

# Wisconsin

Data as of July 2003

## Mental Health and Substance Abuse Services in Medicaid and SCHIP in Wisconsin

As of July 2003, 871,226 people were covered under Wisconsin's Medicaid/SCHIP programs. Of this, 109,940 were covered through BadgerCare, Wisconsin's Medicaid/SCHIP 1115 waiver which combines Medicaid and a Medicaid Expansion SCHIP program. (Wisconsin does not operate a separate SCHIP program.) In state fiscal year 2000, Wisconsin spent \$2.92 billion to provide Medicaid services.

Wisconsin obtained a Medicaid/SCHIP 1115 waiver from the federal government to establish a new program, BadgerCare that serves low-income families. The waiver was approved in January 1999 and implemented July 1999. This program combines Medicaid and SCHIP funding to serve all parents and children from families with incomes of less than 185% FPL at application. After enrollment in the program the family can remain in the program unless their income rises above 200% FPL. Families with incomes over 150% FPL must pay a premium that varies by income. As of July 2003, 109,940 individuals were enrolled in BadgerCare, of which 31,141 received funding through traditional Medicaid, and 78,799 received funding through a Medicaid Expansion SCHI program.

Wisconsin delivers mental health and substance abuse services through fee-for-service, comprehensive Managed Care Organization (MCO), and limited service Prepaid Inpatient Health Plan (PIHP).

Wisconsin's Medicaid program requires most low-income families to join a comprehensive MCO, people with disabilities, the elderly, and SED children in some areas of the state may voluntarily choose to join a comprehensive MCO or PIHP. As of July 2003 there were 761,286 Medicaid beneficiaries in the Medicaid program. 341,737 of these were enrolled in comprehensive Managed Care Organizations, 8,184 were enrolled in a specialized PIHP, and 411,365 were on fee-for-service.

### Medicaid

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#### *Who is Eligible for Medicaid or BadgerCare?*

##### **Families and Children - BadgerCare**

1. Low income families with children that have incomes of less than 185% of the FPL are eligible for BadgerCare. After enrollment in the program the family can remain in the program unless their income rises above 200% FPL. Families with incomes over 150% FPL must pay a premium that varies by income.

##### **Families and Children - Medicaid**

2. Pregnant women and children under age 6 from families with incomes of 185% FPL or less.
3. Children age 6 through 18 from families with incomes of 100% FPL or less.
4. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act
5. Individuals who are caretaker relatives of children under age 19 who meet the income and resource limits of Title IV-A, including those households where the child has been temporarily removed from the home by a court order and the child welfare agency has established a plan for family reunification.

##### **Aged, Blind, and Disabled**

1. Individuals receiving SSI or Wisconsin's supplementary payment.

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2. All working individuals over age 17 who meet the SSI definition of disability and have an income of 250% FPL or less. Those with incomes of 150% 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 under the age of 21 who are receiving active treatment as inpatients in psychiatric facilities or programs, reside in a nursing facility, or reside in an ICF-MR.
5. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid if they were in an institution.
6. Individuals who are in institutions for at least 30 consecutive days and who's income is less than \$1,656/month.

## Medically Needy

Members of the following groups may qualify for Medicaid coverage as Medically Needy if they have sufficient medical expenses.

1. Pregnant women
2. Children under age 19
3. Aged, Blind, and Disabled

## Waiver Populations

1. Wisconsin has an 1115 waiver that allows them to cover low-income families as previously described.

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

## Mandatory State Plan Services

<b>Inpatient Hospital Services</b>		
Service	Description	Coverage Requirements
Inpatient Psychiatric Care	<ul style="list-style-type: none"> <li>• Includes psychiatric services provided in the specialized wing of an acute care hospital; or an Inpatient Psychiatric Facility (to those under 21 years of age)</li> </ul>	<ul style="list-style-type: none"> <li>• Inpatient psychiatric hospital services are not covered for beneficiaries between the ages of 22 and 65. (Please see the table, "Inpatient Psychiatric Services (for persons under the age of 21)," for more information.)</li> </ul>

<b>Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services</b>		
Service	Description	Coverage Requirements
Outpatient Psychiatric and Substance Abuse Care	Substance abuse and mental health services that would be covered if provided in another setting may be provided by an outpatient hospital clinic. Except, day treatment services may not be billed as outpatient hospital services.	<ul style="list-style-type: none"> <li>• Services must be physician or psychologist directed</li> <li>• Services must be performed within the licensed outpatient facility</li> <li>• Mental health and substance abuse services provided in an outpatient hospital must meet the same requirements as those provided in another setting (See Rehabilitative Services table for more information)</li> </ul>

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<b>Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services</b>		
Service	Description	Coverage Requirements
Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)	FQHCs and RHCs may provide the same mental health and substance abuse services as any other provider-as long as the personnel providing the service meet the same qualifications as other providers.	<ul style="list-style-type: none"> <li>Services must be physician or psychologist directed</li> <li>Services provided by an FQHC or RHC must meet the same requirements as services provided by another provider (e.g., psychotherapist).</li> </ul>

<b>Physician Services</b>		
Service	Description	Coverage Requirements
Physician Services	Physicians may provide substance abuse and psychotherapy services as described under "Rehabilitative Services".	<ul style="list-style-type: none"> <li>The service must be within the scope of the practice of medicine, as defined by state law.</li> <li>Physicians providing psychotherapy must have completed a residency in psychiatry; any Medicaid certified physician may provide substance abuse services.</li> <li>A mental health or substance abuse service provided in a physician's office must meet the same requirements as those provided in another setting.</li> </ul>

<b>Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21</b>		
Service	Description	Coverage Requirements
Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Mental Health Services	Under EPSDT children may also receive <ul style="list-style-type: none"> <li>in-home psychotherapy;</li> <li>mental health day treatment,</li> <li>specialized psychological evaluation for conditions where a limited number of providers are qualified</li> </ul>	<ul style="list-style-type: none"> <li>Service must be needed to ameliorate or treat a condition identified in an EPSDT screen</li> <li>Service must be prior authorized by the Medicaid agency.</li> </ul>

## Optional State Plan Services

<b>Other Licensed Practitioners</b>		
Service	Description	Coverage Requirements
Psychiatrist services	Services available under this benefit include: <ul style="list-style-type: none"> <li>Evaluations, assessments, testing,</li> <li>group, and family psychotherapy,</li> <li>collateral contacts, and</li> <li>psychiatric medication management</li> </ul>	<ul style="list-style-type: none"> <li>Evaluations, testing, and assessments are available to all.</li> <li>An individual may not receive more than 15 hours or \$500 of services/year without prior approval from the Medicaid agency.</li> <li>An individual may not receive more than 4 hours of evaluation in a two year period without prior approval from the Medicaid agency</li> </ul>

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<b>Other Licensed Practitioners</b>		
Service	Description	Coverage Requirements
Psychologist services	<p>Services available under this benefit include:</p> <ul style="list-style-type: none"> <li>• Evaluations, assessments, testing,</li> <li>• group, and family psychotherapy,</li> <li>• collateral contacts, and</li> <li>• psychiatric medication management</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluations, testing, and assessments are available to all.</li> <li>• A physician must prescribe treatment.</li> <li>• An individual may not receive more than 15 hours or \$500 of services/year without prior approval from the Medicaid agency.</li> <li>• An individual may not receive more than 4 hours of evaluation in a two year period without prior approval from the Medicaid agency</li> <li>• Services may be provided by a mental health or alcohol and drug abuse treatment clinic, psychiatrist or psychologist.</li> </ul>

<b>Clinic Services</b>		
Service	Description	Coverage Requirements
Outpatient substance abuse and mental health services	<p>Services available under this benefit include:</p> <ul style="list-style-type: none"> <li>• Evaluations, assessments, testing,</li> <li>• group, and family psychotherapy,</li> <li>• collateral contacts, and</li> <li>• psychiatric medication management</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluations, testing, and assessments are available to all.</li> <li>• A physician must prescribe treatment.</li> <li>• An individual may not receive more than 15 hours or \$500 of services/year without prior approval from the Medicaid agency.</li> <li>• An individual may not receive more than 4 hours of evaluation in a two year period without prior approval from the Medicaid agency</li> </ul>

<b>Inpatient Psychiatric Services (for persons under the age of 22):</b>		
Service	Description	Coverage Requirements
Inpatient Psychiatric Services for persons under the age of 21	<ul style="list-style-type: none"> <li>• Includes psychiatric services provided in an Inpatient Psychiatric Facility to those under 21 years of age</li> <li>• May include up to five hours of diagnostic interviews with immediate family members</li> <li>• May include psychotherapy when provided to inpatients as a component of the plan of treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• Services must be prescribed by a physician</li> <li>• An interdisciplinary team must certify that the beneficiary cannot be effectively treated in the community</li> <li>• Services must be part of an active plan of treatment, which is reviewed at least every 30 days.</li> <li>• A physician must make recertification of the need for inpatient care at least every 60 days.</li> <li>• Admissions for mental health or substance abuse treatments are subject to pre-admission and retrospective review by an external review organization.</li> </ul>

<b>Rehabilitative Services</b>		
Service	Description	Coverage Requirements
Outpatient psychotherapy services	<ul style="list-style-type: none"> <li>• Services available under this benefit include:               <ul style="list-style-type: none"> <li>– Evaluations, assessments, and testing,</li> <li>– group, and family psychotherapy,</li> <li>– collateral contacts, and</li> <li>– psychiatric medication management</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Evaluations, testing, and assessments are available to all.</li> <li>• A physician must prescribe treatment.</li> <li>• An individual may not receive more than 15 hours or \$500 of services/year without prior approval from the Medicaid agency.</li> <li>• An individual may not receive more than 4 hours of evaluation in a two year period without prior approval from the Medicaid agency</li> <li>• Services may be provided by a mental health or alcohol and drug abuse treatment clinic, psychiatrist or psychologist</li> </ul>

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Rehabilitative Services		
Service	Description	Coverage Requirements
Outpatient AODA Services	<ul style="list-style-type: none"> <li>• Services available under this benefit include:                             <ul style="list-style-type: none"> <li>– Evaluations, assessments and diagnostic services;</li> <li>– Treatment services, including: individual, group, and family AODA treatment; and</li> <li>– AODA educational programming specific to medical aspects of AODA diagnosis and treatment.</li> </ul> </li> <li>• Specific opioid treatments, such as methadone and/or LAAM are covered</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluations, testing, and assessments are available to all.</li> <li>• A physician must prescribe treatment.</li> <li>• An individual may not receive more than 15 hours or \$500 of services/year without prior approval from the Medicaid agency.</li> <li>• An individual may not receive more than 4 hours of evaluation in a two year period without prior approval from the Medicaid agency</li> <li>• Services may be provided by a mental health or alcohol and drug abuse treatment clinic, psychiatrist or psychologist</li> </ul>
Community Support Services (CSP)	<ul style="list-style-type: none"> <li>• Medical and psychosocial/ rehabilitative services, enabling the recipient to better manage the symptoms of his/her illness, to improve independence, and to achieve effective levels of functioning in the community.</li> <li>• Services include:                             <ul style="list-style-type: none"> <li>– assessment, evaluation, and treatment planning;</li> <li>– family, individual, and group psychotherapy;</li> <li>– medication administration and monitoring;</li> <li>– 24-hour crisis intervention;</li> <li>– ongoing psychiatric and psychological evaluation;</li> <li>– case management, ongoing monitoring and service coordination; and</li> <li>– Clozapine management</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• To be eligible for these services an individual                             <ul style="list-style-type: none"> <li>– must have a diagnosed, severe long-term illness which puts the person at significant risk of continued institutionalization;</li> <li>– must be seriously impaired in the basic areas of everyday functioning; and</li> <li>– traditional mental health outpatient treatment on a regular basis for at least a year has proven ineffective.</li> </ul> </li> <li>• Services must be provided by a Department certified CSP agency, which may include a certified:                             <ul style="list-style-type: none"> <li>– mental health or alcohol and drug abuse treatment clinic,</li> <li>– physician, or</li> <li>– psychologist.</li> </ul> </li> </ul>

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Service	Description	Coverage Requirements
Mental Health Crisis Intervention services	<ul style="list-style-type: none"> <li>• A coordinated system of mental health services that provides an immediate response to assist a person experiencing a mental health crisis.</li> <li>• Interventions to                             <ul style="list-style-type: none"> <li>– relieve the individual's immediate distress, reduce the risk of escalation, reduce the risk of physical harm, resolve the crisis and improve individual and family coping skills,</li> <li>– coordinate the involvement of other resources needed to respond to the crisis and</li> <li>– assist the individual to make the transition to the least restrictive level of care required.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Only a county or tribal agency may bill for crisis services-but the billing agency may hire others to perform the service.</li> <li>• Only someone experiencing a mental health crisis can obtain this service. "Crisis" means a situation caused by an individual's apparent mental disorder:                             <ul style="list-style-type: none"> <li>– That results in a high level of stress or anxiety for the individual, for the persons providing care for the individual or for the public; and</li> <li>– That cannot be resolved by the available coping methods of the individual or by the efforts of those providing ordinary care or support.</li> </ul> </li> </ul>
Medical Day Treatment-Mental Health Service	<ul style="list-style-type: none"> <li>• A combination of medical, mental health, occupational therapy, and other services provided by state-certified day treatment programs.</li> <li>• Specific services include                             <ul style="list-style-type: none"> <li>– individual and group occupational therapy and psychotherapy,</li> <li>– medication management,</li> <li>– symptom management,</li> <li>– psychosocial rehabilitation services, and</li> <li>– nursing services.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Only those who are seriously impaired in basic areas of everyday functioning and for whom less intensive, traditional, outpatient mental health treatment is not adequate may obtain this service.</li> <li>• The care must be determined to be medically necessary</li> <li>• The care must be provided as part of a physician-approved plan of care.</li> <li>• Prior authorization from the Medicaid agency is required after a limited number of hours.</li> </ul>
Alcohol and Other Drug Abuse (AODA) Day Treatment	<ul style="list-style-type: none"> <li>• A combination of medical and AODA services provided by state-certified day treatment programs.</li> <li>• Specific day treatment services include                             <ul style="list-style-type: none"> <li>– individual, group, and family therapy and</li> <li>– educational programming specific to medical aspects of AODA diagnosis and treatment.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Only those who are seriously impaired in basic areas of everyday functioning and for whom less intensive, traditional, outpatient treatment is not adequate may obtain this service.</li> <li>• The care must be determined to be medically necessary</li> <li>• The care must be provided as part of a physician-approved plan of care and under the general direction of a physician.</li> <li>• Prior authorization from the Medicaid agency is required for all services except the initial three hours of assessment.</li> </ul>

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Service	Description	Coverage Requirements
School-based Psychological, Counseling and Social Work	<ul style="list-style-type: none"> <li>• Diagnostic services or active treatment intended to reasonably improve the child's physical or mental condition.</li> <li>• These services may include:                             <ul style="list-style-type: none"> <li>– testing and evaluation that appraise cognitive, emotional and social functioning and self concept;</li> <li>– recommendations for a course of treatment; and</li> <li>– case management.</li> </ul> </li> </ul>	Treatment services must be: <ul style="list-style-type: none"> <li>• prescribed or referred by a physician or a licensed Ph.D. psychologist; and</li> <li>• included in an IEP or IFSP.</li> </ul>
School-based Developmental Testing, IDEA Assessment and Reassessment, and Ongoing Monitoring and Coordination of IEP/IFSP Services	Developmental testing includes testing to identify the presence of psychological problems.	<ul style="list-style-type: none"> <li>• Designated school staff must perform these services.</li> <li>• Services are only reimbursable if they result in an Individualized Education Plan or Individualized Family Service Program</li> </ul>

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Targeted Case Management		
Service	Description	Coverage Requirements
Targeted Case Management (TCM)	<ul style="list-style-type: none"><li>• Services and activities that help Medicaid beneficiaries, and sometimes their families,<ul style="list-style-type: none"><li>– identify their needs</li><li>– manage and gain access to necessary medical, social, rehabilitative, vocational, educational, and other services.</li></ul></li><li>• Specific services include<ul style="list-style-type: none"><li>– assessment of individuals,</li><li>– development of case plans,</li><li>– ongoing monitoring and follow-up services, and</li><li>– discharge planning.</li></ul></li><li>• The provider is responsible for locating, coordinating, and monitoring one or more medical, educational, or social service.</li><li>• Providers must be knowledgeable about the<ul style="list-style-type: none"><li>– local service delivery system,</li><li>– the needs and dysfunction of the group being managed,</li><li>– the need for integrated services, and</li><li>– the resources available.</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Providers of TCM services must be certified by the Medicaid agency; and</li><li>• Individuals receiving TCM services must be<sup>1</sup><ul style="list-style-type: none"><li>– chronically mentally ill and age 21 or older.</li><li>– severely emotionally disturbed and under age 21</li><li>– alcohol and/or other drug dependent to the extent that the person's health is substantially impaired or endangered or economic functioning is substantially disrupted.</li><li>– Be part of a family with children up to age 21 who are at-risk of physical, mental, or emotional dysfunction if, among other things, the primary caregiver has a mental illness, developmental disability, or substance abuse disorder.</li></ul></li></ul>

## SCHIP Medicaid Expansion Program

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### ***Who is Eligible for the SCHIP Medicaid Expansion Program?***

As previously discussed, Wisconsin obtained a Medicaid/SCHIP 1115 waiver from the federal government to establish BadgerCare. This program combines Medicaid and SCHIP funding to serve all parents and children from families with incomes of less than 185% FPL at application. After enrollment in the program the family can remain in the program unless their income rises above 200% FPL. Families with incomes over 150% FPL must pay a premium that varies by income.

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

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

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<sup>1</sup> Wisconsin provides Targeted Case Management Services to other groups, but these groups are not defined by the need for mental health or AODA services.

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## Separate SCHIP Program

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*Wisconsin has no Separate SCHIP Program*