

Public Sector Mental Health Coverage or Programs

Medicaid

Medicaid is a joint federal/state program that provides coverage for certain low-income Americans. Medicaid typically covers a broad array of community-based services. In fiscal year 2008, 46 percent of state mental health funding came from Medicaid.¹

Medicare

Medicare is a federal health plan for seniors and disabled adults under 65 who have received Social Security Disability Insurance (SSDI) benefits for 24 months or more. Medicare covers a limited array of mental health services. People with very low incomes may also qualify for Medicaid (dual-eligibles).

CHIP (Children's Health Insurance Program)

CHIP is a federal/state public health plan that covers low-income children. In some states, CHIP program enrollees receive the full range of the state's Medicaid mental health services. In other states, CHIP mental health benefits may be limited.

State and Local Community Mental Health Programs

State and local community mental health programs fund services for children, youth and adults who do not qualify for Medicaid and for non-Medicaid-billable services and supports for Medicaid enrollees, such as state hospital care.

Private Sector Mental Health Coverage

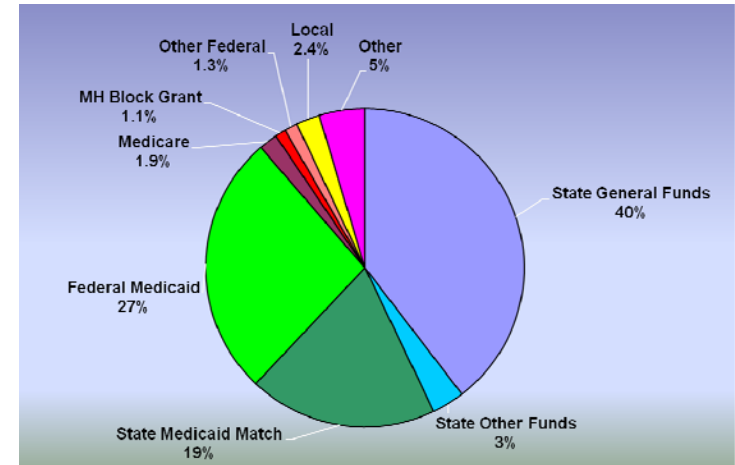
Individual and Group Health Plans

Private sector health plans offer widely ranging benefits. Mental health benefit and parity requirements, if any, vary significantly by plan type and size and by applicable state or federal regulations. Typically, private health plans offer a limited array of mental health services.

Federal Military Mental Health Coverage

TRICARE/Department of Defense Plans and VA Health Care Benefits

TRICARE and Department of Defense health plans resemble private sector health plans with a mental health benefit. VA health care provides a wider array of mental health services and supports.



SMHA-Controlled Revenues for Mental Health, FY 2008
NASMHPD Research Institute, Inc.

¹ Lutterman, Ted. (October 2010). *The Impact of the State Fiscal Crisis on State Mental Health Systems Fall 2010 Update*. NASMHPD Research Institute, Inc. http://www.nri-inc.org/reports_pubs/2010/ImpactOfStateFiscalCrisisOnMentalHealthSystems_Updated_12Feb11_NRI_Study.pdf. June 19, 2011.

Coverage for Care: Public Sector Mental Health Services and Supports

Type of Coverage	Eligibility	Subject to Parity	Mental Health Benefits	Consumer Assistance
<p>Medicaid (federal/state public health plan)</p> <p>State Medicaid plans may have a state-specific name, like <i>ForwardHealth</i>.</p>	<p>Medicaid plans provide coverage to low-income children and adults who meet eligibility criteria, which vary by state.</p> <p>Federal law requires states receiving federal funds to cover:</p> <ul style="list-style-type: none"> - Pregnant women and children under age 6 with family income below 133 percent of the federal poverty level (FPL); - Children age 6 to 18 below 100 percent of FPL; - Parents below state's July 1996 welfare eligibility level (often below 50 percent of FPL); and - Most elderly and disabled individuals who receive federal Supplemental Security Income (generally 75 percent of FPL). <p>In most states, eligibility levels for children are higher than minimum.</p>	<p>Medicaid managed care plans that offer mental health benefits are subject to federal parity law.</p> <p>Medicaid fee-for-service (FFS) plans are not subject to federal parity law.</p> <p>Outpatient mental health services are an <i>optional</i> Medicaid benefit for adults (required for children), but all states currently provide this benefit.</p>	<p>Medicaid plan mental health services vary by state and may vary within a state by plan.</p> <p>Medicaid generally covers...</p> <ul style="list-style-type: none"> ✓ Inpatient hospitalization ✓ Partial hospitalization ✓ Residential care ✓ Outpatient mental health ✓ Nonemergency transportation ✓ Case management ✓ Peer support services ✓ Crisis intervention ✓ Prescription drugs ✓ Long-term care ✓ Early Periodic Screening, Diagnosis and Treatment (EPSDT) services for children <p>Medicaid plans may cover additional services, such as psychosocial rehabilitative services, in-home and family support services and intensive interventions such as ACT and MST.</p> <p>By law (IMD exclusion), Medicaid does not cover state hospital or specialty psychiatric hospital care for adults ages 22-64.</p>	<p>State Medicaid Program Websites http://www.cms.gov/MedicaidEligibility/downloads/ListStateMedicaidWebsites.pdf</p> <p>National Disability Rights Network Protection and Advocacy for Individuals with Disabilities http://www.ndrn.org/</p> <p>2011 Annual Federal Poverty Guidelines http://www.familiesusa.org/resources/tools-for-advocates/guides/federal-poverty-guidelines.html</p>

What does the Affordable Care Act do for Medicaid?

- Increases access to Medicaid for all individuals up to 133 percent of the federal poverty level (FPL), including childless adults
- Newly eligible Medicaid enrollees will have coverage that includes mental health and addiction services, prescription drugs and rehabilitative services at parity, but may not include all traditional state Medicaid plan services

Coverage for Care: Public Sector Mental Health Services and Supports

Type of Coverage	Eligibility	Subject to Parity	Mental Health Benefits	Consumer Assistance
<p>Medicare (federal public health plan)</p>	<p>Medicare provides coverage to:</p> <ul style="list-style-type: none"> - People under 65 who have received Social Security Disability Insurance (SSDI) benefits for 24 months; - People age 65 or older; - People with end-stage renal disease; and - People with low incomes (generally 75 percent of FPL) and limited assets who are enrolled in Medicare may also be eligible for Medicaid coverage (dual eligibles). 	<p>Medicare is not subject to federal parity law.</p>	<p>Medicare covers...</p> <ul style="list-style-type: none"> ✓ Inpatient hospitalization ✓ Partial hospitalization ✓ Outpatient services with licensed mental health professionals ✓ Emergency care ✓ Prescription drugs under Medicare Part D <p>Medicare does not cover a broad range of community-based services for people with mental illness.</p> <p>50 percent co-pays for outpatient mental health; co-pays reduce to 20 percent by 2014.</p> <p>Deductible for inpatient psychiatric care and additional co-pays after 60 days; 190 day lifetime benefit.</p>	<p>1-800-MEDICARE or www.medicare.gov or Office of the Medicare Ombudsman http://www.medicare.gov/navigation/help-and-support/ombudsman.aspx</p> <p>Medicare-Medicaid Coordination Office (for dual eligibles) http://www.cms.gov/medicare-medicare-medicoid-coordination/</p>

What does the Affordable Care Act do for Medicare?

- Provides increasing discounts on prescriptions drugs in the Medicare plan with a goal of eliminating coverage gap by 2020

Coverage for Care: Public Sector Mental Health Services and Supports

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<p>CHIP Children's Health Insurance Program (federal/state public health plan)</p> <p>State CHIP plans may have a state-specific name, like <i>PeachCare for Kids</i>.</p>	<p>CHIP provides free or low-cost health coverage for children up to age 19. Eligibility varies by state.</p> <p>CHIP plans cover:</p> <ul style="list-style-type: none"> - Children under age 19 with family incomes up to 200 percent of the federal poverty level (FPL) in all states except AK, ID, ND and OK; and - Eligibility to 250 percent of FPL or greater in 25 states and DC. 	<p>CHIP plans are not required to cover mental health benefits.</p> <p>Plans that offer mental health benefits are subject to federal parity law.</p>	<p>CHIP plans with mental health benefits must cover the following services at parity <i>if</i> covered for other medical conditions...</p> <ul style="list-style-type: none"> ✓ Inpatient hospitalization ✓ Outpatient mental health treatment ✓ Emergency care ✓ Prescription drugs <p>Some CHIP plans may include additional mental health services or the full range of the state Medicaid plan's mental health services.</p> <p>States may set premiums and cost-sharing on a sliding scale.</p>	<p>1-877-KIDS NOW (1-877-543-7669) or www.insurekidsnow.gov (Select Programs in your State tab)</p> <p>2011 Annual Federal Poverty Guidelines http://www.familiesusa.org/resources/tools-for-advocates/guides/federal-poverty-guidelines.html</p>

What does the Affordable Care Act do for CHIP?

- Extends authorization of the CHIP program through FY 2015; plan for 23 percent increase in federal match rate from FY 2016 through 2019

Coverage for Care: Public Sector Mental Health Services and Supports

Type of Coverage	Eligibility	Subject to Parity	Mental Health Benefits	Consumer Assistance
<p>State and local community mental health programs</p>	<p>State and local community mental health program eligibility varies by state and by community.</p> <p>Typically, individuals who are uninsured and have high mental health needs are eligible, though services may be limited.</p> <p>Medicaid-enrolled individuals often receive supportive and other non-Medicaid-billable services from public mental health programs, such as state hospitalization or housing supports.</p>	<p>State and local community mental health programs are not subject to federal or state parity laws.</p>	<p>State and local community mental health program services vary by state and by community, depending on funding and local priorities.</p> <p>Public mental health programs often cover...</p> <ul style="list-style-type: none"> ✓ Inpatient hospitalization ✓ State hospitalization ✓ Partial hospitalization ✓ Residential care ✓ Outpatient mental health services ✓ Case management ✓ Peer support services ✓ Nonemergency transportation ✓ Income assistance ✓ Housing assistance ✓ Employment supports ✓ Crisis intervention services ✓ Prescription drugs <p>Public mental health programs often cover additional services, including psychosocial rehabilitative services, psycho-education, jail diversion, and intensive outpatient interventions such as ACT and MST.</p>	<p>NASMHPD State Mental Health Agencies http://www.nasmhpd.org/mental_health_resources.cfm#State</p> <p>SAMHSA Mental Health Services Locator http://store.samhsa.gov/mhlocator</p> <p>National Disability Rights Network Protection and Advocacy for Individuals with Disabilities http://www.ndrn.org/</p>

Coverage for Care: Private Sector Mental Health Services and Supports

Type of Coverage	Eligibility	Subject to Parity	Mental Health Benefits	Consumer Assistance
<p>Individual and Small Group (2-50 employees) Health Insurance Plans</p> <p>("Fully-insured" plans purchased from an insurance carrier)</p> <div data-bbox="254 824 726 1206" style="border: 1px solid black; border-radius: 15px; padding: 10px; margin: 10px 0;"> <p style="text-align: center;">What does the Affordable Care Act do for private health coverage?</p> <p style="text-align: center;">See page 8</p> </div>	<p>Fully-insured individual and small group health plans provide coverage based on plan eligibility requirements. Individuals and employers may be denied coverage or plan renewal in many states.</p> <p>Employer-sponsored insurance may have eligibility requirements for enrollment and/or a wait period.</p> <p>Employees with group health coverage cannot be denied coverage or charged more due to health status.</p>	<p>Fully-insured individual and small group health plans are not subject to federal parity law, but may be subject to state parity law.</p> <p>Note: Many state "parity" laws are limited in their protections.</p>	<p>Fully-insured individual and small group health plans may or may not be required to provide mental health benefits, depending on state law.</p> <p>Typically, plans with mental health coverage will cover some level of...</p> <ul style="list-style-type: none"> ✓ Inpatient hospitalization ✓ Partial hospitalization ✓ Outpatient mental health treatment ✓ Emergency care ✓ Prescription drugs <p>Mental health benefits, depending on state regulations, may be subject to different treatment or other limits, cost-sharing (e.g. deductibles), prior authorization requirements, etc., compared to coverage for other medical conditions.</p> <p>Individuals may be subject to exclusions or limits on coverage of pre-existing medical conditions and/or higher premiums.</p> <p>Employees with group health coverage may be subject to an exclusion period on pre-existing conditions at initial enrollment.</p>	<p>Consumer Assistance Programs http://www.healthcare.gov/law/provisions/cap/index.html</p> <p>State Insurance Division Websites http://www.naic.org/state_web_map.htm</p> <p>A Consumer Guide to Handling Disputes http://www.kff.org/consumerguide/7350.cfm</p> <p>State Parity Laws for Individual Health Insurance http://www.statehealthfacts.org/comparereport.jsp?rep=1&cat=7</p> <p>State Parity Laws for Small Group Health Insurance http://www.statehealthfacts.org/comparereport.jsp?rep=2&cat=7</p> <p>Mental Health Parity Watch (parity assistance and parity toolkit) www.mentalhealthparitywatch.org</p> <p>Patient's Bill of Rights http://www.healthcare.gov/law/provisions/billofright/patient_bill_of_rights.html</p>

Coverage for Care: Private Sector Mental Health Services and Supports

Type of Coverage	Eligibility	Subject to Parity	Mental Health Benefits	Consumer Assistance
<p>Large Group (51 or more employees) Health Insurance Plans ("Fully-insured" plans purchased from an insurance carrier)</p> <div data-bbox="136 727 606 1057" style="border: 1px solid black; border-radius: 15px; padding: 10px; margin: 10px 0;"> <p style="text-align: center;">What does the Affordable Care Act do for private health coverage?</p> <p style="text-align: center;">See page 8</p> </div>	<p>Fully-insured large group health plans provide coverage based on plan eligibility requirements.</p> <p>Employer-sponsored insurance may have eligibility requirements for enrollment and/or a wait period.</p> <p>Employees with group health coverage cannot be denied coverage or charged more due to health status.</p>	<p>Fully-insured large group health plans are subject to state parity regulations (subject to state law where plan originates; often, the location of company headquarters) <i>and</i> federal parity law.</p> <p>Federal law does not require plans to cover mental health benefits, but plans that do offer mental health benefits must meet federal parity requirements.</p>	<p>Fully-insured large group health plans may or may not be required to provide mental health benefits, depending on state law. Plans may determine which mental health diagnoses, if any, they will cover, unless state law specifies coverage.</p> <p>Plans that offer mental health benefits must cover the following services at parity <i>if</i> they cover these services for other medical conditions...</p> <ul style="list-style-type: none"> ✓ Inpatient hospitalization ✓ Partial hospitalization ✓ Outpatient mental health treatment ✓ Emergency care ✓ Prescription drugs <p>Plans may include additional mental health services.</p> <p>Plans with mental health benefits may not have financial requirements (e.g. deductibles) or treatment limits (e.g. number of visits) for mental health benefits that are more restrictive than "substantially all" medical/surgical benefits or separate requirements or limits solely for mental health benefits.</p> <p>Enrollees may be subject to an exclusion period on pre-existing conditions at initial enrollment.</p>	<p>US Department of Labor Employee Benefits Security Administration (EBSA) http://www.dol.gov/ebsa/consumer_info_health.html or 1-866-4-USA-DOL (1-866-487-2365)</p> <p>Consumer Assistance Programs http://www.healthcare.gov/law/provisions/cap/index.html</p> <p>State Insurance Division Websites (contact state insurance division where plan originates) http://www.naic.org/state_web_map.htm</p> <p>A Consumer Guide to Handling Disputes http://www.kff.org/consumerguide/7350.cfm</p> <p>Mental Health Parity Watch (parity assistance and parity toolkit) www.mentalhealthparitywatch.org</p> <p>Patient's Bill of Rights http://www.healthcare.gov/law/provisions/billofright/patient_bill_of_rights.html</p>

Coverage for Care: Private Sector Mental Health Services and Supports

Type of Coverage	Eligibility	Subject to Parity	Mental Health Benefits	Consumer Assistance
Self-Insured Small Group (2-50 employees) Health Plans ("Self-insured" employers bear risk for employee claims)	Self-insured small group health plans may have eligibility requirements for enrollment and/or a wait period. Employees with group health coverage cannot be denied coverage or charged more due to health status.	Self-insured small group health plans are not subject to federal parity law or state parity laws.	Self-insured small group health plans are not required to provide mental health benefits. Typically, plans with mental health coverage will cover some level of... ✓ Inpatient hospitalization ✓ Partial hospitalization ✓ Outpatient mental health treatment ✓ Emergency care ✓ Prescription drugs Mental health benefits, if offered, may be subject to different treatment or other limits, cost-sharing (e.g. deductibles), prior authorization requirements, etc., compared to coverage for other medical conditions. Enrollees may be subject to an exclusion period on pre-existing conditions at initial enrollment.	US Department of Labor Employee Benefits Security Administration (EBSA) http://www.dol.gov/ebsa/consumer_info_health.html or 1-866-4-USA-DOL (1-866-487-2365) Consumer Assistance Programs http://www.healthcare.gov/law/provisions/cap/index.html A Consumer Guide to Handling Disputes http://www.kff.org/consumerguide/7350.cfm Patient's Bill of Rights http://www.healthcare.gov/law/provisions/billofright/patient_bill_of_rights.html

What does the Affordable Care Act do for private health coverage?

- Allows plan enrollees to extend coverage to adult children until age 26¹
- In 2014...**
- Creates affordable individual and small business (up to 100 employees) group health plan marketplaces, or Exchanges
- Health plans offered through Exchanges will include an "essential health benefits" package with parity coverage of mental health, addictions and rehabilitative services
- Provides premium assistance to low to moderate income individuals purchasing insurance through Exchanges
- Insurers must accept every individual and employer for coverage (guaranteed issue) and guarantee renewability of plan
- Plans may not charge higher premiums based on pre-existing conditions, health status or gender (community rating)
- Prohibits annual limits for individual and group plans for essential health benefits²
- Insurers may not deny coverage or exclude essential benefits due to a pre-existing condition
- Establishes requirements for internal appeals process and independent external review process for claim denials³

To view more patient protections, visit www.healthcare.gov.

¹ Grandfathered group plans that existed on March 23, 2010 do not have to comply if an adult child is eligible for other group coverage. In 2014, all plans must allow dependent coverage of young adults to age 26.

² Does not apply to grandfathered individual plans that existed on March 23, 2010. Phases out annual limits on grandfathered group plans; in 2014, no group plans may have annual limits.

³ Does not apply to grandfathered individual and group plans that existed on March 23, 2010.

Coverage for Care: Private Sector Mental Health Services and Supports

Type of Coverage	Eligibility	Subject to Parity	Mental Health Benefits	Consumer Assistance
<p>Self-Insured Large Group (51 or more employees) Health Plans ("Self-insured" employers bear risk for employee claims)</p> <div data-bbox="289 803 758 1187" style="border: 1px solid black; border-radius: 15px; padding: 10px; margin-top: 20px;"> <p style="text-align: center;">What does the Affordable Care Act do for private health coverage?</p> <p style="text-align: center;">See page 8</p> </div>	<p>Self-insured large group health plans may have eligibility requirements for enrollment and/or a wait period.</p> <p>Employees with group health coverage cannot be denied coverage or charged more due to health status.</p>	<p>Self-insured large group health plans are subject to federal parity law, but not state parity laws.</p> <p>Federal law does not require plans to cover mental health benefits, but plans that do offer mental health benefits must meet federal parity requirements.</p>	<p>Self-insured large group health plans may determine which mental health diagnoses, if any, they will cover.</p> <p>Plans that offer mental health benefits must provide the following services for covered diagnoses at parity if they cover these services for other medical conditions...</p> <ul style="list-style-type: none"> ✓ Inpatient hospitalization ✓ Outpatient mental health treatment ✓ Emergency care ✓ Prescription drugs <p>Plans may include additional mental health services.</p> <p>Plans with mental health benefits may not have financial requirements (e.g. deductibles) or treatment limits (e.g. number of visits) for mental health benefits that are more restrictive than "substantially all" medical/surgical benefits or separate requirements or limits solely for mental health benefits.</p> <p>Enrollees may be subject to an exclusion period on pre-existing conditions at initial enrollment.</p>	<p>US Department of Labor Employee Benefits Security Administration (EBSA) http://www.dol.gov/ebsa/consumer_info_health.html</p> <p>or</p> <p>1-866-4-USA-DOL (1-866-487-2365)</p> <p>Consumer Assistance Programs http://www.healthcare.gov/law/provisions/cap/index.html</p> <p>A Consumer Guide to Handling Disputes http://www.kff.org/consumerguide/7350.cfm</p> <p>Mental Health Parity Watch (parity assistance and parity toolkit) www.mentalhealthparitywatch.org</p> <p>Patient's Bill of Rights http://www.healthcare.gov/law/provisions/billofright/patient_bill_of_rights.html</p>

Coverage for Care: Private Sector Mental Health Services and Supports

Type of Coverage	Eligibility	Subject to Parity	Mental Health Benefits	Consumer Assistance
<p>Self-funded non-federal government health plans (State and local government plans)</p>	<p>Self-insured non-federal government health plans may have eligibility requirements for enrollment and/or a wait period.</p> <p>Employees with group health coverage cannot be denied coverage or charged more due to health status.</p>	<p>Self-insured non-federal government health plans are subject to federal parity law, unless they <i>opt out</i> of this requirement.</p> <p>Federal law does not require plans to cover mental health benefits, but plans that do offer mental health benefits must meet federal parity requirements.</p>	<p>Self-funded non-federal government health plans may determine which mental health diagnoses, if any, they will cover.</p> <p>Plans that offer mental health benefits (and have not opted out of federal parity) must provide the following services for covered diagnoses at parity if they cover these services for other medical conditions...</p> <ul style="list-style-type: none"> ✓ Inpatient hospitalization ✓ Outpatient mental health treatment ✓ Emergency care ✓ Prescription drugs <p>Plans may include additional mental health services.</p> <p>Plans with mental health benefits that have <i>not opted out</i> of parity may not have financial requirements (e.g. deductibles) or treatment limits (e.g. number of visits) for mental health benefits that are more restrictive than "substantially all" medical/surgical benefits or separate requirements or limits solely for mental health benefits.</p> <p>Enrollees may be subject to an exclusion period on pre-existing conditions at initial enrollment.</p>	<p>The Center for Consumer Information & Insurance Oversight (OCCIIO) http://cciio.cms.gov/programs/marketreforms/nonfedgovplans/index.html or 1-877-267-2323</p> <p>Consumer Assistance Programs http://www.healthcare.gov/law/provisions/cap/index.html</p> <p>A Consumer Guide to Handling Disputes http://www.kff.org/consumerguide/7350.cfm</p> <p>Mental Health Parity Watch (parity assistance and parity toolkit) www.mentalhealthparitywatch.org</p> <p>Patient's Bill of Rights http://www.healthcare.gov/law/provisions/billofright/patient_bill_of_rights.html</p>

What does the Affordable Care Act do for private health coverage?

See page 8

Coverage for Care: Federal Military Mental Health Services and Supports

Type of Coverage	Eligibility	Subject to Parity	Mental Health Benefits	Consumer Assistance
TRICARE /U.S. Department of Defense Plans (federal health plan)	<p>TRICARE provides health coverage for active duty service members, National Guard or Reserve members, retirees and family members.</p> <p>For specific eligibility requirements, visit www.tricare.mil.</p>	<p>TRICARE is not subject to federal parity law.</p>	<p>TRICARE covers the following...</p> <ul style="list-style-type: none"> ✓ Inpatient hospitalization ✓ Partial hospitalization ✓ Outpatient mental health treatment ✓ Psychiatric residential treatment (children and youth) ✓ Emergency care ✓ Prescription drugs <p>Inpatient hospitalization covers up to 30-45 days per admission or fiscal year; partial hospitalization covered up to 60 days per fiscal year.</p>	<p>TRICARE http://www.tricare.mil/</p> <p>TRICARE Mental Health http://tricare.mil/mybenefit/home/MentalHealthAndBehavior/GettingHelp?</p> <p>Military Pathways Online Mental Health Screening https://www.militarymentalhealth.org/Welcome.aspx</p>
Type of Coverage	Eligibility	Subject to Parity	Mental Health Benefits	Consumer Assistance
U.S. Department of Veterans Affairs (VA) Health Care Benefits (federal health plan)	<p>VA Health Care provides coverage for certain active service members who were honorably discharged or released and certain Reservist or National Guard members called up for active duty by Federal Order and who meet other eligibility requirements.</p> <p>For specific eligibility requirements, visit www.va.gov/healtheligibility.</p>	<p>VA Health Care is not subject to federal parity law.</p>	<p>VA Health Care provides...</p> <ul style="list-style-type: none"> ✓ Inpatient hospitalization ✓ Outpatient mental health treatment ✓ Residential psychiatric rehabilitation treatment ✓ Psychosocial rehabilitation services ✓ Intensive case management ✓ Emergency care ✓ Prescription drugs ✓ Supported Employment <p>Not all services are available at all locations.</p>	<p>1-877-222-VETS (1-877-222-8387)</p> <p>or www.va.gov/healtheligibility</p> <p>Department of Veterans Affairs Mental Health http://www.mentalhealth.va.gov/</p> <p>Military Pathways Online Mental Health Screening (anonymous) https://www.militarymentalhealth.org/Welcome.aspx</p> <p>or 1 (877) 877-3647</p>