

Pennsylvania

Data as of July 2003

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

As of July 2003, 1,883,424 people were covered under Pennsylvania's Medicaid/SCHIP programs. There were 1,456,865 enrolled in the Medicaid program and 123,953 enrolled in the separate SCHIP program. In state fiscal year 2001, Pennsylvania spent \$7.8 billion to provide Medicaid services.

In Pennsylvania, 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.

- Pennsylvania's Medicaid program serves infants in families with incomes of no more than 185% FPL, children from ages 1 through 5 from families with incomes of 133% FPL or less, and children ages 6 through 18 in families with incomes 100% FPL or less.
- The SCHIP program covers uninsured children from families with incomes of no more than 200% FPL who do not qualify for Medicaid.

Pennsylvania Medicaid operates three managed care programs.

1. HealthChoices is a program under which all beneficiaries are required to enroll into comprehensive Managed Care Organizations (MCOs) and a Prepaid Inpatient Health Plan (PIHP). The MCOs deliver physical health care, while the PIHP delivers all mental health and substance abuse care. This program operates in 25 counties. As of July 2003, about 967,428 beneficiaries were enrolled in HealthChoices
2. Family Care Network is a Primary Care Case Management (PCCM) program that serves 51 rural counties. Under this program, all Medicaid beneficiaries who are children are required to enroll with a PCCM provider. The PCCM provider does not manage mental health and substance abuse services. As a result, these children continue to access mental health and substance abuse services via the fee-for-service system. As of July 2003, 132,081 beneficiaries were enrolled in the Family Care Network.
3. Voluntary Managed Care is a program under which all beneficiaries can choose to enroll into a comprehensive MCO or remain on fee-for-service. Those who choose to enroll into an MCO must obtain some mental health and substance abuse services from their MCO and others from the fee-for-service system. This program operates in 26 counties where HealthChoices is not yet operating. As of July 2003, about 21,805 beneficiaries were enrolled in voluntary managed care.

Most children enrolled in the state's SCHIP programs are also required to enroll into comprehensive MCOs that deliver mental health and substance abuse services. As of July 2003, 132,809 SCHIP participants were enrolled in MCOs.

Medicaid

Who is Eligible for Medicaid?

Families and Children

1. Low-income families with children under age 19 who qualify for the State's TANF program or who would have qualified for the States AFDC program under the rules in effect for that program on July 16, 1996.
2. Pregnant women and children from birth to age 1 from families with incomes at or below 185%.

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3. Children age 1 through 5 from families with incomes at or below 133% FPL.
4. Children ages 6 through 18 from families with incomes at or below 100% FPL.
5. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act

Aged, Blind, and Disabled

1. Individuals receiving SSI or Pennsylvania's supplementary SSI payment.
2. Adults over age 65 with incomes no greater than 100% FPL and whose resources do not exceed those allowable under SSI.
3. Working individuals age 16 through 64 who meet the SSI definition of disability and have incomes of no more than 250% FPL, and resources of no more than \$10,000. Cost sharing and premiums are required based on a sliding income scale.
4. Individuals (a) over age 65 or who meet the SSI definition of disability and (b) are resident of medical institutions for a period of 30 consecutive days and (c) have incomes of no more than 300% of the maximum SSI benefit.
6. Certain disabled children age 18 and under who are living at home, but would be eligible for Medicaid of living in a medical institution.

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 21
3. Aged, Blind, and Disabled
4. Caretaker relatives

Waiver Populations

Pennsylvania 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 Pennsylvania Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that Pennsylvania 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	Inpatient services provided in a general hospital, including acute psychiatric and substance abuse treatment.	<ul style="list-style-type: none">• Beneficiaries may only receive inpatient psychiatric or drug/alcohol services in a general hospital with prior approval from the Medicaid agency, except beneficiaries may receive up to two days of emergency treatment in an area other than the psychiatric unit without state approval.• Beneficiaries may not receive methadone maintenance services from a general inpatient hospital

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Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Outpatient Hospital	Substance abuse and mental health services that would be covered if provided in another setting may be provided by an outpatient hospital clinic	<ul style="list-style-type: none"> Beneficiaries may receive mental health and substance abuse services from an outpatient hospital, but the services are limited to the same extent as physician services, therapy, and other services as specified in the remainder of this document. Beneficiaries may not receive methadone maintenance services from an outpatient hospital clinic.
Psychiatric Partial Hospitalization	Services include evaluation, diagnosis and treatment services, including face to face clozapine support services	<ul style="list-style-type: none"> Beneficiaries may receive up to 240, three-hour sessions (720 total hours) in a consecutive 365 day period per patient. Children under 21 years of age may receive additional services beyond the 720 hour limit but the additional services require prior authorization Clozapine support services are limited to one per week and must be ordered and directed by a psychiatrist.
Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)	Substance abuse and mental health services provided by an FQHC or RHC.	Beneficiaries may receive mental health and substance abuse services from an FQHC or RHC, but the services are limited to the same extent as physician services, therapy, and other services as specified in the remainder of this document.

Physician Services		
Service	Description	Coverage Requirements
Physician Services	Medicaid-covered mental health and substance abuse services provided by a physician acting within his/her scope of practice, including	<ul style="list-style-type: none"> Beneficiaries may receive mental health and substance abuse services from physicians, but the services are limited to the same extent as physician services, therapy, and other services as specified in the remainder of this document. The service must be within the physician's scope of practice.
Physician Services – Clozapine Support	Services for a person with a diagnosis of Schizophrenia to receive clozapine on an outpatient basis	<ul style="list-style-type: none"> Clozapine support services are limited to six calendar months. If the psychiatrist determines that Clozapine support services continue to be medically necessary at the end of a six month eligibility period, the psychiatrist may reorder a new eligibility period. If a patient is discontinued from clozapine therapy, the patient remains eligible for clozapine support services on an outpatient basis for not less than four weeks or more than eight weeks after the drug therapy is stopped Services must be ordered and directed by a psychiatrist who determines they are medically necessary services for a person with a diagnosis of Schizophrenia to receive clozapine on an outpatient basis.

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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	<p>EPSDT provides for access to services, including mental health and substance abuse services</p> <ul style="list-style-type: none"> • in amounts greater than that otherwise covered by the Medicaid program • That can be covered under federal Medicaid law, but that Pennsylvania has otherwise chosen not to cover. 	<ul style="list-style-type: none"> • Beneficiaries must be under age 21 to qualify for services. • Service must be needed to ameliorate or treat a condition identified in an EPSDT screen. • All services beyond that otherwise covered by the Medicaid agency must be prior authorized by the Medicaid agency.

Optional State Plan Services

Clinic Services		
Service	Description	Coverage Requirements
Psychiatric Clinics	<p>Evaluation, diagnostic and treatment services delivered in a psychiatric clinic, including</p> <ul style="list-style-type: none"> • Clozapine support services. • Evaluation and testing • Psychotherapy • Medication visits 	<ul style="list-style-type: none"> • A beneficiary may receive no more than the following amounts of service without the prior authorization of the Medicaid agency: <ul style="list-style-type: none"> - 1 Outpatient Comprehensive Diagnostic psychological Evaluation limited per year. - \$80.00 worth of individual psychological or intellectual evaluations per patient per 365 consecutive days - 2 outpatient psychiatric evaluations limited to per year - 7 total hours per 30 consecutive days of psychotherapy - 3 psychiatric clinic medication visits per 30 consecutive days. • Limits on hours of psychotherapy may be waived for patients under 21 who have specified mental illnesses.
Drug and Alcohol and Methadone Maintenance Clinics	<p>Methadone maintenance clinic therapy, chemotherapy clinic therapy, opiate detoxification clinic therapy, including LAAM</p>	<ul style="list-style-type: none"> • A beneficiary may receive no more than the following amounts of service without the prior authorization of the Medicaid agency: <ul style="list-style-type: none"> - One 15 minute clinic per day - 7 methadone maintenance clinics visits per week - 42 Opiate detoxification clinic visits per 365-day period. - 3 chemotherapy clinic visits in a 30 day period - 8 hours of psychotherapy per 30-day period. This total applies to all psychotherapy: individual, family and group. - Psychiatric evaluation or comprehensive medical evaluation limited to 1 per patient per 365-day period or up to an \$80.00 maximum worth of individual psychological or intellectual evaluations per patient

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		per 365-day period
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Inpatient Psychiatric Services (for persons under the age of 25)		
Service	Description	Coverage Requirements
Inpatient Psychiatric Facility Services for individuals under 22 years of age	Evaluation, diagnostic and treatment services	Provided without Limitation

Rehabilitative Services		
Service	Description	Coverage Requirements
Family-Based Mental Health Rehabilitative Services	<p>Comprehensive mental health service provided primarily in the home of a child or adolescent, including</p> <ul style="list-style-type: none"> • assessment, • planning, • treatment (including psychotherapy/counseling (individual, group, and family)); • play therapy; • recreational therapy; • behavior modeling and modification; • cognitive therapy; • rational/emotive therapy; • reality therapy; • communication skills; • coping skills; • assertiveness training; • parenting skills; • sensitivity training; and • supportive services. 	<ul style="list-style-type: none"> • To qualify for services a beneficiary must <ul style="list-style-type: none"> - Be under age 21 - Have a mental illness or a serious behavior disorder - At risk for psychiatric hospitalization and other out of the home placements. • Beneficiaries may only receive services from providers that are licensed as family based mental health rehabilitative providers. • Services must be recommended by a physician or licensed psychologist. • Services limited to a 32-week period starting on the first date of service. Extensions must be approved by the Department and deemed medically necessary.
Mental Health Crisis Intervention Services	Services include intervention, assessment, counseling, screening, and disposition.	<ul style="list-style-type: none"> • Beneficiaries must receive services from providers that are licensed as mental health crisis intervention providers
Community Based Mental Health Rehabilitative Services	Services include psychiatric, medical, and psychological testing; art therapy, movement therapy, and music therapy; psychotherapy and counseling (including individual, group, and family); rehabilitation services; and medication management.	<ul style="list-style-type: none"> • Services must be ordered by a physician or other licensed provider within the scope of his/her practice. • Beneficiaries must receive services from providers that are licensed as community mental health treatment team providers

Targeted Case Management		
Service	Description	Coverage Requirements
Targeted Case Management for Children	Services to assist qualified beneficiaries to gain access to medical, educational rehabilitative and social services, including locating, coordinating and monitoring services.	<ul style="list-style-type: none"> • To qualify for services beneficiaries must <ul style="list-style-type: none"> - be under age 21 - have a severe mental illness or emotional disturbance • Services may only be delivered as part of an active treatment plan • Beneficiaries cannot receive services that are integral part of another medical assistance program or inpatient program

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Targeted Case Management		
Service	Description	Coverage Requirements
Targeted Case Management for Adults with mental illness	<p>Services to assist qualified beneficiaries in gaining access to needed services, including</p> <ul style="list-style-type: none"> • linking with services; • monitoring of service delivery; • gaining access to services; • assessment and service planning; • problem resolution; • informal support network building; and • use of community resources 	<ul style="list-style-type: none"> • To qualify for services beneficiaries must <ul style="list-style-type: none"> - be age 21 or older - have severe and persistent mental illness. • Services may only be delivered as part of an active treatment plan • Beneficiaries cannot receive services that are integral part of another medical assistance program or inpatient program

SCHIP Medicaid Expansion Program

Pennsylvania does not operate an SCHIP Medicaid Expansion Program.

Separate SCHIP Program

Who is Eligible for the Separate SCHIP Program?

The SCHIP program covers children age 0-18 with family incomes up to 200% FPL.

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. Pennsylvania was one of three states specifically allowed to use the same benefit package as an existing, state-sponsored, children's coverage program—the Pennsylvania Children's Health Insurance Program (PA CHIP) which was implemented in May 1993. Coverage specifics for mental health and substance abuse services that would meet that benchmark are identified here.

Inpatient		
Service	Description	Coverage Requirements
Mental Health/Substance Abuse	Includes mental health services provided in psychiatric or general hospital and partial hospitalization	Participants may receive no more than a combined total of 90 day per year of inpatient hospital services, including mental health and substance abuse admissions.
Substance Abuse		Detoxification limited to seven days per year, with a lifetime maximum of four inpatient admissions
Residential		30 days per year; lifetime maximum of 90 days.

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Outpatient (Office Visits)		
Service	Description	Coverage Requirements
Mental Health/Substance Abuse	Outpatient mental health and substance abuse including opioid treatments such as LAAM.	1. Participants may receive no more than a combined total of 50 outpatient visits per year of mental health and/or substance abuse services. 2. Up to 50 visits/outpatient mental health services can be exchanged for inpatient hospital days.
Substance Abuse		30 full sessions visits per year; lifetime maximum of 120 days.