

Alaska

Data as of July 2003

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

As of July 2003, 128,193 people were covered under Alaska's Medicaid and SCHIP programs, with 115,920 people financed by Medicaid and 12,273 financed by a Medicaid Expansion SCHIP program. In State fiscal year 2002, Alaska spent \$629.9 million to provide Medicaid services.

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

- The Medicaid program serves children aged 0–1 from families with incomes of 200 percent Federal Poverty Level (FPL) or less; children aged 1–5 from families with incomes of 133 percent FPL or less; and children aged 6–18 from families with incomes of 100 FPL or less.
- The SCHIP Medicaid expansion program serves children aged 1–18 from families with incomes of 200 percent FPL or less who do not qualify for Medicaid.

Alaska delivers mental health and substance abuse services only through a fee-for-service system.

- The Alaska Department of Health and Human Services contracts with five mental health regional administrators responsible for overseeing community mental health services. The State also contracts with one inpatient facility to provide psychiatric services. Substance abuse services funded by the State substance abuse authority are purchased under several types of arrangements, including direct contracts with service providers and master contracts with county entities.

Alaska's Medicaid program has no managed care program. All mental health and substance abuse services are delivered through a fee-for-service payment system.

Medicaid

Who Is Eligible for Medicaid?

Families and Children

1. Low-income families with incomes below a standard set by the State that varies by family composition. For example, a two-person family must have an adjusted income of \$1,069 per month or less to qualify for Medicaid, a three-person family must have \$1,202 per month or less, etc.
2. Pregnant women and children under age 1 from families with incomes of 200 percent FPL or less.

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3. Children aged 1–6 from families with incomes of 133 percent FPL or less.
4. Children aged 6–18 from families with incomes of 100 percent FPL or less.
5. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act.

Aged, Blind, and Disabled

1. Individuals receiving or eligible to receive Supplemental Security Income (SSI) or Alaska’s supplementary payment program (referred to as Adult Public Assistance or APA).
2. All working individuals aged 16–64 who meet the SSI definition of disability and have an income of 250 percent FPL or less. Those with incomes of 100 percent FPL or more must pay a premium that varies by income in order to participate in the Medicaid program.
3. Aged, blind, and disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
4. Individuals who are in institutions for at least 30 consecutive days and who earn no more than 300 percent of the maximum Federal SSI payment.
5. Certain disabled children aged 18 or under who are living at home, but who would be eligible for Medicaid if they were in an institution.

Medically Needy

Alaska does not have a medically needy program.

Waiver Populations

Alaska does not have a §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 services Alaska Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that Alaska 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 psychiatric care	Psychiatric care provided in an inpatient psychiatric hospital facility, a general hospital that provides psychiatric services, or residential psychiatric treatment center	<ul style="list-style-type: none"> • All hospitalizations must be physician-prescribed. • All admissions for psychiatric care must be preapproved by the State's utilization review contractor. • The contractor must also approve all days of care beyond those originally authorized by the contractor. • Beneficiaries under age 21 may receive care from an inpatient psychiatric hospital facility, a general hospital that provides psychiatric services, or a

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		<p>residential psychiatric treatment center.</p> <ul style="list-style-type: none"> • Beneficiaries aged 21–64 may only receive care from a general hospital that provides psychiatric services. • Beneficiaries over 65 may only receive services from an inpatient psychiatric hospital facility or a general hospital that provides psychiatric services.
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Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)	FQHCs and RHCs may provide any Medicaid-covered mental health or substance abuse service that is within the scope of practice of the practitioner providing the service.	<ul style="list-style-type: none"> • Services must be physician-directed. • Services provided by an FQHC or RHC must meet the same requirements as services provided by another provider.

Physician Services		
Service	Description	Coverage Requirements
Physician services	Physicians may provide substance abuse and mental health services as described under Rehabilitative Services if the service is part of their scope of practice as defined in State law.	

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	Alaska defines coverage for mental health and substance abuse services needed to treat or ameliorate a condition identified in an EPSDT screen under Rehabilitative Services.	

Optional State Plan Services

Clinic Services		
Service	Description	Coverage Requirements
Mental health clinic	<p>Services provided by approved outpatient community mental health clinics, state-operated community mental health clinics, and mental health physician clinics, including—</p> <ul style="list-style-type: none"> • Psychotherapy • Rehabilitation services as described in that category 	Beneficiaries may receive no more than 10 hours of psychotherapy in a calendar year without the prior approval of the Medicaid agency.

Inpatient Psychiatric Services (for persons under the age of 22)		
Service	Description	Coverage Requirements
Inpatient psychiatric services for persons under age 22	Psychiatric services provided in an inpatient psychiatric hospital facility, a general hospital that provides psychiatric services, or residential psychiatric treatment center	No beneficiary may be admitted without the prior approval of the Medicaid agency's designated utilization review contractor.

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Rehabilitative Services		
Service	Description	Coverage Requirements
Mental health rehabilitative services for children under 21	<p>Services for children under 21 may include—</p> <ul style="list-style-type: none"> • Crisis intervention services • Family, individual, group psychotherapy • Intake assessment • Medication management • Psychiatric assessment • Psychological testing and evaluation • Home-based therapy • Activity therapy • Day treatment services • Intensive rehabilitation services • Medication administration services • Family support services 	<ul style="list-style-type: none"> • Services must be needed to treat or ameliorate a condition identified in an EPSDT screen. • Services must be provided as part of an individual plan of care. • Beneficiaries may receive no more than the following amounts of service without the prior approval of the Medicaid agency (approval may be granted retroactively): <ul style="list-style-type: none"> – Crisis intervention— <ul style="list-style-type: none"> ▪ 22 hours in a calendar year ▪ No more than 2 hours per day – Family, group, or individual psychotherapy— <ul style="list-style-type: none"> • 10 sessions in a calendar year – Intake assessment— <ul style="list-style-type: none"> ▪ 3 hours per assessment ▪ 1 assessment per admission – Medication management— <ul style="list-style-type: none"> ▪ 1 visit per week for the initial month and 1 visit per month thereafter ▪ 15 visits in a calendar year – Psychiatric assessment— <ul style="list-style-type: none"> ▪ 4 in a calendar year – Psychological testing— <ul style="list-style-type: none"> • 6 hours in a calendar year, except neuropsychological testing – Home-based therapy— <ul style="list-style-type: none"> • 100 hours in a calendar year – Activity therapy— <ul style="list-style-type: none"> • 140 hours in a calendar year – Day treatment— <ul style="list-style-type: none"> • 30 full or 60 half days in a calendar year – Intensive rehabilitation— <ul style="list-style-type: none"> • 90 days – Medication administration— <ul style="list-style-type: none"> ▪ 1 visit per week for the initial month ▪ 15 visits in a calendar year – Family support:— <ul style="list-style-type: none"> ▪ 15 hours per month ▪ 180 hours in a calendar year
Mental health rehabilitative services for adults	<p>Services for adults may include:</p> <ul style="list-style-type: none"> • Psychosocial development (day treatment) • Intensive rehabilitation, including: <ul style="list-style-type: none"> – Crisis intervention services – Family, individual, group psychotherapy – Intake assessment – Medication management – Psychiatric assessment – Psychological testing and evaluation • Client support services 	<ul style="list-style-type: none"> • All services must be specified in a treatment plan that is signed by a physician or mental health professional. • Beneficiaries may receive no more than the following amounts of service without the prior approval of the Medicaid agency: <ul style="list-style-type: none"> – Psychosocial development— <ul style="list-style-type: none"> ▪ 4 hours per day ▪ 3 days per week ▪ 240 hours in a calendar year – Crisis intervention— <ul style="list-style-type: none"> ▪ 22 hours in a calendar year ▪ no more than 1 hour per day – Family, group, or individual psychotherapy—10 sessions in a calendar

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Rehabilitative Services		
Service	Description	Coverage Requirements
		<ul style="list-style-type: none"> year - Intake assessment— <ul style="list-style-type: none"> ▪ 3 hours per assessment ▪ 1 assessment per admission - Medication management— <ul style="list-style-type: none"> ▪ 1 visit per week for the initial month and 1 visit per month thereafter ▪ 15 visits in a calendar year - Psychiatric assessment—4 in a calendar year - Psychological testing— <ul style="list-style-type: none"> • 6 hours in a calendar year, except neuropsychological testing - Client support services— <ul style="list-style-type: none"> ▪ 15 hours per month ▪ 180 hours in a calendar year
Behavior rehabilitation services for children under 21	Services to remediate debilitating psychosocial, emotional, and behavioral disorders, including: <ul style="list-style-type: none"> • Milieu therapy • Crisis intervention • Crisis counseling • Regular counseling • Skills training 	<ul style="list-style-type: none"> • Beneficiaries may not receive any services without the prior approval of the Medicaid agency. • Services must be provided as part of a treatment plan. • Beneficiaries may receive no more than the following amounts of service without the prior approval of the Medicaid agency: <ul style="list-style-type: none"> - Beneficiaries receiving care must be under 21 - Services must be needed to treat or ameliorate a condition identified in an EPSDT screen - The beneficiary must be diagnosed with a primary mental, emotional, or behavioral disorder that prevents functioning at developmentally appropriate levels in the home, school, or community.
Alcohol and substance abuse services	Services include: <ul style="list-style-type: none"> • Assessments and diagnosis • Intensive outpatient services • Individual, group, or family counseling services • Intermediate services (outpatient counseling and care coordination provided to beneficiaries who need a residential level of care) • Psychosocial development services (day treatment) • Medical services directly related to substance abuse • Detoxification services 	<ul style="list-style-type: none"> • Services may be provided as part of an approved treatment plan. • Beneficiaries may receive no more than the following amounts of service without the prior approval of the Medicaid agency: <ul style="list-style-type: none"> - Assessment and diagnosis—4 hours per assessment and diagnosis - Intensive outpatient— <ul style="list-style-type: none"> ▪ At least 3 days or evenings per week ▪ 8 hours per week ▪ No more than 12 hours per week for 8 consecutive weeks - Counseling— <ul style="list-style-type: none"> ▪ Six 50-minute individual, group, or family sessions per month ▪ Four 90-minute group sessions per month ▪ Aggregate total of 10 sessions of any type or length per month - Intermediate services— <ul style="list-style-type: none"> ▪ 10 hours per week ▪ Beneficiary must require a residential level of care - Psychosocial development services—10 hours per week

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Rehabilitative Services		
Service	Description	Coverage Requirements
		<ul style="list-style-type: none">- Methadone maintenance—1 dose per day- Detoxification—Five 24-hour days in any 30-day period

Targeted Case Management		
Service	Description	Coverage Requirements
Targeted Case Management (TCM)	Services include— <ul style="list-style-type: none">• Family support for children• Client support for adults• Coordination of treatment services• Facilitation of access to services• Monitoring of service delivery• Advocate for services	<ul style="list-style-type: none">• To qualify for services, beneficiaries must be diagnosed with a mental illness severe enough that case management services are medically necessary.• Services must be specified in a written treatment plan that has been approved and signed by a physician or mental health professional.• Beneficiaries may receive no more than 15 hours of service per month and 180 hours per 12 months without the prior approval of the Medicaid agency.• Services may only be provided by a mental health clinical associate or professional clinician who is working for a community mental health clinic.

SCHIP Medicaid Expansion Program

Who Is Eligible for the SCHIP Medicaid Expansion Program?

The SCHIP Medicaid expansion program covers the following children:

- Children aged 1–5 years from families with incomes between 133 and 200 percent FPL.
- Children aged 6–18 from families with incomes between 100 and 200 percent FPL.

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

Service coverage is identical to coverage in the Medicaid program described in the previous section.

Separate SCHIP Program

Alaska has no separate SCHIP program.