

West Virginia

Data as of July 2003

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

As of July 2003, 318,048 people were covered under West Virginia's Medicaid/SCHIP programs. There were 296,220 enrolled in the Medicaid program, and 21,828 enrolled in the separate SCHIP program. In state fiscal year 2001, West Virginia spent \$1.57 billion to provide Medicaid services.

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

- The Medicaid program serves children under 1 from families with incomes of less than 150% FPL or less, children from age 1-6 from families with incomes of 133% FPL or less, and children age 6-18 from families with incomes less than 100% FPL.
- The Separate SCHIP program serves children through age 18 from families with incomes of 200% FPL or less who do not qualify for Medicaid.

West Virginia operates a Medicaid managed care program that delivers primary care. This program consists of both a Primary Care Case Management (PCCM) Program and contracts with comprehensive Managed Care Organizations (MCOs) that deliver primary care services. The PCCM program is called the Physician Assured Access System (PAAS) and the MCO program is called Mountain Health trust. Neither the MCOs nor PAAS deliver mental health or substance abuse services--these services are delivered through their fee-for-service system. Nonetheless, in West Virginia:

- In counties, where West Virginia contracts with two or more comprehensive MCOs
 - Most beneficiaries who qualify for Medicaid as low-income families, pregnant women, or children are required to enroll into a comprehensive MCO; and
 - Beneficiaries who qualify for Medicaid due to disability may voluntarily join an MCO.
- In counties, where West Virginia contracts with only one MCO the State also operates the PAAS.
 - Most beneficiaries who qualify for Medicaid as low-income families, pregnant women, or children are required to enroll into a comprehensive MCO or join PAAS; and
 - Beneficiaries who qualify for Medicaid due to disability may voluntarily join an MCO or PAAS.
- In counties, where West Virginia has no MCO contracts the State operates the PAAS.
 - Most beneficiaries who qualify for Medicaid as low-income families, pregnant women, or children are required to join PAAS; and
 - Beneficiaries who qualify for Medicaid due to disability may voluntarily join PAAS.

As of July 2003 there were 249,926 Medicaid beneficiaries in the Medicaid program. Of these, 47,783 were enrolled in a comprehensive Managed Care Organizations, and 103,732 were in PAAS.

Medicaid

Who is Eligible for Medicaid?

Families and Children

1. Low income families with children who meet the requirements for receipt of AFDC specific in the State's AFDC plan as of July 16, 1996. The income limit varies by family size and composition.
2. Pregnant women and children under age 1 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 age 6-18 from families with incomes 100% FPL or less

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5. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act
6. Individuals who are caretaker relatives of children under age 21 who meet the income and resource limits of Title IV-A, including those households where the child has been temporarily removed from the home by a court order and the child welfare agency has established a plan for family reunification.

Aged, Blind, and Disabled

1. Individuals receiving SSI.
2. Aged, Blind, and Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
3. Individuals under the age of 21 who are receiving active treatment as inpatients in psychiatric facilities or programs, reside in a nursing facility, or reside in an ICF-MR.
4. Individuals who are in institutions for at least 30 consecutive days and who earn no more than 300% of the maximum SSI cash benefit.
5. Certain disabled children age 19 or under who are living at home, who would be eligible for Medicaid if they were in an institution.

Medically Needy

Members of the following groups may qualify for Medicaid coverage as Medically Needy if their income is below a special Medically Needy limit established by the State or if they have sufficient medical expenses to spend down to that level.

1. Pregnant women
2. Children under age 19
3. Aged, Blind, and Disabled

Waiver Populations

West Virginia 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 West Virginia Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the State plan that West Virginia 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 Mental Health Care	Inpatient hospital services to treat mental health conditions including detoxification.	<ul style="list-style-type: none">• Adult beneficiaries may receive no more than 25 days of inpatient services in a fiscal year, July 1 through June 30.• All mental health treatment admissions and lengths of stay must be pre-approved by the Medicaid agency or its designated agent.

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Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Outpatient Psychiatric and Substance Abuse Care	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"> Outpatient hospital services must meet the same coverage requirements as those provided in another setting. Beneficiaries may receive no more than 10 sessions of psychotherapy without prior authorization from the Medicaid agency.
Federally Qualified Health Centers (FQHCs)	Substance abuse and mental health services that are typically furnished by a physician in an office or in a physician home visit.	Services provided FQHCs must meet the same coverage requirements as those provided by physicians.

Physician Services		
Service	Description	Coverage Requirements
Physician Services	Psychotherapy.	Beneficiaries may receive no more than 10 sessions of psychotherapy without prior authorization from the Medicaid agency.

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 and substance abuse Services	West Virginia does not specify any mental health or substance abuse services that are covered under EPSDT, however, it is required to cover any service that could be covered under federal Medicaid regulations that is needed to treat or ameliorate a condition identified in an EPSDT screen.	<ul style="list-style-type: none"> Services must be needed to ameliorate or treat a condition identified in an EPSDT screen. Beneficiaries must be under age 21. Beneficiaries may not receive services that are not normally covered by Medicaid without the prior authorization of the Medicaid agency.

Optional State Plan Services

Other Licensed Practitioners		
Service	Description	Coverage Requirements
Psychologists	Psychotherapy	Beneficiaries may receive no more than 10 sessions of psychotherapy without prior authorization from the Medicaid agency.

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Inpatient Psychiatric Services (for persons under the age of 22)		
Service	Description	Coverage Requirements
Inpatient Psychiatric Facility Services for Individuals Under 22 Years of Age	Psychiatric services provided in <ul style="list-style-type: none"> • Medicare certified psychiatric hospitals, or distinct psychiatric inpatient units of acute care general hospitals • Free-standing or distinct part Psychiatric Residential Treatment Facilities (PRTFs) which hold licensure as a behavioral health agency 	<ul style="list-style-type: none"> • All admissions and lengths of stay must be pre-approved by the Medicaid agency or its designated agent. • Facilities for Individuals Under Age 22 and Psychiatric Residential Treatment Facilities must be accredited by <ul style="list-style-type: none"> – the Joint Commission on Accreditation of Healthcare Organizations, – the Council on Accreditation of Services for Families and Children, – the Commission of Accreditation of Rehabilitation Facilities, or – any other accrediting body with comparable standards that is recognized by the State.

Rehabilitative Services		
Service	Description	Coverage Requirements
Crisis Services	Services including <ul style="list-style-type: none"> • crisis intervention, • crisis support, which is a program of services provided in a residential setting including: <ul style="list-style-type: none"> – Individual and group therapy, – counseling, – intensive behavior management, – clinical evaluation/ assessment, – treatment planning and health maintenance/ monitoring. • Crisis stabilization, which is a program of services provided in a community setting to ameliorate or stabilize conditions of acute or severe psychiatric signs and symptoms. 	<ul style="list-style-type: none"> • Beneficiaries may not receive these services without a certification by a physician or licensed practitioner of the healing of their need for these services. • Beneficiaries must be experiencing an acute crisis in order to qualify for these services. • Beneficiaries may not receive crisis support or stabilization without the prior approval of the Medicaid agency. • Beneficiaries with conditions associated with mental illness, substance abuse and/or drug dependency are eligible for these services.
Rehabilitative Supportive Services:	<ul style="list-style-type: none"> • Face-to-face interventions to support or enhance functioning, including: <ul style="list-style-type: none"> – Individual, group, or family counseling, – intensive-in-home services, – specially designed behavior plans with scheduled direct intervention – Basic living skills development and supportive services. – Behavior Management Services – Early Intervention services to children – Evaluation and treatment plan development • Opiate treatment with methadone maintenance is not covered. 	<ul style="list-style-type: none"> • Beneficiaries may not receive these services without a certification by a physician or licensed practitioner of the healing of their need for these services. • Services may only be provided as part of an active treatment plan. • Beneficiaries with conditions associated with mental illness, substance abuse and/or drug dependency are eligible for these services.

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Targeted Case Management		
Service	Description	Coverage Requirements
Targeted Case Management (TCM) for	<p>Services to assist beneficiaries to gain access to needed medical, social, educational, and other services, including:</p> <ul style="list-style-type: none"> • Assessment • Service planning • Linkage/referral • Advocacy • Crisis response planning • Service plan evaluation • Monitoring and coordination 	<ul style="list-style-type: none"> • Beneficiaries must be certified by the Medicaid agency as eligible to receive TCM services before receiving services. • To qualify for TCM services, beneficiaries must living in the community or 30 days away of placement through discharge planning at a Medicaid facility and belong to one of the following groups. <ul style="list-style-type: none"> – Chronic Mentally Illness/Substance Abuse <ul style="list-style-type: none"> ▪ Meet diagnostic criteria according to the Diagnostic and Statistical Manual of mental Disorders for chronic mental illness or substance abuse. ▪ Demonstrate substantial functional limitations in two (2) major life areas as determined by a State-approved assessment standardized. – Children under age 21 in the public school system, who have experienced delay in their physical, educational, behavioral, or social development. – Children under age 3 who are at risk for developmental delay disability or social-emotional Disorder – Children under Age 5 who have diagnosed Developmental Delay/ Disability or Social-Emotional disorder – Victims of abuse, neglect, or exploitation, with physical or mental health problems as a result of that abuse, neglect or exploitation • Beneficiaries must be reassessed at six-month intervals to determine whether they continue to qualify for TCM services.

SCHIP Medicaid Expansion Program

West Virginia has no SCHIP Medicaid Expansion Program

Separate SCHIP Program

Who is Eligible for the Separate SCHIP Program?

West Virginia's Separate SCHIP program covers three groups of children.

1. Uninsured children under age 1 from families with incomes of 150-200% FPL.
2. Uninsured children age 1-6 from families with incomes of 133-200% FPL.

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3. Uninsured children age 6-18 from families with incomes 100-200% 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 West Virginia the benefit package must be at least actuarially equivalent to the coverage provided to state employees. Coverage specifics for mental health and substance abuse services that would meet that benchmark are identified here. In addition to the specific limits on services, West Virginia has established an annual \$200,000 limit on all benefits (including mental health and substance abuse benefits), and a \$1,000,000 lifetime limit on benefits. Once those amounts are exceeded no further coverage for any service is available through SCHIP.

Inpatient, Partial Hospitalization and Day Programs; these are covered when ordered by a licensed provider. There is a limit of 30 days per year for inpatient care and up to 60 days per year for partial hospitalization and day programs.

Coverage limited to a maximum of 26 visits per 12-month coverage period for short-term individual or group outpatient mental health and chemical dependency evaluation and referral, diagnostic, therapeutic,

Inpatient Mental Health and Substance Abuse		
Service	Description	Coverage Requirements
Mental Health/Substance Abuse	<ul style="list-style-type: none"> • Mental health and substance abuse services provided in a general hospital, specialized unit of a general hospital, or psychiatric hospital. • Services include detox and partial hospitalization 	All inpatient admissions, including detoxification and partial hospitalization require precertification from the SCHIP agency's designated agent, currently Intracorp.

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, including <ul style="list-style-type: none"> – Short-term individual or group outpatient mental health and chemical dependency evaluation and referral, diagnostic, therapeutic and crisis intervention services. – Day Treatment – Specific opioid treatments, such as methadone and/or LAAM. 	<ul style="list-style-type: none"> • All day treatment services require precertification. • Participants may receive up to 26 visits/year without prior approval, more if authorized and case managed by the agency's designated agent (Intracorp)