% FPL must pay a monthly premium of \$15
7. Individuals under 21 who are receiving active treatment as inpatients in psychiatric facilities or programs or reside in a ICF/MR.

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Waiver Populations

MA has an 1115 waiver that allows them to cover low-income families and individuals as previously described. Massachusetts also covered certain long-term unemployed adults with incomes under 100% FPL through this 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 Massachusetts Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that Massachusetts must maintain under Medicaid law. Only those types of services that include mental health or substance abuse services are discussed.

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Mandatory State Plan Services

Inpatient Hospital Services (at an Acute General Hospital & Psychiatric Hospital)		
Service	Description	Coverage Requirements
Inpatient Psychiatric Care	<ul style="list-style-type: none"> • Services provided on a psychiatric unit by an acute inpatient hospital, excludes <ul style="list-style-type: none"> - Facilities licensed as a chronic disease and rehabilitation hospital - Units licensed as a: <ul style="list-style-type: none"> ▪ Nursing facility ▪ Chronic disease unit ▪ Rehabilitation unit • Services include: <ul style="list-style-type: none"> - Treatment that encompasses multidisciplinary assessments and multimodal interventions. - Twenty-four-hour skilled nursing care, daily medical care, and a structured treatment milieu are required. - Special treatment may include physical and mechanical restraint, isolation, and a locked unit. 	<ul style="list-style-type: none"> • Beneficiaries may receive behavioral health services provided in acute general hospital psychiatric units and non-IMD facilities as long as medically necessary. • 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. The Division covers no more than 60 days of psychiatric hospital services per year per member. • 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. • Prior to admission members are screened by an Emergency Services Program

Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Outpatient Hospital	<p>Services provided in an outpatient setting, including the following mental health services:</p> <ul style="list-style-type: none"> - diagnostic services and psychological testing; - psychiatric day treatment - long and short-term therapy - individual, group, couple, and family therapy; - medication visit, - case consultation; - family consultation; - crisis intervention/emergency services; - home visits; - already listed above - Opiate treatment with methadone maintenance 	<ul style="list-style-type: none"> • Services must be provided under the direction of a psychiatrist • Services must be performed within the licensed outpatient facility • A comprehensive evaluation must be conducted prior to initiating therapy. • One professional staff person must assume primary responsibility for treatment, including preparation of a written treatment plan within four visits and case review at treatment termination • Beneficiaries may receive no more than the following amounts of service <ul style="list-style-type: none"> - Diagnostic services: 4 hours or 8 units - No more than one type of therapy/week <ul style="list-style-type: none"> ▪ 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 ▪ Multiple therapies: The Division will pay for more than one mode of therapy used for a recipient during one week if clinically justified.
Federally Qualified	Community Health Center (CHCs),	<ul style="list-style-type: none"> • Psychiatric Day treatment provided by a CHC

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Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Health Centers (FQHCs) and Rural Health Centers (RHCs)	including FQHCs and RHCs, may provide <ul style="list-style-type: none"> • diagnostic and treatment services; • individual, family, group therapy; • case and family consultation; • psychological testing; • medication visits; • home visits; • multiple therapies; • psychiatric day treatment 	must meet the criteria described under rehabilitative services

Physician Services		
Service	Description	Coverage Requirements
Physician Services	Physicians may provide <ul style="list-style-type: none"> • Individual, family, couple, and group therapy; • diagnostic services; • long- and short-term therapy; • medication review; • case and family consultation; • crisis intervention/emergency services; • electroconvulsive therapy; • Hospital inpatient visit. 	<ul style="list-style-type: none"> • Beneficiaries can only receive services that are within the scope of the practice of medicine, as defined by state law or not reimbursable by DMA regulations (e.g. acupuncture, alternative therapies, services that are not medically necessary, etc. • Beneficiaries may receive mental health or substance abuse services provided in a physician's office that meet the same requirements as those provided in another setting.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) for Children Under 21		
Service	Description	Coverage Requirements
Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Mental Health Services	Massachusetts covers any service that is needed to treat or ameliorate a condition identified in an EPSDT screen.	<ul style="list-style-type: none"> • Service must be needed to ameliorate or treat a condition identified in an EPSDT screen • The beneficiary must be under age 21. • Beneficiaries may not receive services that would not normally be covered by Medicaid without the approval of the Medicaid agency or its designated agent.

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Optional State Plan Services

Other Licensed Practitioners		
Service	Description	Coverage Requirements
Psychologist services	Psychological testing	Beneficiaries may receive psychological testing (and no other service) from licensed private practice psychologists. (members may see licensed psychologists at community mental health centers, hospital outpatient departments, Hospital-Licensed Health Center (HLHC), for therapy and/or testing. The restriction above only applies to licensed psychologists in private practice.)

Rehabilitative Services		
Service	Description	Coverage Requirements
Mental Health Center Services	<p>Services provided by an approved mental health center, including:</p> <ul style="list-style-type: none"> • diagnostic and treatment services; • individual, family, group therapy; • case and family consultation; • psychological testing; • medication visits; • home visits; • multiple therapies; • psychiatric day treatment 	<ul style="list-style-type: none"> • Coverage Requirements • Services must be provided under the direction of a psychiatrist. • Services may only be provided as part of an active treatment plan developed by an interdisciplinary team within the first 4 visits and reviewed at least every 90 days. • Beneficiaries may receive no more than the following amounts of service* <ul style="list-style-type: none"> – Diagnostic services: 4 hours or 8 units – No more than one type of therapy/week <ul style="list-style-type: none"> ▪ 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 <p>*Multiple therapies: The Division will pay for more than one mode of therapy used for a recipient during one week if clinically justified.</p>
Substance Abuse Treatment	<p>Medicaid-certified substance abuse treatment programs may provide the following services:</p> <ul style="list-style-type: none"> • Services provided by freestanding methadone treatment programs: <ul style="list-style-type: none"> – Administration and dispensing of methadone – Individual, group, or family/couple counseling • Acute inpatient substance abuse treatment • Substance abuse outpatient counseling <ul style="list-style-type: none"> – Individual, group, or family/couple counseling – Case consultation – Acupuncture detoxification • Special services for pregnant women <ul style="list-style-type: none"> – Intensive outpatient program – Day treatment – Enhanced acute inpatient 	<ul style="list-style-type: none"> • Treatment must be prescribed by a physician • Services may be provided by a certified mental health or alcohol and drug abuse treatment clinic, physician (including a psychiatrist) or psychologist. • Beneficiaries may receive no more than the following amounts of services without the approval of the Medicaid agency: <ul style="list-style-type: none"> – Methadone treatment programs <ul style="list-style-type: none"> ▪ 1 dose/beneficiary/day or a take-home supply of six days ▪ 4 counseling sessions/week – Substance abuse outpatient counseling programs: <ul style="list-style-type: none"> ▪ 24 counseling sessions/calendar year ▪ Case consultation: 1 hour; no more than once every 3 months. – Acupuncture detoxification <ul style="list-style-type: none"> ▪ 6 treatments/week for the first 2 weeks and 3 treatments/week thereafter ▪ Each session may last no longer than 60 minutes – Special services for pregnant women <ul style="list-style-type: none"> ▪ Treatment can last for no longer than 10 months

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Rehabilitative Services		
Service	Description	Coverage Requirements
	<ul style="list-style-type: none"> treatment - Case management - Day treatment 	<ul style="list-style-type: none"> • 47 hours of case management visits; no more than 3 hours/week • 47 hours of individual counseling • 282 hours of group counseling • 26 hours of family counseling • 235 days of day treatment
Early Intervention	<p>Services provided by designated Early Intervention Providers, including the following services if rendered by a psychologist or social worker,</p> <ul style="list-style-type: none"> • Evaluation/Assessment • Intake/Screening • Home visit • Center-based individual visit • Child-focused group session • Parent-focused group session 	<ul style="list-style-type: none"> • To qualify for the service, beneficiaries must be: <ul style="list-style-type: none"> - Subject to a biological, environmental, or established risk. - No more than 3 years of age - Lack of the service must be expected to impede the child's development. • The service must be provided as part of an active Individualized Family Services Plan (IFSP). • Beneficiaries may receive no more than the following amounts of services without the approval of the Medicaid agency: <ul style="list-style-type: none"> - Child visits: 2 hours/visit; 2 visits/day - Center-based individual visit: 2 hours/visit - EI Only child group : 2 visits per week not to exceed 2.5hours/week - Community child group: 2 visits per week not to exceed 2.5 hours/week - Parent-focused group session: 1.5 hours/session; 1 session/week - Evaluation/Assessment: 10 working hours/12 months; Must be conducted at enrollment and at least annually thereafter - Intake/Screening: 2 working hours per 12 month period
Municipally Based Health Care Services	<p>Services, including mental health and substance abuse services, provided by the Massachusetts Department of Education (DOE) or Local Education Authority (LEA) which would be covered if provided by another type of provider,</p>	<ul style="list-style-type: none"> • To qualify for services the child must be participating in the IDEA program for children with special needs • Services may only be provided as part of an active Individual Education Plan (IEP). • Services must meet the same coverage requirements as they would if provided in another setting
Psychiatric Day Treatment	<ul style="list-style-type: none"> • Planned combination of diagnostic, treatment, and rehabilitative services. • Treatment uses multiple, intensive, and focused activities in a supportive environment. • Services include <ul style="list-style-type: none"> - medical, nursing, diagnostic, pharmaceutical, self-care, and social work services; - individual and group therapy; and - aftercare and alumni groups. 	<ul style="list-style-type: none"> • Beneficiaries must be mentally or emotionally disturbed persons who need more active or inclusive treatment than typically available through a weekly visit, but not full-time hospitalization or institutionalization • An interdisciplinary team led by a psychiatrist must pre-approve all applicants for day treatment and prepare a plan of care for each person admitted to day treatment. • An individual's functional level must be assessed at intake and at the end of each month thereafter to ensure that day treatment is still necessary.

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Targeted Case Management		
Service	Description	Coverage Requirements
Targeted Case Management (TCM)	Services provided by professional mental health staff for the purpose of monitoring and assisting clients in their overall life situations including gaining access to needed medical, social, education and other services necessary to meet basic human needs	To qualify for services a beneficiary must: <ul style="list-style-type: none">• Suffer from a serious long-term mental illness that includes a substantial disorder of thought, mood, perception, orientation, or memory which grossly impairs judgment, behavior, capacity to recognize reality or ability to meet ordinary demands of life (primary disorders of alcoholism and substance abuse are excluded); and/or• In the case of a child or adolescent through the age of 18, or, if receiving special education services through age 21, the individual must be diagnosed as<ul style="list-style-type: none">– seriously mentally ill or– emotionally disturbed.

SCHIP Medicaid Expansion Program

Who is Eligible for the SCHIP Medicaid Expansion Program?

As previously discussed Massachusetts received an 1115 waiver (MassHealth) from the federal government that enables them to cover different groupings of beneficiaries than otherwise allowed under Medicaid. Three groups of children are served by the state's SCHIP Medicaid expansion program, if they are uninsured at the time of application.

1. Infants from families with incomes between 185% and 200% FPL
2. Children from age 1-5 from families with incomes of 133-150% FPL .
3. Children age 6-18 from families with incomes of 114-150% FPL.

Families with incomes of 150% or more that have children participating in this program must pay a premium of \$12/child up to a maximum of \$36/family.

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

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

Separate SCHIP Program

Who is Eligible for the Separate SCHIP Program?

The Separate SCHIP Program covers children aged 1-18 from families with incomes of 150-200% FPL who are not eligible for Medicaid. Families with incomes of 150% or more that have children participating in this program must pay a premium of \$12/child up to a maximum of \$36/family.

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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 Massachusetts the benefit package is the same as that for the Medicaid program, which was described previously. Massachusetts also operates a premium assistance program that funds children's participation in any qualified employer-sponsored commercial insurance that a child can access. These children do not receive any services in addition to that offered by the employer. Qualified insurance is defined to mean:

- Offers a package of benefits at least as comprehensive as the basic Medicaid benefit package.
- The employer pays at least 50% of the premium
- The cost of the insurance to the SCHIP program must be less than the cost of directly providing the covered services through the SCHIP program
- Out-of-pocket expenses for the family do not exceed 5% of income.