

Hawaii

Data as of July 2003

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

As of July 2003, 180,653 people were covered under Hawaii's Medicaid/SCHIP programs. There were 170,271 enrolled in the Medicaid program and 10,382 enrolled in the Medicaid SCHIP expansion program (Hawaii does not have a separate SCHIP program). In state fiscal year 2002, Hawaii spent \$685 million (benefits only) to provide Medicaid services.

Approved in 1993 and implemented in 1994, Hawaii obtained a Medicaid 1115 waiver from the federal government to establish a new program, QUEST that makes health insurance available to a number of previously uninsured families and individuals. Hawaii's QUEST expands Medicaid coverage beyond standard Medicaid groups. This state has also expanded Medicaid to children by establishing an SCHIP Medicaid expansion program. Among standard Medicaid coverage, QUEST and the SCHIP program the following groups of people are covered. (Some members of these groups must pay a monthly premium of \$35-\$450 to receive coverage.)

- All people with incomes of 100% FPL or less and meet Medicaid asset requirements;
- All children from families with incomes of 200% FPL or less;
- Individuals who receive or qualify to receive TANF cash payments; and
- People previously eligible for Medicaid fee-for-service or QUEST.
 - Children from families with incomes above 200% but less than 300% FPL
 - Adults with incomes below 300% FPL who lose Medicaid eligibility

Hawaii contracts with comprehensive Managed Care Organization (MCO), with a Prepaid Inpatient Health Plan (PIHP) that delivers only behavioral health services, and with the Department of Health to serve:

- Adults
 - Adults with serious and persistent mental illness obtain mental health and substance abuse services from the PIHP
 - All other adults receive behavioral health services through comprehensive MCOs
- Children
 - Children who are high service users receive outpatient behavioral health services through the Child and Adolescent Mental Health Division within the Department of Health
 - All other children receive outpatient behavioral health services from the Department of Education
 - All children who need inpatient or residential care receive that care from the Medicaid agency via the fee-for-service system

As of July 2003, there were 170,271 Medicaid beneficiaries in the Medicaid program. 664 of these received mental health and substance abuse care from the PIHP, and 378 children were served by the Department of Health. Data is unavailable for the number that received services from their medical MCOs as enrollees have a choice to receive care from the Department of Health or from their medical plan. Data is also unavailable for the number that received services from the Department of Education.

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Medicaid

Who is Eligible for Medicaid?

Families and Children

1. Low income families with children that qualify for TANF cash payments or could do so.
2. All individuals earning 100% FPL or less who also meet the Medicaid asset limits.
3. Pregnant women and infant children with incomes up to 185% FPL
4. Children aged 1 through 5 from families with incomes up to 133% FPL
5. Children age 6 up to age 19 from families with incomes up to 100%FPL.
6. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act
7. Children with incomes above 200% but less than 300% FPL who were previously enrolled in either Quest (through regular Medicaid or the Medicaid/SCHIP expansion).
8. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act
9. Individuals under 19 who are receiving active psychiatric treatment in an inpatient facility or are in a nursing facility or ICF/MR

Aged, Blind, and Disabled

1. Individuals who meet the SSI definition of disability and earn less than state-established income and resource limits that are stricter than the federal SSI program's limits.
2. Those who receive the state's supplemental SSI payment, if they have a combined SSI/Supplemental monthly benefit of no more than 75% FPL.
3. Those who meet the SSI definition of disability and have incomes of no more than 100% FPL

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 19
3. Aged, Blind, and Disabled
4. Caretaker relatives

1115 Waiver populations

Hawaii has an 1115 waiver that enables them to expand Medicaid coverage to the following groups of individuals.

1. Children with incomes above 200 percent but less than 300 percent FPL who were previously enrolled in either QUEST or Medicaid fee-for-service.
2. Non-categorical individuals with incomes at or below 100 percent of FPL who meet the Medicaid asset limits.
3. Individuals who are TANF cash recipients and are otherwise not eligible for Medicaid.
4. Adults with incomes below 300 percent of the FPL who lose Medicaid eligibility.

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 Hawaii Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that Hawaii must maintain under Medicaid law. Only those types of services that include mental health or substance abuse services are discussed.

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Mandatory Services

Inpatient Hospital Services		
Service	Description	Coverage Requirements
Inpatient Psychiatric Care	Psychiatric services provided in an inpatient hospital setting	<ul style="list-style-type: none"> Inpatient psychiatric services for individuals are limited to 30 days per year with prior authorization from the Medicaid agency. Additional inpatient days can be obtained with prior authorization. In communities where a psychiatric facility is not readily available, emergency inpatient psychiatric services may be provided for up to forty-eight hours at the closest licensed general hospital. Beneficiaries' admission and continued stay in a hospital will be determined by the utilization control committee of an acute hospital facility based on medical necessity. The extension of a hospital stay shall be requested when a patient is awaiting placement in a long-term facility.
Inpatient substance abuse care	Inpatient substance abuse and alcohol detoxification is permitted only if a detoxification facility is not available	<ul style="list-style-type: none"> Prior authorization not required for the first 48 hours of emergency care Maximum hospital stay for persons requiring detox is ten days; additional days require an additional justification.

Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Outpatient Psychiatric and Substance Abuse Care	<ul style="list-style-type: none"> Substance abuse and mental health services that would be covered in another setting may be provided by an outpatient hospital clinic. Clinic services include day treatment services. 	<ul style="list-style-type: none"> Beneficiaries may receive up to one-hour individual and two-hour group therapy sessions for outpatient psychiatric services. Only 1 visit per day is allowed. Beneficiaries may receive up to 24 individual or 24 group therapy visits within a 12-month period or a combination of 6 individual and 24 group therapy visits or 6 group therapy and 24 individual visits within 12 months. Any psychiatric services beyond those limits require the prior authorization of the Medicaid agency.
Federally Qualified Health Centers (FQHCs)	FQHCs may provide the same mental health and substance abuse services as any other provider, as long as the personnel providing the services meet the same qualifications as other providers.	<ul style="list-style-type: none"> Beneficiaries may receive FQHC services that are performed in congruence with the general scope and limitations of Hawaii's Medicaid program.

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Physician Services		
Service	Description	Coverage Requirements
Physician Services	Physicians may provide Medicaid covered mental health and substance abuse services that are within their scope of practice, including methadone and LAAM.	<ul style="list-style-type: none"> • Mental health and substance abuse services provided by a physician must be within the physician's scope of practice and meet the same coverage requirements as those provided by another provider. • Beneficiaries may receive up to 24 individual or 24 group therapy visits within a 12-month period or a combination of 6 individual and 24 group therapy visits or 6 group therapy and 24 individual visits within 12 months. Only 1 visit per day is allowed. Any psychiatric services beyond those limits require the prior authorization of the Medicaid agency.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services for Children Under 21		
Service	Description	Coverage Requirements
Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Mental Health Services	Under EPSDT states must provide Any service, including mental health and substance abuse services, that could be covered under federal Medicaid law that is needed to treat or ameliorate a condition identified in an EPSDT screen, even if the State has chosen not to cover that service for other beneficiaries	<ul style="list-style-type: none"> • Service must be needed to ameliorate or treat a condition identified in an EPSDT screen • Any program provider may deliver EPSDT services, but must follow the EPSDT Medical Protocol and Periodicity Standard • Beneficiaries must meet be under age 21.

Optional State Plan Services

Other Licensed Practitioners		
Service	Description	Coverage Requirements
Psychologists	Services provided by a licensed psychologist.	<ul style="list-style-type: none"> • Prior authorization is required for all psychological testing except for tests that are requested by the department's professional staff. • Beneficiaries may receive no more than the following amounts of testing services: <ul style="list-style-type: none"> - 4 hours once every 12 months or - 6 hours every 12 months, if a comprehensive test is justified and prior authorization granted • Therapy services include one-hour individual sessions, and two-hour group sessions. • No beneficiary may receive more than the following amounts of services without the prior authorization of the Medicaid agency. <ul style="list-style-type: none"> - 24 individual or 24 group therapy visits within a 12-month period, or - a combination of 6 individual and 24 group therapy visits, or - 6 group therapy and 24 individual visits within 12 months

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Clinic Services		
Service	Description	Coverage Requirements
Clinic services	Mental health and substance abuse services provided by a mental health clinic.	<ul style="list-style-type: none"> • Prior authorization is required for all psychological testing except for tests that are requested by the professional staff of The State Department of Human Services. • Therapy services include one-hour individual sessions, and two-hour group sessions. • No beneficiary may receive more than the following amounts of services without the prior authorization of the Medicaid agency. <ul style="list-style-type: none"> - 24 individual or 24 group therapy visits within a 12-month period, or - a combination of 6 individual and 24 group therapy visits, or - 6 group therapy and 24 individual visits within 12 months

Inpatient Psychiatric Services (for persons under the age of 21)		
Service	Description	Coverage Requirements
Inpatient psychiatric service	<ul style="list-style-type: none"> • Services provided in an inpatient psychiatric hospital or psychiatric ward of a general hospital. • In communities where a psychiatric facility is not readily available, emergency inpatient psychiatric service may be provided for up to forty-eight hours at the closest licensed general hospital. 	<ul style="list-style-type: none"> • Inpatient days available through third party coverage shall be counted as part of the authorized number of days under Medicaid.

Targeted Case Management		
Service	Description	Coverage Requirements
Targeted Case Management (TCM)	<ul style="list-style-type: none"> • Services to assist eligible beneficiaries to gain access to needed medical, social, and other services. • Specific services include: <ul style="list-style-type: none"> - assessment, - individual service plan development, - service coordination, - client support and advocacy, - collateral contacts, and - monitoring and follow-up. 	<ul style="list-style-type: none"> • Beneficiaries must receive services performed by a qualified provider, as defined under Hawaii's regulations. • To obtain services beneficiaries must have: diagnosis of severe, disabling mental illness or developmental disability/mental retardation.

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SCHIP Medicaid Expansion Program

Who is Eligible for the SCHIP Medicaid Expansion Program?

This program, integrated into the Hawaii QUEST and Medicaid Fee-For-Service programs, funds three distinct populations, which are the following:

- Children under age 1 from families with income between 185% and 200% FPL.
- Children ages through 5 from families with incomes between 133% and 200% FPL.
- Children ages 6 through 18 from families with incomes between 100% and 200% FPL.

Hawaii's S-CHIP Medicaid expansion program has no premium-share requirement.

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

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

Separate SCHIP Program

Hawaii does not operate a separate SCHIP program.