

# Virginia

Data as of July 2003

## Mental Health and Substance Abuse Services in Medicaid and SCHIP in Virginia

As of July 2003, 572,898 people were covered under Virginia's Medicaid and SCHIP programs. There were 540,766 enrolled in the Medicaid program (including 20,749 in the SCHIP Medicaid expansion program), and 32,132 in the separate SCHIP program. In state fiscal year 2002, Virginia spent \$3.96 billion to provide Medicaid services.

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

- The Medicaid program serves children from birth through age 5 in families with incomes up to 133% FPL, all children ages 6 through 18 from families with incomes up to 100% FPL, and insured children ages 6 through 18 in families with incomes up to 133% FPL.
- The SCHIP Medicaid expansion covers uninsured children ages 6 through 18 in families with between 100% and 133% of poverty.
- The separate SCHIP program serves all uninsured children through age 18 from families with incomes of 200% FPL or less who do not qualify for Medicaid.

In Medicaid, Virginia operates a two managed care programs, MEDALLION and Medallion II. Medallion II is a comprehensive, capitated program using contracted Managed Care Organization (MCO). MEDALLION is an agency administered primary case management program Primary Care Case Management (PCCM). A fee for service program is also utilized for individuals who are not managed care eligible.

1. In those parts of the state where the Medicaid agency contracts with two or more comprehensive MCOs most Medicaid and Medicaid SCHIP expansion. Program participants are required to join an MCO. The only members of these groups that are not required to join an MCO are those who are also eligible for Medicare or other insurance, have long term care needs, or are in foster care. Children in the separate SCHIP program are also required to enroll in an available MCO even if only one MCO is available in their area. Those enrolled in an MCO may continue to receive the following mental health services from the fee-for-service system: Targeted Case Management, community-based mental health rehabilitation, and State psychiatric hospital services (Medicaid). All other Medicaid-covered and SCHIP-covered mental health services must be obtained from the MCO.
2. In those parts of the state where the Medicaid agency contracts with only one MCO Medicaid and Medicaid SCHIP expansion beneficiaries have a choice between the MCO and the PCCM program. Mental health services are within the scope of the mental health provider's authority—beneficiaries enrolled in the PCCM or fee for service program may obtain mental health services without a referral from their provider. Children enrolled in the separate SCHIP program do not have the choice of selecting the PCCM program if an MCO is available.
3. In those parts of the state where the Medicaid agency has no MCO contracts Medicaid or Medicaid SCHIP expansion beneficiaries must join the fee for service or PCCM program. Children in the separate SCHIP program are assigned to the fee for service program or the PCCM program if they have had a PCP relationship with a provider in the PCCM program.

As of July 2003, about

- 282,088 Medicaid (including 5,500 in SCHIP Medicaid expansion), and 4,400 separate SCHIP participants were enrolled in the fee for service program; and

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- 258,678 Medicaid, (including 15,249 in SCHIP Medicaid expansion), and 27,732 separate SCHIP participants were enrolled in comprehensive MCOs.

## Medicaid

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### ***Who is Eligible for Medicaid?***

#### **Families and Children**

1. Members of low-income families with children that have (a) incomes below a limit set by the state that varies with family size and county of residence, but ranges from about 30-60% FPL and (b) resources below a standard set by the state.
2. Pregnant women and children under age 6 from families with incomes of 133% FPL or less.
3. Children from age 6-18 from families with incomes of 100% FPL or less.
4. Insured children age 6-18 from families with incomes of 100-133% FPL.
5. Recipients of adoption assistance, as well as those in the fostercare or Juvenile Justice Department systems.

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

1. Aged, Blind, and Disabled individuals who receive SSI or the state's supplementary payment.
2. Qualified working disabled individuals with incomes up to 200% FPL.
3. Individuals who have been in institutions for at least 30 consecutive days and have incomes of no more than 300% of the maximum individual SSI benefit.
4. Those who are (a) over age 65 or meet the SSI definition of disability who (b) have an income of no more than 80% FPL and (c) have resources less than that allowed under SSI.
5. Uninsured or underinsured women screened through the public health breast and cervical cancer screening program and found to need treatment for breast or cervical cancer.

#### **Medically Needy**

Members of the following groups may qualify for Medicaid coverage as Medically Needy if they have sufficient medical expenses.

1. Pregnant women and newborn children
2. Children under age 18
3. Aged, Blind, and Disabled
4. 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, ICF/MR, or nursing facility.

#### **Waiver Populations**

Virginia has an 1115 waiver to expand access to family planning services, but those covered under this waiver do not receive any mental health or substance abuse services.

Virginia also has six home and community based waivers. They are:

1. AIDS Waiver
2. Elderly and (or) Disabled (E&D) Waiver
3. Consumer Directed Personal Attendant Services (CD-PAS) Waiver
4. Mental Retardation Waiver
5. Technology Assisted Waiver
6. Individual and Family Developmental Disabilities Support Waiver (DD 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 Virginia Medicaid covers and the coverage requirements for those services. These services are presented grouped as

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they are in the Medicaid State plan that Virginia must maintain under Medicaid law. Only those types of services that include mental health or substance abuse services are discussed.

<b>Inpatient Hospital Services</b>		
Service	Description	Coverage Requirements
Inpatient Mental Health/Substance Abuse	<ul style="list-style-type: none"> <li>Evaluation, diagnostic and treatment services for mental health and substance abuse provided in a general acute care hospital or a free-standing psychiatric hospital</li> <li>Inpatient alcoholism and drug therapy services are not covered (detoxification will be covered in some circumstances.)</li> <li>Residential services may be covered for beneficiaries under age 21.</li> </ul>	<ul style="list-style-type: none"> <li>All inpatient hospitalizations and lengths of stay for psychiatric treatment must be approved by the Medicaid agency or its designated agent.</li> <li>Beneficiaries may receive no more than 21 days of inpatient hospitalization for the same condition during a consecutive 60-day period that begins on the date of first admission. Except, beneficiaries under age 21 may be granted additional days with prior authorization from the Medicaid agency.</li> <li>Beneficiaries may receive inpatient acute hospitalizations only if the stay has been authorized.</li> <li>To qualify for psychiatric inpatient or residential services beneficiaries must have a severe psychiatric disorder</li> <li>Beneficiaries of any age may receive short-term psychiatric treatment in an acute general hospital.</li> <li>Only beneficiaries under age 21 may be admitted to a freestanding psychiatric hospital or residential treatment center.</li> </ul>
Counseling Services	Counseling services must be provided to the terminally ill individual and the family members or other persons caring for the individual at home. Bereavement counseling consists of counseling services provided to the individual's family. Bereavement a hospice counseling is required hospice service.	<ul style="list-style-type: none"> <li>Counseling is covered for up to one year after a death</li> </ul>

<b>Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services</b>		
Service	Description	Coverage Requirements
Outpatient	<ul style="list-style-type: none"> <li>Outpatient hospital clinics may provide psychotherapy and psychiatric services as defined under "Physician" and "other practitioners"</li> <li>Substance abuse treatment services are not covered.</li> </ul>	<ul style="list-style-type: none"> <li>Services covered when provided by licensed professionals operating within scope of practice.</li> <li>Psychotherapy and psychiatric services are limited by the coverage requirements for psychiatry and psychotherapy, described under "Physician" and "other practitioners"</li> </ul>
Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)	<ul style="list-style-type: none"> <li>FQHCs and RHCs may provide psychotherapy and psychiatric services as defined under "Physician" and "other practitioners"</li> <li>Substance abuse treatment services are not covered.</li> </ul>	<ul style="list-style-type: none"> <li>Services covered when provided by licensed professionals operating within scope of practice.</li> <li>Psychotherapy and psychiatric services are limited by the coverage requirements for psychiatry and psychotherapy, described under</li> </ul>

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		"Physician" and "other practitioners"
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<b>Physician Services</b>		
Service	Description	Coverage Requirements
Physician Services	<ul style="list-style-type: none"> <li>Physicians may provide psychiatric care, as specified in a treatment plan.</li> </ul>	<ul style="list-style-type: none"> <li>Beneficiaries may receive no more than 5 outpatient psychiatric sessions in the first year of treatment with one possible extension of 47 sessions, when preauthorized, during the first year of treatment. In subsequent years               <ul style="list-style-type: none"> <li>individuals 21 years of age or older, may receive an additional 26 sessions when preauthorized.</li> <li>All services to individuals under 21 years of age must be preauthorized and medically necessary.</li> </ul> </li> <li>Services may only be delivered               <ul style="list-style-type: none"> <li>as part of an active plan of treatment.</li> <li>In the physician's office or in a mental health clinic.</li> <li>To beneficiaries who meet state established diagnostic and functional criteria.</li> </ul> </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	<p>EPSDT provides for access to services, including mental health and substance abuse services</p> <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 Virginia has otherwise chosen not to cover. These services include inpatient psychiatric, residential treatment, and substance abuse treatment.</li> </ul>	<ul style="list-style-type: none"> <li>Beneficiary must be under age 21</li> <li>Service must be needed to ameliorate or treat a condition identified in an EPSDT screen</li> <li>Service must be prior authorized by the Medicaid agency.</li> <li>All services beyond that otherwise covered by the Medicaid agency must be prior authorized by the Medicaid agency.</li> </ul>
Community health Intensive in-home services to children	<p>Intensive in-home services include the following services when typically delivered in the beneficiary's home.</p> <ul style="list-style-type: none"> <li>crisis treatment;</li> <li>individual and family counseling; and communication skills;</li> <li>case management activities and coordination with other required services; and</li> <li>24-hour emergency response.</li> </ul>	<ul style="list-style-type: none"> <li>To qualify for services the beneficiary must be               <ul style="list-style-type: none"> <li>under age 21</li> <li>at risk of being moved into an out-of-home placement or who is being transitioned to home from out-of-home placement due to a documented need.</li> </ul> </li> <li>Services must be needed to treat or ameliorate a condition identified in an EPSDT screen</li> <li>There is no prior authorization</li> <li>Services limited to 26 weeks a year.</li> </ul>
Therapeutic day treatment	<p>Services include evaluation, medication, education and management, opportunities to learn and use daily living skills and to enhance social and interpersonal skills(e.g., problem-solving, anger management, community responsibility, increased impulse</p>	<ul style="list-style-type: none"> <li>Services limited to 780 units per year.</li> <li>Prior Authorization is not required.</li> </ul>

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	control, and appropriate peer relations, etc.), and individual, group and family psychotherapy	
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## Optional State Plan Services

Other Licensed Practitioners		
Service	Description	Coverage Requirements
Practitioners of psychiatric and psychological services.	<ul style="list-style-type: none"> <li>Psychiatric services can be provided by psychiatrists or a licensed clinical nurse specialist-psychiatric under the direct supervision of a psychiatrist</li> <li>Licensed clinical social workers, licensed professional counselors, and licensed clinical-nurse specialist-psychiatric may also directly enroll or be supervised by psychologists</li> <li>Substance abuse treatment services are not covered.</li> </ul>	<ul style="list-style-type: none"> <li>Services covered when provided by licensed professionals operating within scope of practice.</li> <li>Psychotherapy services are subject to the same limits as psychiatric services (described in the physician services table), except they may be provided by a psychologist, clinical nurse, social worker, or other practitioner licensed to provide the service.</li> </ul>

Clinic Services		
Service	Description	Coverage Requirements
Mental Health Clinics	<ul style="list-style-type: none"> <li>Mental health clinics may provide psychotherapy and psychiatric services as defined under "Physician" and "other practitioners"</li> <li>Substance abuse treatment services are not covered, but medications to prevent withdrawal would be covered.</li> </ul>	<ul style="list-style-type: none"> <li>Services covered when provided by licensed professionals operating within scope of practice.</li> <li>Psychotherapy and psychiatric services are limited by the coverage requirements for psychiatry and psychotherapy, described under "Physician" and "other practitioners"</li> </ul>

Inpatient Psychiatric Services (for persons under the age of 21)		
Service	Description	Coverage Requirements
Inpatient Psychiatric Facility Services for Individuals Under 21	Inpatient psychiatric services provided by a psychiatric facility or residential treatment center.	<ul style="list-style-type: none"> <li>To receive services a beneficiary must be under age 21 on the date of admission and no services will be covered after age 22.</li> <li>All admissions to psychiatric hospitals or to a psychiatric ward of a general hospital must be pre-approved by the Medicaid agency or its designated agent</li> <li>The need for services must be identified in an EPSDT screen.</li> </ul>

Rehabilitation		
Service	Description	Coverage Requirements
Community mental health services	Mental health diagnostic and screening services, including <ul style="list-style-type: none"> <li>Day Treatment Partial Hospitalization</li> <li>Psychosocial Rehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>Beneficiaries may only receive services as part of an active individual services plan (ISP)</li> <li>Beneficiaries may receive no more than the following amounts of service</li> </ul>

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Rehabilitation		
Service	Description	Coverage Requirements
	<ul style="list-style-type: none"> <li>• Crisis intervention</li> <li>• Intensive Community Treatment (ICT)</li> <li>• Crisis Stabilization Program</li> <li>• Mental health support services</li> <li>• Substance Abuse Treatment for Pregnant and Post Partum Women- Day Treatment and Residential Treatment</li> <li>• Medications to prevent withdrawal</li> </ul>	<ul style="list-style-type: none"> <li>• without prior authorization from the Medicaid agency (usually only provided per EPSDT requirements)               <ul style="list-style-type: none"> <li>- 780 units per year of Day Treatment/Partial Hospitalization</li> <li>- 936 units per year of Psychosocial Rehabilitation</li> <li>- 180 units of Crisis intervention</li> <li>- 26 weeks per year of Intensive Community treatment with continuation re-authorized for an additional 26 weeks annually based on written assessment and certification of need</li> <li>- 8 hours per day for up to 60 days annually of crisis stabilization program services.</li> <li>- 31 units per month for up to 6 consecutive months of mental health support services— continuation of services may be authorized at six month intervals or following any break in service</li> </ul> </li> <li>• To qualify for crisis stabilization, the beneficiary must be experiencing an acute psychiatric crisis which may jeopardize their current community living situation</li> </ul>

Targeted Case Management		
Service	Description	Coverage Requirements
Targeted Case Management (TCM) for Seriously mentally ill adults and emotionally disturbed children.	<p>Case management services assist individual children and adults, in accessing needed medical, psychiatric, social, educational, vocational, and other supports essential to meeting basic needs, including</p> <ul style="list-style-type: none"> <li>• assessment and planning;</li> <li>• locating and arranging services;</li> <li>• coordinating planning with other services and service agencies and providers involved with the individual;</li> <li>• identification and linkage to other community resources,</li> <li>• follow-up and monitoring services and client progress, and</li> <li>• client education and supportive counseling.</li> </ul>	<ul style="list-style-type: none"> <li>• To qualify for services beneficiaries must belong to one of the following two groups (as defined by the Department Of Mental Health Mental Retardation And Substance Abuse Services).               <ul style="list-style-type: none"> <li>- Be an adult with serious mental illness</li> <li>- Be a child with severe emotional disturbance</li> </ul> </li> <li>• Services may only be provided as part of a plan of care.</li> </ul>
Targeted Case Management for Foster Children and Youth with behavioral disorders or emotional disturbances	<p>Services to assist qualified beneficiaries in gaining and coordinating access to necessary care and services appropriate to the needs of a child. Case management services include</p> <ul style="list-style-type: none"> <li>• coordination of care,</li> <li>• linkage to appropriate resources and services,</li> </ul>	<ul style="list-style-type: none"> <li>• To qualify for services beneficiaries must:               <ul style="list-style-type: none"> <li>- be under age 21</li> <li>- have a behavioral disorders or emotional disturbances</li> <li>- be referred to treatment foster care.</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"><li>• service planning;</li><li>• follow-up and monitoring, and</li><li>• client education and counseling.</li></ul>	<ul style="list-style-type: none"><li>• Services may only be provided as part of a plan of care.</li></ul>
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## SCHIP Medicaid Expansion Program

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The Medicaid SCHIP expansion program covers uninsured children ages 6 through 18 in families with incomes between 100% and 133% FPL

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

Children participating in the SCHIP Medicaid expansion program receive the full Medicaid benefit package, as described in the previous section.

## Separate SCHIP Program

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### ***Who is Eligible for the Separate SCHIP Program?***

Virginia's SCHIP program expands health insurance coverage to uninsured children from birth through age 18 in families with incomes between 133% and 200% FPL

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

Benefits in the separate SCHIP program, which is called FAMIS, must be actuarially equivalent to a benchmark selected by the State, among federally established options. Virginia offers two benefit packages to separate SCHIP program participants.

1. Enrollees in the separate child health program living in geographic areas of the State where a managed care organization has not yet been identified receive a Secretary-approved benefit package which is essentially the same as the State's Medicaid plan, with the addition of substance abuse services. (The Medicaid benefit package is described earlier in this document.)
2. Enrollees in the separate SCHIP living in geographic areas of the State where a managed care organization has been identified receive a Secretary-approved benefit package based upon the Virginia State employee health plan in effect in 2001, with the addition of physical therapy, occupational therapy, speech language pathology, and skilled nursing services for special needs children, and blood lead testing.

Coverage specifics for mental health and substance abuse services that meet those benchmarks are identified here

### **Coverage in MCO areas**

Inpatient		
Service	Description	Coverage Requirements

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Mental Health	<ul style="list-style-type: none"> <li>Includes mental health services provided in a general hospital</li> <li>Does not include mental health services in a freestanding psychiatric hospital</li> </ul>	<ul style="list-style-type: none"> <li>All admissions and requests for continued stays must be prior authorized by the MCO</li> <li>Enrolled children may receive up to 30 days per calendar year of inpatient mental health services, including partial day treatment services.</li> </ul>
Substance Abuse	Inpatient substance abuse services in a substance abuse treatment facility	Inpatient substance abuse services are covered for up to 90 days per enrollee (lifetime benefit)

<b>Outpatient (Office Visits)</b>		
Service	Description	Coverage Requirements
Mental health and substance abuse clinic services	<p>Medically necessary visits with a licensed mental health or substance abuse professional, including</p> <ul style="list-style-type: none"> <li>detoxification,</li> <li>individual psychotherapy,</li> <li>group psychotherapy</li> <li>psychological testing,</li> <li>counseling with family members to assist in the patient's treatment and</li> <li>Electro-convulsive therapy.</li> </ul>	<ul style="list-style-type: none"> <li>An enrolled child may receive no more than a combined total of 50 outpatient psychiatric and/or substance abuse visits for treatment each calendar year.</li> <li>For SCHIP beneficiaries in fee-for-service: May not receive more than 26 visits annually, but if medically necessary, additional sessions may be pre-authorized. Services must be rendered by a certified or licensed provider.</li> </ul>
Community Mental Health Rehabilitative Services	<p>The following services may be covered</p> <ul style="list-style-type: none"> <li>case management-targeted mental health,</li> <li>intensive in-home services for children/adolescents,</li> <li>day treatment for children, and</li> <li>crisis intervention-mental health.</li> </ul>	<ul style="list-style-type: none"> <li>Services must meet all Medicaid coverage requirements as specified earlier in this document</li> <li>The services must be billed directly to the Medicaid program</li> <li>Note: This service coverage became effective in August 2003.</li> </ul>