

# Ohio

Data as of July 2003

## Mental Health and Substance Abuse Services in Medicaid and SCHIP in the Ohio

As of June 30, 2003, 1,515,712 people were covered under the Ohio's Medicaid/SCHIP programs. There were 1,395,812 enrolled in the Medicaid program and 119,900 enrolled in the Medicaid SCHIP expansion program (Ohio does not have a separate SCHIP program). In state fiscal year 2003, Ohio spent almost \$9 billion to provide Medicaid services.

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

- The Medicaid program serves
  - All children under age 6 from families with incomes of no more than 133% FPL and all children age 6-18 from families with incomes of no more than 133% FPL; and
  - Insured children from families with incomes of no more than 150% FPL who do not otherwise qualify for Medicaid.
- The SCHIP Medicaid expansion program, Healthy Start, serves all uninsured children through age 18 from families with incomes of no more than 200% FPL who do not otherwise qualify for Medicaid.

Ohio contracts with comprehensive Managed Care Organizations (MCOs) to deliver care to those who qualify for Medicaid as a member of a low-income family or child. In some areas of the state these beneficiaries required to enroll into a comprehensive MCO, in others they may choose to enroll or remain on fee-for-service. All beneficiaries enrolled into a comprehensive MCO must obtain all inpatient mental health and substance abuse services as well as a limited package of outpatient mental health and substance abuse services from the MCO. As of June 30, 2003, there were 436,146 Medicaid and Medicaid SCHIP expansion program participants beneficiaries enrolled in the managed care program.

## Medicaid

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### *Who is Eligible for Medicaid?*

#### **Families and Children**

1. Low income families who qualify for the Ohio Work First Program or are transitioning from that program, as well as other families who could have qualified for Ohio's AFDC program under the rules in effect on July 16, 1996.
2. Pregnant women and children under age 6 from families that have incomes of 133% FPL or less
3. Children age 6-18 with incomes of 100% FPL or less
4. Insured children (a) under age 6 from families with incomes of 100-150% FPL or (b) age 6-18 from families with incomes of 100-150% FPL.
5. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act.

#### **Aged, Blind, and Disabled**

1. Individuals who are over age 65 or meet the SSI definition of disability and have an adjusted income of no more than \$460 per month if an individual/\$796 per month for a couple.
2. Individuals who (a) are over age 65 or meet the SSI definition of disability (b) be in a group living arrangement, (c) require a protective level of care, and (d) and have a combined SSI/SSP income of no more than \$900 per month.
3. Persons who are resident of medical institutions (including nursing homes, hospitals, and ICF-MR) for a period of 30 consecutive days and have incomes no greater than 300% of the maximum SSI benefit..

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## Medically Needy

Ohio does not have a medically needy program

## Waiver Populations

Ohio does not have an 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 Ohio Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that Ohio must maintain under Medicaid law. Only those types of services that include mental health or substance abuse services are discussed.

### **Mandatory State Plan Services**

<b>Inpatient Hospital Services</b>		
Service	Description	Coverage Requirements
Inpatient	Evaluation, diagnostic and treatment services provided in a general hospital, including <ul style="list-style-type: none"> <li>• psychiatric services</li> <li>• detoxification.</li> </ul>	<ul style="list-style-type: none"> <li>• Limited to 30 days per spell of illness. (Spell of illness is 60 days from date of admission)</li> <li>• Inpatient substance abuse treatment limited to detoxification.</li> </ul>

<b>Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services</b>		
Service	Description	Coverage Requirements
Outpatient Psychiatric and Substance Abuse Care	Substance abuse and mental health services that would be covered in another setting may be provided by an outpatient hospital clinic	<ul style="list-style-type: none"> <li>• Beneficiary may receive up to four visits per month without prior authorization from the Medicaid agency. Further visits (up to 10) are allowed with authorization.</li> <li>• Beneficiaries may receive mental health and substance abuse services in an outpatient hospital clinic, but the services are limited to the same extent as physician services, therapy, and other services as specified in the remainder of this document.</li> </ul>
Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)	<ul style="list-style-type: none"> <li>• FQHCs may provide mental health services that are delivered by a               <ul style="list-style-type: none"> <li>- Physician</li> <li>- clinical psychologist,</li> <li>- clinical social worker,</li> <li>- advanced practice nurse certified by a national certifying organization in the specialty of psychiatry</li> <li>- professional clinical counselor</li> </ul> </li> <li>• RHCs may provide the same mental health and substance abuse services as those that can be delivered by a physician or psychologist.</li> </ul>	<ul style="list-style-type: none"> <li>• Beneficiaries may receive mental health and substance abuse services from an FQHC or RHC, but the services are limited to the same extent as physician services, therapy, and other services as specified in the remainder of this document.</li> </ul>

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<b>Physician Services</b>		
Service	Description	Coverage Requirements
Physician Services	Physicians may provide Medicaid-covered mental health and substance abuse services that are within their scope of practice	<ul style="list-style-type: none"> <li>The service must be within the physician's scope of practice as defined in state law.</li> <li>Beneficiaries may receive mental health and substance abuse services from a physician, but the services are limited to the same extent as physician services, therapy, and other services as specified in the remainder of this document.</li> </ul>

<b>Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21</b>		
Service	Description	Coverage Requirements
Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Mental Health Services	EPSDT provides for access to services, including mental health and substance abuse services <ul style="list-style-type: none"> <li>in amounts greater than that otherwise covered by the Medicaid program</li> <li>That can be covered under federal Medicaid law, but that Ohio has otherwise chosen not to cover.</li> </ul>	<ul style="list-style-type: none"> <li>Beneficiaries must be under age 21 to qualify for services.</li> <li>Service must be needed to ameliorate or treat a condition identified in an EPSDT screen.</li> <li>All services beyond that otherwise covered by the Medicaid agency must be prior authorized by the Medicaid agency.</li> </ul>

## Optional State Plan Services

<b>Other Licensed Practitioners</b>		
Service	Description	Coverage Requirements
Psychologist Services	Evaluation, diagnostic and treatment services provided by an independent licensed psychologist	<ul style="list-style-type: none"> <li>The following services are not covered:               <ul style="list-style-type: none"> <li>Sensitivity training, encounter groups or workshops.</li> <li>Sexual competency training.</li> <li>Marathons and retreats for mental disorders.</li> <li>Education testing and diagnosis.</li> </ul> </li> <li>Psychological testing is limited to a maximum of eight (8) hours per year per case. Special psychological testing exceeding eight (8) hours per year requires prior written authorization.</li> <li>Services are limited to 10 per month for hospital patients, four (4) per month for patients in independent living arrangements. Maximum total visits to all settings remain 10 per month per provider.</li> <li>Effective January 1, 2004 services provided by independent or group practice psychologists are no longer covered for beneficiaries over age 21. (Psychologist services provided in a clinic continue to be covered.)</li> </ul>

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<b>Clinic Services</b>		
Service	Description	Coverage Requirements
Outpatient Mental Health Facility	Evaluation, diagnostic and treatment services appropriate to the staffing and licensure of the clinic.	<ul style="list-style-type: none"> <li>• Visits limited to 24 per year.</li> <li>• The facility must have Department of Mental certification</li> <li>• Therapeutic visits to a psychologist in a clinic setting are limited to four visits per month.</li> <li>• Beneficiaries may receive mental health services from a outpatient mental health facility, but the services are limited to the same extent as physician services, therapy, and other services as specified in the remainder of this document.</li> </ul>
Alcoholism and after-care services program	Evaluation, diagnostic and treatment services appropriate to the staffing and licensure of the clinic	<ul style="list-style-type: none"> <li>• The program must be recognized by the Ohio Department Health as an alcoholism and after-care services program.</li> <li>• Therapeutic visits to a psychologist in a clinic setting are limited to four visits per month.</li> <li>• Beneficiaries may receive substance abuse services from a program, but the services are limited to the same extent as physician services, therapy, and other services as specified in the remainder of this document.</li> </ul>

<b>Inpatient Psychiatric Services (for persons under the age of 22)</b>		
Service	Description	Coverage Requirements
Inpatient psychiatric facility services for individuals under 22 years of age	Evaluation, diagnostic and treatment services provided in psychiatric hospitals and certain alcohol and/or drug abuse rehabilitation hospitals that are licensed by the state department of mental health or operated under the state mental health authority.	<ul style="list-style-type: none"> <li>• Beneficiary must be under age 21 on the date of admission.</li> <li>• Thirty (30) day limitation per spell-of-illness. (A spell-of-illness end 60 days from the date of admission.)</li> <li>• All non-emergency hospital admissions require prior authorization.</li> </ul>

<b>Rehabilitative Services</b>		
Service	Description	Coverage Requirements
Community Mental Health Services provided by Community Mental Health Facilities	Services include <ul style="list-style-type: none"> <li>• counseling and psychotherapy;</li> <li>• diagnostic assessment;</li> <li>• medication and somatic treatment;</li> <li>• partial hospitalization;</li> <li>• prehospitalization screening;</li> <li>• crisis intervention;</li> <li>• community support program services consisting of the rehabilitative, environmental and support activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Only beneficiaries with mental, related emotional, or behavioral disorders qualify for services.</li> <li>• Beneficiaries may only receive services that are identified in their Individual Services Plan (ISP).</li> </ul>
Rehabilitation Services provided by Alcohol and Drug Treatment Centers	Services include <ul style="list-style-type: none"> <li>• assessment,</li> <li>• crisis intervention,</li> </ul>	<ul style="list-style-type: none"> <li>• Beneficiaries may only receive services that are recommended by a licensed practitioner of healing arts.</li> </ul>

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	<ul style="list-style-type: none"> <li>• individual and group counseling,</li> <li>• medical/somatic treatment;</li> <li>• drug screening/urinalysis,</li> <li>• methadone administration,</li> <li>• LAAM and other opioid treatment</li> <li>• case management,</li> <li>• intensive outpatient, and</li> <li>• ambulatory medical and social detoxification.</li> </ul>	<ul style="list-style-type: none"> <li>• Beneficiaries may only receive treatment services that are recommended by a             <ul style="list-style-type: none"> <li>- Certified Chemical Dependency Counselor III</li> <li>- Licensed psychologist</li> <li>- One of the following, if the practitioner has a declared scope of practice of alcohol and drug addiction counseling                 <ul style="list-style-type: none"> <li>▪ Licensed professional clinical counselor</li> <li>▪ Licensed professional counselor</li> <li>▪ Licensed Independent Social Worker</li> <li>▪ Registered Nurse</li> </ul> </li> </ul> </li> <li>• Drug screening or urinalysis may only be provided when ordered by a physician.</li> </ul>
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Targeted Case Management		
Service	Description	Coverage Requirements
Targeted Case Management (TCM)	Services to help qualified beneficiaries gain access to needed services, including <ul style="list-style-type: none"> <li>• coordination of services,</li> <li>• evaluation and assessment,</li> <li>• development of a care plan,</li> <li>• providing access to services,</li> <li>• monitoring service delivery,</li> <li>• monitoring and follow-up.</li> </ul>	<ul style="list-style-type: none"> <li>• To qualify for services beneficiaries must have a psychiatric illness and meet functional criteria established by the state.</li> </ul>

## SCHIP Medicaid Expansion Program

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### ***Who is Eligible for the SCHIP Medicaid Expansion Program?***

Ohio's SCHIP Medicaid expansion program expands Medicaid to cover

- Uninsured children from birth through age 5 from families with incomes between 133% and 200% FPL.
- Uninsured children age 5-18 from families that earn 100-200% FPL.

There is no cost sharing in this program.

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

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

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## Separate SCHIP Program

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*Ohio does not operate a separate SCHIP program.*