

Wyoming

Data revised via fax by State after July 2003

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

As of July 2003, 59,789 people were covered under Wyoming's Medicaid/SCHIP programs. There were 56,209 enrolled in the Medicaid program and 3,580 enrolled in the separate SCHIP program (Wyoming does not have a Medicaid Expansion Program). In state fiscal year 2001, Wyoming spent \$241 million to provide Medicaid services.

In Wyoming, 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 infants from birth to age 6 from families with incomes less than 133% FPL and children aged 6 through 18 from families with incomes less than 100% FPL.
- The separate SCHIP program serves children from age 6 through 18 from families with incomes of no more than 133% FPL who do not qualify for Medicaid. Families with children participating in this program pay an annual enrollment fee of \$200/family/year.

Wyoming does not operate a managed care program--all services, including mental health and substance abuse services are delivered through a fee-for-service system.

Medicaid

Who is Eligible for Medicaid?

Families and Children

1. Low-income families that would have qualified for the Wyoming AFDC program in 1996. The exact income limit varies by family size and composition.
2. Children from birth through age 5 and pregnant women with incomes at or below 133% FPL.
3. Children ages 6 through 18 from families with incomes at or below 100% FPL.
4. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act
5. Individuals who are under 21 and for whom public agencies are assuming full or partial financial responsibility and who are either residing in a foster home or private institution.

Aged, Blind, and Disabled

1. Individuals eligible for SSI.
2. Working individuals that meet the SSI definition of disabled, are 16-64 years old, and have incomes of no more than 100% FPL.
3. Individuals residing in a nursing facility or ICF/MR with incomes up to 300% of the SSI benefit rate and who meet all other SSI requirements.

Medically Needy

Wyoming does not have a Medically Needy program.

Waiver Populations

Wyoming does not have an 1115 waiver.

Wyoming

Data revised via fax by State after July 2003

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 Wyoming Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Wyoming State plan that Washington 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 Psychiatric/substance abuse Care	<ul style="list-style-type: none"> Inpatient treatment for substance abuse is limited to detox and/or stabilization of acute conditions. Inpatient psychiatric admissions are limited to stabilization of acute conditions 	<ul style="list-style-type: none"> Beneficiaries may only receive mental health and substance abuse services that are therapeutically necessary. A beneficiary may be admitted to an inpatient psychiatric or residential treatment facility and a prior authorization from the Medicaid agency will be conducted to determine the medical necessity of admission. To qualify as an acute care admission, the beneficiary must have one or more of the following conditions: <ul style="list-style-type: none"> Suicide attempt Homicidal threats or other assaultive behavior indicating a threat to others. Gross dysfunction Child exhibiting bizarre or psychotic behaviors that cannot be contained or treated in an outpatient setting

Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Outpatient Hospital	<ul style="list-style-type: none"> Substance abuse and mental health services that would be covered if provided in another setting may be provided by an outpatient hospital. Services provided by outpatient ambulatory centers that provide medical care, which is preventive, diagnostic, therapeutic, rehabilitative, or palliative. 	<ul style="list-style-type: none"> Beneficiaries may receive outpatient psychiatric services when <ul style="list-style-type: none"> provided by a treatment team, which includes a physician, the services are part of an active treatment plan based on the beneficiary's need, and there is sufficient evidence that the treatment will be will be effective when provided in an outpatient setting Beneficiaries may receive no more than 12 outpatient visits per year without prior approval from the Medicaid agency.
Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)	Substance abuse and mental health services that are typically furnished in an office, including services provided by a <ul style="list-style-type: none"> physician, psychologist, or social worker. 	<ul style="list-style-type: none"> Services provided by an FQHC or RHC must meet the same criteria as those provided in any other setting

Wyoming

Data revised via fax by State after July 2003

Physician Services		
Service	Description	Coverage Requirements
Physician Services	<ul style="list-style-type: none"> Psychiatrists and other physicians may provide mental health and substance abuse services that are within their scope of practice, including <ul style="list-style-type: none"> Assessment Individual, group, and family therapy. Licensed psychologists, social workers, and counselors may provide services under a physician's direction, but all such services must be billed by the physician. 	<ul style="list-style-type: none"> The service must be within the physician's scope of practice All services provided by a physician must meet the same requirements as those provided in another setting. Beneficiaries may receive no more than 12 office visits per calendar year without prior authorization from the Medicaid agency.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21		
Service	Description	Coverage Requirements
Extended psychiatric care	Inpatient psychiatric care beyond that needed to stabilize an acute condition.	<ul style="list-style-type: none"> Service must be needed to ameliorate or treat a condition identified in an EPSDT screen The beneficiary must be under age 21 Extended attempts at community-based treatment must have been tried and failed Referrals for care must come from the child's primary physician during an acute hospital stay No beneficiary may receive extended psychiatric care without prior authorization from the Medicaid agency
Expanded EPSDT Services	<ul style="list-style-type: none"> Medical care, or any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law, including services provided by <ul style="list-style-type: none"> psychiatric nurse practitioners, psychologists, social workers. Services may be provided in a facility, home, or other setting 	<ul style="list-style-type: none"> Service must be needed to ameliorate or treat a condition identified in an EPSDT screen Only beneficiaries under 21 years of age qualify for EPSDT services. No beneficiary may receive expanded EPSDT services without prior authorization from the Medicaid agency

Wyoming

Data revised via fax by State after July 2003

Optional State Plan Services

Rehabilitative Services		
Service	Description	Coverage Requirements
Community mental health/substance abuse program services	<ul style="list-style-type: none"> • Services provided by a Medicaid-certified community mental health or substance abuse program, including: <ul style="list-style-type: none"> – Clinical assessment – Individual, group, and family therapy – medication administration and support services – Individual rehabilitation – Intensive individual rehabilitation/day treatment – Day treatment – Intensive child treatment – Case management • Beneficiaries cannot receive opiate treatment with methadone maintenance. 	<ul style="list-style-type: none"> • Services may only be provided as part of an approved, active individual plan of care • Services must be provided under the direction of a physician. • The service must be within the providing practitioner's scope of practice.
Psychologist	<p>Services provided by an independent licensed clinical psychologist, including:</p> <ul style="list-style-type: none"> • Clinical assessment • Office and community-based individual and family therapy • Group therapy 	<ul style="list-style-type: none"> • Services provided by a psychologist must meet the same coverage requirements as those provided by a physician. • The service must be within the psychologist's scope of practice as defined in State law.

Targeted Case Management		
Service	Description	Coverage Requirements
Targeted Case Management (TCM) for Mental Health	<ul style="list-style-type: none"> • An individual, non-medical service to assist beneficiaries to access all needed medical, social, educational, and other services. • Specific services may include: <ul style="list-style-type: none"> – Linkage – Monitoring and follow-up – Referral – Advocacy – Crisis Intervention 	<ul style="list-style-type: none"> • To qualify for services, a beneficiary must: <ul style="list-style-type: none"> – Be age 21 or older – have been diagnosed by a mental health professional with one of the following mental illnesses: <ul style="list-style-type: none"> ▪ Schizophrenia and Other Psychotic Disorders ▪ Major Depressive Disorders and Bipolar Disorders ▪ Substance Dependence Disorders – exhibit impaired role functioning, resulting solely from the mental disorder, in at least one of the following areas, continuously or episodically for at least one year: <ul style="list-style-type: none"> ▪ Inability to be self-supporting financially ▪ Inability to function independently in daily living activities ▪ Inability to exhibit appropriate social behavior • Beneficiaries who have the following mental disorders are not eligible for TCM <ul style="list-style-type: none"> – A sole diagnosis of mental retardation or other developmental disability – A sole diagnosis of a substance abuse

Wyoming

Data revised via fax by State after July 2003

Targeted Case Management		
Service	Description	Coverage Requirements
		disorder; and – Mental disorders, due to a medical condition, for which supervision and medication are the primary intervention needs.

SCHIP Medicaid Expansion Program

Wyoming does not have a Medicaid Expansion SCHIP Program.

Separate SCHIP Program

Who is Eligible for the Separate SCHIP Program?

The separate SCHIP program serves two groups of children.

1. Uninsured children from age 6-18 from families with incomes of 101%-133% FPL.

Families with children participating in this program pay an annual enrollment fee of \$200/family/year.

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

Benefits in Separate SCHIP programs must meet a benchmark selected by the State. Wyoming has elected, and the federal government has approved, the use of a benefit package that is identical to Medicaid coverage, as previously described.