

Maryland

Data as of July 2003

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

As of July 2003, 638,662 people were covered under Maryland's Medicaid/SCHIP programs. There were 525,080 enrolled in the Medicaid program, 107,109 enrolled in the Medicaid SCHIP expansion program and 6,473 in the separate SCHIP program. In state fiscal year 2003, Maryland spent about \$ 4.2 billion to provide Medicaid and SCHIP services.

Maryland obtained a Medicaid 1115 waiver from the federal government to establish a new program, HealthChoice that mandates enrollment into managed care. They also received approval for an 1115 waiver to expand Medicaid eligibility for pharmacy services to those with incomes at or below 175% FPL

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

- The Medicaid program serves pregnant women in families earning up to 250% FPL, children under 1 from families with incomes of 185% FPL or less, children from age 1 through 5 from families with incomes of 133% FPL or less, and children age 6 through 18 from families with incomes less than 100% FPL.
- The SCHIP Medicaid expansion serves children from age 1-5 from families with incomes above 133 but at or below 185% FPL, and children age 6-18 above 100 but at or below 185%¹ FPL.
- The Separate SCHIP program serves all children 0-18 from families with incomes above 185² but at or below 300% FPL. Families with children in this program must pay a monthly premium between \$37 and \$50, based on family income.

HealthChoice is Maryland's statewide mandatory Medicaid managed care program. HealthChoice enrolls a majority of Medicaid enrollees. Groups who are not eligible for HealthChoice enrollment include:

- Medicare recipients;
- Individuals aged 65 or over;
- Individuals who are eligible for Medicaid under a spend-down;
- Individuals who are continuously enrolled over 30 days in a long term care facility or an institution for mental diseases;
- Individuals institutionalized in an intermediate care facility for mentally retarded persons (ICF-MR);
- Recipients enrolled in the Model Waiver; and
- Recipients enrolled in limited coverage categories (e.g., women enrolled in the Family Planning Waiver).

HealthChoice beneficiaries are required to enroll in a HealthChoice managed care organization (MCO). Specialty mental health services are carved out from MCOs and accessed through a fee-for-service system administered by the Mental Hygiene Administration. MCOs are responsible for delivering the following substance abuse and mental health services to enrolled beneficiaries:

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

² Effective July 1, 2004, Maryland increased the lower income limit for its Medicaid expansion program from 185% to 200% FPL—this program now serves all children age 0-18 from families with incomes of 200-300% FPL.

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- All substance abuse services;
- Mental health services performed as part of a primary practitioner's office visit.

As of July 2003 there were 638,662 Medicaid beneficiaries in the Medicaid program. 471,105 of these were enrolled in comprehensive Managed Care Organizations, and 167,557 were on fee-for-service.

Medicaid

Who is Eligible for Medicaid?

Families and Children

1. Low-income families that qualify for the State's Temporary Cash Assistance Program.
2. Pregnant women with family income of 250% FPL or less.
3. Children under 1 with family incomes of 185% FPL or less.
4. Children from age 1- 5 from families with incomes of 133% FPL or less
5. Children age 6-18 from families with incomes of 100% FPL or less
6. Children receiving foster care or subsidized adoption services.
7. Qualified refugees, asylees, and victim of severe trafficking

Aged, Blind, and Disabled

1. Individuals receiving SSI or the State's supplementary payment (SSP) program for some people in assisted living facilities or other group living arrangements as defined under SSI.
2. Individuals under the age of 22 or aged 65 or older who are receiving active treatment as inpatients in psychiatric facilities or institutions for mental disease. Individuals who qualify for long-term care Medical Assistance as institutionalized in a long-term care facility and who have income no more than the cost of care.
3. Home and community-based services waiver participants (Maryland has 6 waivers) who meet a waiver's targeting criteria and have income no more than 300% of SSI.

Medically Needy

Members of the following groups may qualify for Medicaid coverage as Medically Needy if they have an income that meets the medically need standard (\$350 per month for a household of one person) or sufficient medical expenses to "spend-down" to that level.

1. Pregnant women
2. Children under age 21
3. Parents and other Caretaker relatives
4. Aged, Blind, and Disabled persons

Pharmacy

Maryland has an 1115 waiver that allows them to provide pharmacy services to those with incomes of 175% FPL or less, but this group does not receive mental health or substance abuse services.

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 Maryland Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that Maryland 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		
Service	Description	Coverage Requirements
Inpatient Care	<ul style="list-style-type: none"> Includes psychiatric services provided in the specialized wing of an acute care hospital and substance abuse services provided in an acute care hospital 	<ul style="list-style-type: none"> Services must be prescribed by a physician All admissions must be pre-approved by the Medicaid agency or its designee.

Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Outpatient Psychiatric Care	<ul style="list-style-type: none"> Substance abuse and mental health services that would be covered if provided in another setting may be provided by an outpatient hospital clinic. Services may include psychiatric day hospitalization 	<ul style="list-style-type: none"> Reimbursement for outpatient mental health treatment delivered by a licensed mental health professional (LCSW, LCPC, PhD, master's level nurses).
Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) Maryland Qualified Health Centers (MQHC)	FQHCs, MQHCs, and RHCs may provide the same mental health and substance abuse services as any other provider-as long as the personnel providing the service meet the same qualifications as other providers.	<ul style="list-style-type: none"> Services must be physician or psychologist directed Services provided by an FQHC, MQHC, or RHC must meet the same requirements as services provided by another provider.

Physician Services		
Service	Description	Coverage Requirements
Physician Services		<ul style="list-style-type: none"> The service must be within the scope of the practice of medicine, as defined by state law. Physicians providing psychotherapy must have completed a residency in psychiatry; any Medicaid certified physician may provide substance abuse services. A mental health or substance abuse service provided in a physician's office must meet the same requirements as those provided in another setting.

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	Under EPSDT children may also receive <ul style="list-style-type: none"> alcohol and drug abuse outpatient counseling services, in-home therapeutic intervention services, nurse psychotherapy services, psychological services, and social work services. 	Service must be needed to ameliorate or treat a condition identified in an EPSDT screen. <ul style="list-style-type: none"> Most substance abuse services do not require prior authorization. Approval for continued treatment must be obtained from the EPSDT screening provider at least every six months.

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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 22	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 22.	<ul style="list-style-type: none"> • 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. • To obtain inpatient psychiatric services <ul style="list-style-type: none"> - a team of professionals that includes a licensed physician, a licensed mental health professional; and an intensive case manager must complete a "Certificate of Need" certifying that the beneficiary needs the service. • The Medicaid agency's designated agent (currently Maryland Health Partners) must authorize the service.

Rehabilitative Services		
Service	Description	Coverage Requirements
Psychiatric rehabilitation	<p>Services may be provided individually or In a small group; on site, in a rehabilitation facility, and/or off site; and are limited to:</p> <ul style="list-style-type: none"> • Psychiatric rehabilitation assessment • Individual rehabilitation planning • Development or restoration of basic living and social skills necessary to independently function in the community, • Psychiatric crisis intervention • Health promotion and training • Medication monitoring • Specific opiod treatments, such as methadone and/or LAAM 	<ul style="list-style-type: none"> • To obtain care: <ul style="list-style-type: none"> - Beneficiaries must obtain a referral that is authorized by the ASO. - Services must be part of an individual rehabilitation/ treatment plan that is approved by the State's designated agent (currently Maryland Health Partners).
Mobile Treatment Services	Mobile Treatment Services: Integrated mental health treatment team that provides assertive engagement, outreach and treatment.	<ul style="list-style-type: none"> • To obtain care: <ul style="list-style-type: none"> - Referral to providers, ASO authorizes services. <p>Services must be part of an individual rehabilitation/ treatment plan that is approved by the State's designated agent (currently Maryland Health Partners).</p>
Outpatient mental health clinics	Outpatient mental health services: Mental health evaluation and treatment, individual, group or family therapy, psychological testing.	<ul style="list-style-type: none"> • To obtain care: <ul style="list-style-type: none"> - Referral to providers, ASO authorizes services. • Services must be part of an individual rehabilitation/ treatment plan that is approved by the State's designated agent (currently Maryland Health Partners).
Substance abuse	<p>Substance abuse services including:</p> <ul style="list-style-type: none"> • Assessment • Detoxification 	<ul style="list-style-type: none"> • Beneficiaries may self-refer and may receive the following amounts of care, when medically necessary, and will be approved for at least the following amounts of care:

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	<ul style="list-style-type: none"> • Partial hospitalization • Methadone maintenance • Individual and group counseling • Intensive outpatient • Intermediate care facilities-Addiction (ICF-A) 	<ul style="list-style-type: none"> - 5 days ambulatory detox - 30 sessions/6 months/episode of care of individual or group therapy - 30 calendar days of intensive outpatient - 2 days partial hospitalization - 26 weeks of opioid treatment • All inpatient detoxification and ICF-A admissions must be prior authorized. • The beneficiary must be under age 21 or a pregnant/postpartum woman in order to qualify for intensive outpatient and ICF-A services • Most services have additional coverage requirements such as the production of a treatment plan.
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Targeted Case Management		
Service	Description	Coverage Requirements
Targeted Case Management (TCM)	<ul style="list-style-type: none"> • Services that assist participants to gain access to the full range of medical assistance services, as well as other services that may be available to them. • Case management services include: <ul style="list-style-type: none"> - Assessment, - Planning, - Assistance in daily living, and - Care coordination, referral and advocacy. 	<ul style="list-style-type: none"> • To qualify for Targeted Case Management Services, beneficiaries must belong to one of the following groups: <ul style="list-style-type: none"> - Pregnant women, 18-45 years old, diagnosed for illicit psychoactive substance abuse or dependence, not enrolled in a drug abuse treatment program. - 18 or over, have a major mental illness that severely impairs functioning as a primary diagnosis Statewide. - Children and adolescents statewide with serious emotional disturbance that impairs functioning.

SCHIP Medicaid Expansion Program

Who is Eligible for the SCHIP Medicaid Expansion Program?

Maryland serves the following children through an SCHIP program that is an expansion of the Medicaid program.

1. Children from age 1-5 from families with incomes above 133 but at or below 185% FPL
2. Children age 6-18 from families with incomes above 100 but at or below 185% FPL³

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

Coverage for services in the SCHIP Medicaid expansion program is identical to coverage in the Medicaid program, which was described in the previous section.

Separate SCHIP Program

³ Effective July 1, 2004, Maryland increased the upper income limit for its Medicaid expansion program from 185% to 200% FPL for all children

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Who is Eligible for the Separate SCHIP Program?

Maryland has established a separate SCHIP program that serves uninsured children through age 18 from families with incomes above 185% FPL but at or below 300% FPL. However, as of July 2003, Maryland stopped enrolling new applicants from families with incomes 200% FPL or more.⁴ But, those children already enrolled in the program could remain in the program as long as they continued to meet all other enrollment requirements.

Families with children in this program must pay a monthly premium, as follows:

1. If the family's income is above 185 but at or below 200% FPL, the family pays \$ 37/month
2. If the family's income is above 200 but at or below 250% FPL, the family pays \$40/month
3. If the family's income is above 250 but at or below 300% FPL, the family pays \$50/month.

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. Maryland has elected , and the federal government has approved, the use of the Medicaid benefit package as the benchmark. Therefore, mental health and substance abuse service coverage in the Separate SCHIP program is the same as coverage in the Medicaid program, which was described earlier.

⁴ 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.