

Florida

Data as of July 2003

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

As of July 2003 2,441,266 people were covered under Florida's Medicaid and SCHIP programs. There were 2,113,820 enrolled in the Medicaid program, 1,454 enrolled in the Medicaid SCHIP expansion program and 325,992 in the separate SCHIP program. In state fiscal year 2000, Florida spent \$3.27 billion to provide Medicaid services.

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

- The standard Medicaid program serves infants up to age one from families with incomes of 185% FPL or less; children from age 1-6 from families with incomes of 133% FPL or less; and children from 6-19 from families with incomes of 100% FPL or less.
- The SCHIP Medicaid expansion program serves infants from families with incomes up to 200% FPL who do not otherwise qualify for Medicaid.
- The Separate SCHIP program serves all uninsured children under age 19 from families with incomes of 200% FPL or less who do not qualify for Medicaid.

In the Tampa area Medicaid beneficiaries who qualify for Medicaid as members of low-income families or as low-income children receive all of their mental health and substance abuse services from a Prepaid Inpatient Health Plan (PIHP) that delivers only those services. All other beneficiaries in this state receive behavioral health services through a fee-for-service delivery system. Florida does deliver health care services to low-income families and children through a managed care system— either a comprehensive Managed Care Organization (MCO), or the Primary Care Case Management Program (PCCM). These two programs, however, do not deliver mental health or substance abuse services. As of July 2003, there were 2,113,820 Medicaid beneficiaries. Of these, 90,281 received behavioral health care from the Prepaid Inpatient Health Plan (PIHP), 666,901 received health care from comprehensive MCOs and 667,114 from the PCCM program.

Medicaid

Who is Eligible for Medicaid?

Families and Children

1. Low income families with children that would have qualified for the state's AFDC program as of July 16, 1996. The actual income limit varies by family size, but is about 28% FPL.
2. Pregnant women and infants up to age one with family incomes up to 185% FPL.
3. Children from age 1-6 from families with incomes up to 133% FPL.
4. Children from 6-19 or less from families with incomes up to 100% FPL.

Aged, Blind, and Disabled

1. All individuals receiving SSI.
2. All individuals who meet the SSI definition of disability and have incomes of 88% of FPL or less.
3. Aged, blind and disabled individuals who have been in institutions for at least 30 consecutive days and who have incomes of no more than 300% of the maximum SSI benefit.

Medically Needy

Members of the following groups may qualify for Medicaid coverage as Medically Needy if they have sufficient medical expenses to reduce their net income to a limit established by the state.

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

Waiver Populations

Florida has 1115 waivers, but does not use them to expand eligibility for behavioral health 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 Florida Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that Idaho must maintain under Medicaid law. Only those types of services that include mental health or substance abuse services are discussed.

Mandatory Services

Inpatient Hospital Services		
Service	Description	Coverage Requirements
Inpatient Mental Health/Substance Abuse	Mental health and substance abuse services delivered in an inpatient setting.	<ul style="list-style-type: none"> • Services are limited to 45 days per fiscal year per patient 21 years of age and older. • There is no limit for patients under 21. • All non-emergency psychiatric admissions must be prior authorized by the Medicaid agency or its designated agent.

Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Outpatient Psychiatric and Substance Abuse Care	Mental health and substance abuse services delivered in an outpatient hospital setting	<ul style="list-style-type: none"> • Services are limited to a maximum of \$1500 for non-EPSDT beneficiaries 21 years of age and older. • There is no limit for EPSDT beneficiaries under age 21. • Services provided in an outpatient hospital setting must meet the same coverage requirements as those delivered in another setting.
Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)	Substance abuse and mental health services that would be covered in another setting may be provided by FQHCs and RHCs, if they are provided by a physician, physician assistant, nurse practitioner, clinical psychologist, or clinical social worker	<ul style="list-style-type: none"> • Services are limited to one visit per day in either a rural health clinic or federally qualified health center • Services provided in an FQHC or RHC setting must meet the same coverage requirements as those delivered in another setting.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21		
Service	Description	Coverage Requirements
Rehabilitative: Early Intervention	Coordinated services to correct, reduce, or prevent further deterioration of identified deficits in mental or physical health, specific services include <ul style="list-style-type: none"> • Screening 	<ul style="list-style-type: none"> • Service must be needed to treat or ameliorate a condition identified in an EPSDT screen. • Beneficiary must be under age 21 • A beneficiary may receive no more than the following amounts of services without the prior

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	<ul style="list-style-type: none"> Evaluation and diagnostic services Group, individual, or home visiting sessions 	<p>authorization of the Medicaid program.</p> <ul style="list-style-type: none"> 3 screening per year 1 initial evaluation per lifetime 3 follow-up evaluations per year.
Rehabilitative: Intensive therapeutic on-site services	<p>Therapeutic services provided where the child is living, working or receiving schooling, including:</p> <ul style="list-style-type: none"> Behavioral assessment Development of behavioral management program Monitoring compliance with the behavioral management program. Individual and family counseling or psychotherapy Other medically necessary therapeutic services specified by the psychiatrist in the child's plan of treatment 	<ul style="list-style-type: none"> Service must be needed to treat or ameliorate a condition identified in an EPSDT screen. Beneficiary must be under age 21 A beneficiary may receive no more than 1 visit per day without the prior authorization of the Medicaid program.
Home-based rehabilitative services	<p>Therapeutic services provided in the child's place of residence, including:</p> <ul style="list-style-type: none"> One to one supervision of the child's therapeutic activities Skill training of the child for development or restoration of basic living and social skills Assistance to the child and family in implementing behavioral goals identified through family counseling or treatment planning. 	<ul style="list-style-type: none"> Service must be needed to treat or ameliorate a condition identified in an EPSDT screen. Beneficiary must be under age 21 A beneficiary may receive no more than 56 hours of services per month without the prior authorization of the Medicaid program.
School-Based Psychological Services, including services provided by a licensed social worker	<p>Diagnostic or active treatments related to the individual educational plan (IEP) or family support plan (FSP), including</p> <ul style="list-style-type: none"> Testing and evaluation Interviews and behavioral evaluations Individual or group therapy, Unscheduled activities for the purpose of resolving an immediate crisis situation and other 	<ul style="list-style-type: none"> Service must be needed to treat or ameliorate a condition identified in an EPSDT screen. Beneficiary must be under age 21 Beneficiaries may only receive these services if provided as part of an IEP or IFSP. The service must be within the scope of practice of the provider.

Physician Services		
Service	Description	Coverage Requirements
Physician Services	<p>Services may provide Medicaid-covered mental health and substance abuse services that are within their scope of practice as defined in state law.</p>	<ul style="list-style-type: none"> Initial consultations are limited to one per medical specialty per recipient per medical condition per year except for emergencies. Mental health and substance abuse services provided by a physician must <ul style="list-style-type: none"> Meet the same coverage requirements as those provided by another type of provider. Be within the provider's scope of practice as defined in state law.

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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 Individuals under 21	<ul style="list-style-type: none"> • Psychiatric Services provided in an inpatient psychiatric hospital setting, including residential treatment centers. • Service components include <ul style="list-style-type: none"> - psychiatric, medical, psychological assessment and diagnosis; - psychiatric and routine medical treatment; - clinical and therapy services; - mandatory family or other caregiver involvement; - peer support groups; - recreational and vocational services, - a certified education program; and - Comprehensive discharge, after care and follow-up services. 	<ul style="list-style-type: none"> • The beneficiary must be under age 21 to receive inpatient psychiatric care and under age 18 to receive residential treatment center services • The beneficiary must be a high-risk child who has experienced multiple admissions into psychiatric units in acute care hospital settings or who have longer than the state's average length of stay in these settings. • The beneficiary must receive active treatment in accordance with an individual plan of care.

Rehabilitative Services		
Service	Description	Coverage Requirements
Mental Health/substance abuse Rehabilitative Services	<ul style="list-style-type: none"> • Mental health and substance abuse services provided in the community, including: <ul style="list-style-type: none"> - Assessment, evaluation, and testing - Treatment planning and review - Psychiatric treatment services (individual, group, or family) - Assertive Community Treatment (ACT) - Mental health/substance abuse day treatment - Rehabilitative day treatment • Specific opioid treatments, such as methadone and/or LAAM are not covered. 	<ul style="list-style-type: none"> • All services must be provided by a community mental health center licensed by the state of Florida. • Only beneficiaries over age 18 may receive Assertive Community Treatment Programs for persons with severe and persistent mental illnesses • All ACT and day treatment services must be prior authorized by the Medicaid agency's designated agent. • Psychiatric treatment services must be provided by a psychiatrist or psychiatric nurse

Targeted Case Management		
Service	Description	Coverage Requirements
Children's mental health targeted case management	<ul style="list-style-type: none"> • Case management services assist beneficiaries in gaining access to needed medical, social, education, and other services. • These services include <ul style="list-style-type: none"> - Working with the beneficiary and the beneficiary's natural support system to develop 	<p>To receive children's mental health targeted case management services, the child must</p> <ul style="list-style-type: none"> • Be under age 21 • Be enrolled in a Department of Children and Families children's mental health target population; • Have a disability which requires advocacy for and coordination of • Require services to assist in attaining self sufficiency and satisfaction in living, learning,

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	<p>and implement a service plan.</p> <ul style="list-style-type: none"> - follow-up to determine whether services have been received and the effectiveness of activities. 	<p>work, and social environments of choice;</p> <ul style="list-style-type: none"> • Lack a natural support system • Require ongoing assistance to access or maintain needed care • Have a disability duration that is expected to last for at least one year; • Be in out-of-home mental health placement or at documented risk of out of-home mental health treatment placement
<p>Adult's mental health targeted case management</p>	<ul style="list-style-type: none"> • Case management services assist beneficiaries in gaining access to needed medical, social, education, and other services. • These services include <ul style="list-style-type: none"> - Working with the beneficiary and the beneficiary's natural support system to develop and implement a service plan. - Follow-up to determine whether services have been received and the effectiveness of activities. 	<p>To receive adult targeted case management services, adults must meet all the requirements (except age) for receipt of children's targeted case management services. In addition, the adult must at least one of the following requirements:</p> <ul style="list-style-type: none"> • Is awaiting admission to or has been discharged from a state mental hospital; • Has been discharged from a mental health residential treatment facility; • Has had more than one admission to a crisis stabilization unit (CSU), short-term residential facility (SRT), inpatient psychiatric unit, or any combination of these facilities; • Is at risk of institutionalization for mental health reasons; and • Is experiencing long-term or acute episodes of mental impairment that may put him or her at risk of requiring more intensive services;
<p>Intensive Case Management Services</p>	<ul style="list-style-type: none"> • Intensive case management team services provide team case management to adults with serious and persistent mental illness to assist the individual to remain in the community and avoid institutional care. • Intensive team case managers <ul style="list-style-type: none"> - coordinate needs assessment, - services planning, and - Provide service oversight. 	<p>To receive Intensive Case Management Services, beneficiaries must</p> <ul style="list-style-type: none"> • Be an adult • Be enrolled in a Department of Children and Families adult mental health target population; and • Meet at least one of the following requirements: <ul style="list-style-type: none"> - Have resided in a state mental hospital for at least 6 of the past 36 months; - Reside in the community and have had two or more admissions to a state mental hospital in the past 36 months; - Reside in the community and have had three or more admissions to a crisis stabilization unit (CSU), short-term residential facility (SRT), inpatient psychiatric unit, or any combination of these facilities within the past 12 months; - Resides in the community and, due to a mental illness, exhibit behavior or symptoms that could result in long-term hospitalization if frequent interventions for an extended period of time were not provided;

SCHIP Medicaid Expansion Program

Who is Eligible for the SCHIP Medicaid Expansion Program?

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Florida's SCHIP Medicaid expansion program serves all children under age 1 from families with incomes of 200% FPL or less who do not otherwise qualify for Medicaid.

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

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

Separate SCHIP Program

Who is Eligible for the Separate SCHIP Program?

Florida operates two separate SCHIP programs with different benefit packages.

1. MediKids covers children age 1 through 4 from families with incomes up to 200% FPL who do not qualify for Medicaid.
2. Healthy Kids covers all uninsured children ages 5 through 18 who do not qualify for Medicaid. In other words, it covers children age 5 from families with incomes of more than 133% FPL and children age 6-18 from families with incomes of more than 100% FPL. There are no income limitations for participation, but SCHIP subsidizes premiums only for children at or below 200% FPL.

Families with children participating in either program must pay premiums of \$15-\$20.

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

Benefits in Separate SCHIP programs must be actuarially equivalent to a benchmark selected by the State, among federally established options. In Florida

1. Children in the MediKids program receive the Medicaid benefit package that was described in the previous pages of this report.
2. Children in the Healthy Kids program receive the Healthy Kids benefit package as it existed prior to the creation of the SCHIP program.

Coverage specifics for Mental health and substance abuse services in the Healthy Kids program are identified here

Inpatient Mental Health and Substance Abuse		
Service	Description	Coverage Requirements
Mental Health services	Mental health services provided in an inpatient hospital or residential setting.	<ul style="list-style-type: none">• Enrollees may receive no more than 30 inpatient/residential days per contract year.• If residential services are used then at least 10 days must be reserved for inpatient services.
Substance abuse	Mental health and substance abuse services provided in an inpatient hospital	<ul style="list-style-type: none">• Enrollees may receive no more than 7 inpatient days per year for detox and

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Service	Description	Coverage Requirements
	or residential setting.	<ul style="list-style-type: none">• 30 days per year for residential services

Outpatient Mental Health and Substance Abuse		
Service	Description	Coverage Requirements
Outpatient mental health and substance abuse benefits	Mental health and substance abuse services provided in any setting other than an inpatient setting.	<ul style="list-style-type: none">• Outpatient mental health benefits and outpatient substance abuse are limited to a combined 40 visits per year.• Specific opioid treatments, such as methadone and/or LAAM are not covered.