

Utah

Data as of July 2003

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

As of July 2003, 196,600 people were covered under Utah's Medicaid/SCHIP programs. There were 157,322 enrolled in the Medicaid program, 16,700 in the Primary Care Network (Utah's 1115 Medicaid expansion waiver) and 22,578 in the separate SCHIP program. In state fiscal year 2002, Utah spent about \$986,151,350.00 to provide Medicaid services.

In 2002, Utah obtained and implemented an 1115 waiver from the federal government to create a new program, the Primary Care Network (PCN). The PCN expands eligibility for a limited package of services to uninsured adults (age 19 or over) with incomes under 150% FPL who would not otherwise qualify for Medicaid. This program divides adult Medicaid beneficiaries into three groups as follows.

1. Current eligibles are those adults who qualify for Medicaid because they are in the TANF program or transitioning from that program, as well as, adults in the optional medically needy category (who are not aged, blind, or disabled). These beneficiaries receive the same package of services as separate SCHIP program participants. This package includes limited substance abuse and mental health services as described in the separate SCHIP section of this document. These beneficiaries use the same delivery system as all other Medicaid beneficiaries, as described below.
2. Demonstration Population I consists of adults with gross incomes of up to 150% FPL, who are not current eligibles. These beneficiaries receive a package of services that is limited to primary and preventive services. It does not include any mental health or substance abuse services. These beneficiaries receive all services through a fee-for-service system.
3. Demonstration Population II consists of high-risk pregnant women with incomes of no more than 133% FPL who do not otherwise qualify for Medicaid due to excess assets. These beneficiaries receive the full Medicaid benefit described later in this document. These beneficiaries use the same delivery system as all other Medicaid beneficiaries, as described below.

In Utah, 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 through age 5 from families with incomes of no more than 133% FPL and children age 6-18 from families with incomes of no more than 100% FPL.
- The Separate SCHIP program serves uninsured children through age 18 from families with incomes of no more than 200% FPL who do not qualify for Medicaid. Families participating in the separate SCHIP program may be required to pay a quarterly premium up to \$25 depending on family income.

Utah operates a managed care program that serves Medicaid beneficiaries, as follows:

- All beneficiaries (except PCN participants) are enrolled with a Prepaid Inpatient Health Plan (PIHP) that delivers all mental health services. All but two Community Health Centers are PIHP's. The remaining two are fee-for-service systems.
- All beneficiaries (except PCN participants) who live in an urban area and are not in institutions are required to join an Managed Care Organization (MCO) that delivers inpatient detoxification services. All MCO enrollees must obtain inpatient substance abuse services through their MCO—they may continue to receive other substance abuse services through the fee-for-service system.

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- All beneficiaries (except PCN participants) who live in rural areas may voluntarily join an MCO or the Primary Care Case Management (PCCM) program. Those who join an MCO must obtain inpatient detoxification services from their MCO. Those who join the PCCM program continue to access detoxification services from the fee-for-service system and do not need a referral from their PCCM provider to obtain that service.

As of July 2003, 87,224 Medicaid beneficiaries were enrolled in the PIHP, 54,293 were enrolled in MCOs and 15,433 were in the PCCM program. Another 42,268 are enrolled in a PPN (Preferred Practice Network) and under this network detoxification services are paid by Medicaid on a fee-for-service basis.

Separate SCHIP program participants who live in urban and rural areas are required to join an MCO. MCO enrollees must obtain all mental health and substance abuse services from their MCO. Those SCHIP participants who live in rural areas do have a carve out option if an MCO provider is not within a 30 mile radius.

Medicaid

Who is Eligible for Medicaid?

Families and Children

1. Parents and children in low income households where the children are deprived of parental support due to the absence, death, incapacity or unemployment of one of the parents may be eligible under the 1931 Family Medicaid coverage group. The eligibility standards are based on the criteria of the old AFDC program as of July 1996. Currently in Utah all households that qualify for cash assistance under the Utah Family Employment Program also qualify for Medicaid under the 1931 Family Medicaid.
 - A. 1931 households that lose eligibility because their income exceeds the limit due to child support collections are eligible for an additional 4 months of Medicaid coverage.
 - B. 1931 households whose income begins to exceed the 1931 income limit due to the earnings of a parent may be eligible for 6 to 24 months of coverage under the 1931 FM and/or Transitional Medicaid (TMA)
2. Pregnant women who do not qualify under the 1931 coverage group but whose family income is under 133% of the poverty level.
3. Newborn children who are born to a mother who is eligible for and receiving Utah Medicaid are eligible up to age 1 regardless of changes in the household income.
4. Children under age 6 who do not qualify under the 1931 coverage group but whose family income is under 133% of the poverty level. This program also has an asset limit.
5. Children age 6 through 18 who do not qualify under the 1931 coverage but whose family income is under 100% of the poverty level. This program also has an asset limit.
6. Children under age 21 who have an adoption assistance agreement in effect with a state or local government agency.
7. Children under 18 who are in the custody of the state who qualify for IV-E foster care or who would qualify for under any other Utah Medicaid program.

Aged, Blind, and Disabled

1. Individuals who receive SSI or who are deemed to be receiving SSI and other SSI protected groups.
2. Individuals under age 65 determined to be disabled by the Social Security Administration (SSA) or by the State Medical Review Board, with countable income that does not exceed 100% of the poverty level and with countable resources that do not exceed what is allowed under the federal SSI program.

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3. Individuals age 65 and older with countable income that does not exceed 100% of the poverty level and with countable resources that do not exceed what is allowed under the federal SSI program.
4. Individuals who have been determined to be disabled by SSA or by the state Medical Review Board, who have earned income, and have countable household income that does not exceed 250% of the poverty level for the household size. Individuals in this group whose countable income exceeds 100% of the poverty level must pay a premium equal to 15% of their own countable income. This program is referred to as the Medicaid Work Incentive Program.
5. Aged, Blind and Disabled persons who are residents of medical institutions for a period of 30 consecutive days and have incomes of no more than 300% of the maximum SSI.
6. Uninsured women under age 65 who have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program and need treatment for breast or cervical cancer, and who do not otherwise qualify for Medicaid.
7. The Refugee Resettlement Program (RRP) provides Federal funding to cover the cost of medical assistance to refugees for up to 8 months after entry into the U.S. if the refugee does not meet the eligibility requirements for a regular Medicaid program.

Medically Needy

Some individuals whose income is over the limit for the programs described above may be eligible for coverage if their monthly medical expenses are more than the difference between their countable income and the medically needy home standard for the program. This is referred to as the spenddown amount. The following groups may qualify for coverage under a spenddown program.

1. Pregnant women whose household income exceeds 133% of the poverty level. This group must spenddown to the Basic Maintenance Standard (BMS)
2. Children under age 6 living in households with income over 133% of the poverty level or children age 6 to 18 who live in households with income over 100% of the federal poverty level. This group must spenddown to BMS.
3. Parents in households that meet the requirements for the 1931 Family Medicaid except that the household income exceeds the income limit for the 1931 FM. This group must spenddown to BMS.
4. Aged, Blind or Disabled individuals whose income exceeds 100% of the federal poverty level. This group must spenddown to 100% of the federal poverty level.

Waiver Populations

Utah currently has a 1115 waiver to expand Medicaid to:

1. Adults age 19 and above with gross income up to 150% FPL; and
2. High-risk pregnant women with assets in excess of the maximum normally permitted to qualify for Medicaid.

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 Utah Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that Utah 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 | | |
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| Service | Description | Coverage Requirements |
| Inpatient Care | Evaluation, diagnosis and treatment for mental health disorders | <ul style="list-style-type: none">• Beneficiaries may only receive acute psychiatric care and substance abuse detoxification in a general hospital |

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| | Inpatient detoxification is also covered for substance abuse disorders. | |
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| Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services | | |
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| Service | Description | Coverage Requirements |
| Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) | FQHCs and RHCs may provide mental health services, including evaluation and therapy services, but must be under subcontract with the Prepaid Mental Health Plan contractor serving the FQHC's area. | <ul style="list-style-type: none"> Must be under contract with the Prepaid Mental Health Plan; may not bill Medicaid fee for service for mental health services provided to enrollees enrolled in the PMHP. May only bill Medicaid if the enrollee is not enrolled in the PMHP. |

| Physician Services | | |
|---------------------------|---|--|
| Service | Description | Coverage Requirements |
| Physician Services | Physicians may provide mental health services including evaluation and therapy services. For enrollees enrolled in the Prepaid Mental Health Plan, physicians must subcontract with the plan for payment; they may not bill Medicaid. | <ul style="list-style-type: none"> For enrollees in fee for service areas of the state, physicians may bill Medicaid. |

| Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21 | | |
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| Service | Description | Coverage Requirements |
| Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services | Under EPSDT children can receive services, including mental health and substance abuse services <ul style="list-style-type: none"> in amounts greater than that otherwise allowed by Medicaid and Services that can be covered under Medicaid but that Utah has opted not to cover. | <ul style="list-style-type: none"> Beneficiary must be under age 21 Services must be needed to ameliorate or treat a condition identified in an EPSDT screen All services and amounts of service that would not otherwise be covered must be prior authorized by the Medicaid agency or its designated agent. |
| Diagnostic And Rehabilitative Mental Health Services | Diagnostic and rehabilitative mental health services, including <ul style="list-style-type: none"> mental health evaluation, psychological testing; psychiatric evaluation for medication management Individual and group therapy, Individual and group behavior management, Medication management, Psychosocial rehabilitative services and Skills development (residential) treatment programs | <ul style="list-style-type: none"> Beneficiary must be under age 21 Services must be needed to ameliorate or treat a condition identified in an EPSDT screen Services must promote the child's mental health, reduce the child's mental disability, and restore the child to the highest possible level of functioning. Services must be provided <ul style="list-style-type: none"> by or under the supervision of a licensed practitioner of the healing arts employed by or under contract with the Department of Human Services; or by a licensed 24-hour comprehensive residential program, group home or family-based program under contract with the Department of Human Services. |

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Optional State Plan Services

| Other Licensed Practitioners | | |
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| Service | Description | Coverage Requirements |
| Psychologist's Services for EPSDT-eligibles only | Evaluation, diagnostic and treatment services provided by a licensed psychologist in private practice, as follows: <ul style="list-style-type: none"> • Psychological evaluation and testing • Individual and group mental health therapy | <ul style="list-style-type: none"> - If EPSDT-eligible enrollees are enrolled in the PMHP, they must receive services through the PMHP; licensed psychologists must be under contract with the PMHP and receive payment from the PMHP. They may not bill Medicaid. If EPSDT-eligible enrollees are not enrolled in the PMHP, then they may receive services from a licensed psychologist and the psychologist bills Medicaid. |

| Clinic Services | | |
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| Service | Description | Coverage Requirements |
| Alcohol and Drug Center | Service limited to Methadone treatment (and other opioid treatment, including LAAM) | <ul style="list-style-type: none"> • Services may only be provided at an approved Alcohol and Drug Center • Services are limited to the same extent as the substance abuse services described under rehabilitation services. |

| Inpatient Psychiatric Services for Beneficiaries under age 22 | | |
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| Service | Description | Coverage Requirements |
| Inpatient Psychiatric Facility Services, Persons Under Age 22: | Evaluation, diagnostic and treatment services provided in a hospital licensed as a specialty hospital-psychiatric. | <ul style="list-style-type: none"> • Beneficiary must be under age 21 on date of admission. • All admissions must be prior authorized by the Medicaid agency or its designated agent. |

| Rehabilitative Services | | |
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| Service | Description | Coverage Requirements |
| Diagnostic And Rehabilitative Mental Health Services | Diagnostic and rehabilitative mental health services, including: <ul style="list-style-type: none"> • Diagnostic evaluation, • Psychological testing, • Individual therapy, • Group therapy, • Medication management, • Therapeutic behavioral services • Individual skills training and development • Psychosocial rehabilitative services • Telehealth mental health services may consist of <ul style="list-style-type: none"> - Psychiatric evaluations, - On-going physician | <ul style="list-style-type: none"> • Services must be medically necessary services to promote the client's mental health, reduce the client's mental disability, and restore the client to the highest possible level of functioning. • Services may only be delivered by a licensed comprehensive mental health treatment center • Services may only be delivered as specified in an individual plan of care. • To qualify for telehealth services the beneficiary must live in a rural area where distance and travel time create difficulty with access to needed psychiatric and mental health therapy services. • Nine comprehensive mental health treatment centers contract with Medicaid on a prepaid capitation basis under the Prepaid Mental Health Plan and responsible to provide all |

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| Rehabilitative Services | | |
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| Service | Description | Coverage Requirements |
| | <ul style="list-style-type: none"> - medication management - service and - Individual therapy services | <p>needed inpatient and outpatient mental health care to Medicaid enrollees enrolled in their plan. Enrollees are automatically enrolled with the mental health center serving their county of residence.</p> <ul style="list-style-type: none"> • Only two mental health treatment centers continue to bill Medicaid on a fee for service basis. |
| Diagnostic And Rehabilitative Substance Abuse Treatment Services | <p>Diagnostic and rehabilitative substance abuse treatment services, including</p> <ul style="list-style-type: none"> • Evaluation, • Psychological testing, • Medication management, • Individual and group therapy, • Therapeutic behavioral services • Individual skills training and development • Psychosocial rehabilitative services | <ul style="list-style-type: none"> • Services must be medically necessary services to eliminate the client's substance abuse, reduce or eliminate maladaptive or hazardous behaviors, and restore the client to the highest possible level of functioning. • Services may only be delivered by or through a licensed substance abuse treatment program under contract with a Local County Substance Abuse Authority • Services may only be delivered as specified in an individual plan of care |

| Targeted Case Management | | |
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| Service | Description | Coverage Requirements |
| Targeted Case Management | <p>Services to help qualified beneficiaries obtain needed care, including</p> <ul style="list-style-type: none"> • assessment, • services linkage, • assisting the client acquire independent living skills • ongoing service coordination and monitoring | <ul style="list-style-type: none"> • To qualify for services beneficiaries must belong to one of the following two groups: <ul style="list-style-type: none"> - chronically mentally ill adults or children - Medicaid eligibles who are assessed as having a primary diagnosis of a chemical dependency or substance abuse; and <ul style="list-style-type: none"> ▪ demonstrate lack of adequate or available support networks and ▪ one or more of the following (a) failure or inability to comply with treatment regimen or to access needed services independently; (b) experience frequent crisis episodes; or (c) require multiple services and their coordination. • Targeted case management services must be based on a case management needs assessment and delivered in accordance with a case management service plan. |

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SCHIP Medicaid Expansion Program

Utah Does Not Operate an SCHIP Medicaid Expansion Program

Separate SCHIP Program

Who is Eligible for the Separate SCHIP Program?

The Separate SCHIP program serves children, 0-18 years of age up to 200% FPL who do not qualify for Medicaid.

Families with incomes of 101-150% FPL must pay premiums of \$13 per family per quarter, while those with incomes of 151-200% FPL pay \$25 per family per quarter. There are no quarterly premiums for families with incomes below 100% 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. In Utah the benefit package must be at least actuarially equivalent to the benefit plan provided to state employees. Coverage specifics for mental health and substance abuse services that would meet that benchmark are identified here.

| Service | Description | Coverage Requirements | |
|---|---|--|--|
| | | Plan A | Plan B |
| Inpatient Mental Health and Substance Abuse Services | Includes mental health and substance abuse services provided in psychiatric or general hospital | <ul style="list-style-type: none">A child may obtain no more than 30 days per plan per year of inpatient mental health and/or substance abuse services (combined limit)Enrollee must pay a \$3 co-pay for each visit | <ul style="list-style-type: none">A child may obtain no more than 30 days per plan per year of inpatient mental health and/or substance abuse services (combined limit)The plan will pay 90% of the cost of service for the first 10 days, 50% for the next 20 days |
| Outpatient Mental Health and Substance Abuse Services | <ul style="list-style-type: none">Mental health and substance abuse services provided in any setting other than inpatient hospitalOpioid treatment, such as LAAM is not a covered service. | <ul style="list-style-type: none">Children may obtain no more than 30 visits per plan per year of outpatient mental health and/or substance abuse services (combined limit) OutpatientEnrollee must pay a \$3 per visit co-pay. | <ul style="list-style-type: none">A child may obtain no more than 30 visits per plan per year of outpatient mental health and/or substance abuse services (combined limit) OutpatientPlan pays 50% of the cost of each visit |

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| Service | Description | Coverage Requirements | |
|---|---|-----------------------|--------|
| | | Plan A | Plan B |
| Substitution of outpatient mental health services/visits for inpatient days | <ul style="list-style-type: none">• Substitutions may be made if<ul style="list-style-type: none">- An enrollee requires more than 30 outpatient mental health services/visits per year,- An enrollee would otherwise be hospitalized for treatment of the mental illness or condition, and- In lieu of hospitalization, outpatient mental health services could be used to stabilize the enrollee.• If the criteria are met,<ul style="list-style-type: none">- Day treatment or intensive outpatient programs may be considered in lieu of inpatient care with two or more days applicable to one inpatient day. | | |