
Table of Contents

State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-20-0023

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) State Plan Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

December 23, 2022

Michael Randol
State Medicaid and CHIP Director
Montana Department of Public Health and Human Services
Post Office Box 4210
Helena, MT 59620

Dear Mr. Randol:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA), MT-20-0023, received on June 29, 2020, with additional information received on December 21, 2022, has been approved. Through this SPA, Montana has demonstrated compliance with section 5022 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act. This SPA has an effective date of October 24, 2019, except as otherwise noted below.

Section 5022 of the SUPPORT Act added Section 2103(c)(5) to the Social Security Act (the Act) and requires child health and pregnancy related assistance to include coverage of services necessary to prevent, diagnose, and treat a broad range of behavioral health symptoms and disorders. As part of this SPA, effective November 1, 2020, Montana encourages use of and provides reimbursement for the Child and Adolescent Service Intensity Instrument (CASII), a validated assessment tool used to evaluate a child's behavioral health needs. Montana will also be adding mobile crisis response services to the CHIP state plan effective January 1, 2023.

Additionally, Section 2103(c)(5)(B) of the Act requires that these behavioral health services be delivered in a culturally and linguistically appropriate manner. Montana demonstrated compliance by providing the necessary assurances and benefit descriptions that the state covers a range of behavioral health services in a culturally and linguistically appropriate manner.

Your Project Officer is Ms. Joyce Jordan. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Jordan's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
Mail Stop: S2-01-16
7500 Security Boulevard
Baltimore, MD 21244-1850
E-mail: Joyce.Jordan@cms.hhs.gov

Page 2 – Mr. Michael Randol

If you have additional questions, please contact Meg Barry, Division Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed by Sarah deLone/

Sarah deLone
Director

Montana CHIP Support Act State Plan Amendment
12/20/2022

State/Territory: Montana

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b)) _____
(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children’s Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: Michael Randol	Position/Title: Medicaid and Health Services Executive Director/ State Medicaid Director
Name: Darci Wiebe	Position/Title: Division Administrator, Health Resources Division Department of Public Health and Human Services

1.4. Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

SPA MT 20-0023

Purpose of SPA: This SPA affirms the Montana CHIP Program fulfills the requirements of the federal SUPPORT Act and covers: comprehensive behavioral health services in a culturally and linguistically appropriate manner; developmental and behavioral screens in accordance with the American Academy of Pediatrics Bright Futures guidelines and the A and B rated screens within the guidelines of the United States Preventive Services Task Force; Validated clinical assessment tools for members experiencing behavioral issues are covered effective 11/01/2020. The Montana CHIP program covers Medication Assisted Treatment for opioid use disorder and tobacco cessation treatment effective 10/1/2019. The program also added SUD criteria to the CBPRS benefit effective 10/01/2022, and will provide mobile crisis response services effective 01/01/2023.

Proposed effective date: 10/24/2019

Proposed implementation date: 10/24/2019

- 1.4- TC Tribal Consultation** (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.
The Tribal Consultation was done by letter as there were no in person tribal meetings due to COVID.

TN No: 20-0023 Approval Date Effective Date: May 22, 2020.

- 6.2.** The State elects to provide the following forms of coverage to children: (Check all that apply. If an item is checked, describe the coverage with respect to the amount, duration and scope of services covered, as well as any exclusions or limitations) (Section 2110(a)) (42CFR 457.490)

6.2.6. Prescription drugs (Section 2110(a)(6))
Montana CHIP pharmacy benefit mirrors the Montana Medicaid pharmacy benefit.

6.2.7. Over-the-counter medications (Section 2110(a)(7))
Montana CHIP pharmacy benefit mirrors the Montana Medicaid pharmacy benefit.

6.2-BH Behavioral Health Coverage Section 2103(c)(5) requires that states provide coverage to prevent, diagnose, and treat a broad range of mental health and substance use disorders in a culturally and linguistically appropriate manner for all CHIP enrollees, including pregnant women and unborn children.

Guidance: Please attach a copy of the state's periodicity schedule. For pregnancy-related coverage, please describe the recommendations being followed for those services.

6.2.1- BH Periodicity Schedule The state has adopted the following periodicity schedule for behavioral health screenings and assessments. Please specify any differences between any covered CHIP populations: The periodicity schedule is appended to SPA 20-0023.

- State-developed schedule
- American Academy of Pediatrics/ Bright Futures
- Other Nationally recognized periodicity schedule (please specify: _____)
- Other (please describe: _____)

6.3- BH Covered Benefits Please check off the behavioral health services that are provided to the state's CHIP populations, and provide a description of the amount, duration, and scope of each benefit. For each benefit, please also indicate whether the benefit is available for mental health and/or substance use disorders. If there are differences in benefits based on the population or type of condition being treated, please specify those differences.

If EPSDT is provided, as described at Section 6.2.22 and 6.2.22.1, the state should only check off the applicable benefits. It does not have to provide additional information regarding the amount, duration, and scope of each covered behavioral health benefit.

Guidance: Please include a description of the services provided in addition to the behavioral health screenings and assessments described in the assurance below at 6.3.1.1-BH.

6.3.1- BH Behavioral health screenings and assessments. (Section 2103(c)(6)(A))

6.3.1.1- BH The state assures that all developmental and behavioral health recommendations outlined in the AAP Bright Futures periodicity schedule and United States Public Preventive Services Task Force (USPSTF) recommendations graded as A and B are covered as a part of the CHIP benefit package, as appropriate for the covered populations.

Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools in primary care practice, providing education, training, and technical resources, and covering the costs of administering or purchasing the tools.

6.3.1.2- BH The state assures that it will implement a strategy to facilitate the use of age-appropriate validated behavioral health screening tools in primary care settings. Please describe how the state will facilitate the use of validated screening tools.

The screening is currently reimbursed and Healthy Montana Kids will promote the use and billing of the screening in the third-party administrator provider newsletter. In addition, the Department will conduct annual trainings for Medicaid and CHIP pediatric medical and mental health providers, recommending the use of behavioral health screenings and screening tools.

6.3.2- BH Outpatient services (Sections 2110(a)(11) and 2110(a)(19))

Guidance: Psychosocial treatment includes services such as psychotherapy, group therapy, family therapy and other types of counseling services.

6.3.2.1- BH Psychosocial treatment
Provided for: Mental Health Substance Use Disorder

Outpatient psychotherapy is covered without limit for all members.

6.3.2.2- BH Tobacco cessation
Provided for: Substance Use Disorder

Tobacco cessation counseling provided by a dental professional, physician, mid-level practitioner, licensed clinical social worker, licensed professional counselor, chemical dependency clinic, mental health center, or public health clinic is covered. There are no limits on the counseling. All FDA approved tobacco cessation medications are covered by Montana Medicaid, but non-preferred medications are subject to prior authorization requirements.

Guidance: In order to provide a benefit package consistent with section 2103(c)(5) of the Act, MAT benefits are required for the treatment of opioid use disorders. However, if the state provides MAT for other SUD conditions, please include a description of those benefits below at section 6.3.2.3- BH.

6.3.2.3- BH Medication Assisted Treatment
Provided for: Substance Use Disorder

6.3.2.3.1- BH Opioid Use Disorder
Medication assisted treatment (MAT) is provided as a combination of the use of medications approved by the US Food and Drug Administration (FDA), in combination with behavioral therapies and support services, to provide a whole-patient, patient-centered approach to the treatment of alcohol and opioid use disorders.

6.3.2.3.2- BH Alcohol Use Disorder

6.3.2.3.3- BH Other

6.3.2.4- BH Peer Support
Provided for: Mental Health Substance Use Disorder

Peer support for both alcohol and opioid use disorder is available in Federally Qualified Health Centers and Rural Health Clinics through the Outpatient Prospective Payment benefit starting at age 18. This service is limited only by medical necessity. Under the supervision of a licensed mental health professional a certified peer support specialist provides face-to-face and one-to-one services to the member to promote positive coping skills through mentoring and other activities that assist a member with a severe disabling mental illness diagnosis to achieve their goals for personal wellness and recovery.

6.3.2.5- BH Caregiver Support
Provided for: Mental Health Substance Use Disorder

This is not a separate benefit but is comprised of other covered benefits. Home Support, the intensive in-home service, is a service available to the entire family. Also, caregivers have access to family outpatient therapy and sessions without the HMK member to discuss the member's issues. The third party administrator care managers can work directly with caregivers to help arrange aspects of needed care. These services are limited only by medical necessity. Home Support is currently only available for children with SED.

6.3.2.6- BH Respite Care
Provided for: Mental Health Substance Use Disorder

Respite care services are temporary short-term relief services that allow family members who are regular care givers of a youth with a severe emotional disturbance (SED) to be relieved of their care giver responsibilities. This service is provided by a mental health center, and care giver must be a mental health center employee or therapeutic foster parent. The care giver must be physically and mentally qualified to provide this service to the youth; aware of emergency assistance systems and crisis plans; knowledgeable of the physical and mental conditions of the youth, knowledgeable of the safety, risks, and proper administration or supervision of medications the youth requires, and capable of administering basic first aid. This service is limited only by medical necessity.

6.3.2.7- BH Intensive in-home services
Provided for: Mental Health Substance Use Disorder

Home Support is available from mental health centers for children with a SED. The services include functional assessment of the youth and family system, crisis planning and response, and behavioral coaching for youth and family. Services are limited only by medical necessity.

6.3.2.8- BH Intensive outpatient
Provided for: Mental Health Substance Use Disorder

Therapeutic group home (TGH) services are covered when medically necessary. Within the TGH a child receives therapy and therapeutic interventions with the following goals: reducing the impairment of the youth's mental disability and improving the youth's functional level, alleviating the emotional disturbance, reversing or changing the maladaptive patterns of behavior, and encouraging personal growth and development. Each youth receives 75 minutes of therapy and 75 minutes of therapeutic intervention services per week. Family therapy must also be provided. These services are limited only by medical necessity.

Outside of TGH services, the other intensive outpatient services are made up of the home and community-based services of home support, community based psychiatric rehabilitation and support (CBPRS), day treatment, partial hospitalization, and unlimited outpatient therapy. All services other than outpatient therapy require authorization and are limited only by medical necessity. Home support is not currently available for substance use disorder.

6.3.2.9- BH Psychosocial rehabilitation
Provided for: Mental Health Substance Use Disorder

Community based psychiatric rehabilitation and support is available through mental health centers for children with a severe emotional disturbance (SED). This service is available either individually or in a group and consists of behavioral management and stabilization services provided in home, school, or community settings. This service is available using a behavioral technician and is provided as part of a child's complete treatment plan. Services are provided by a non-licensed technician in a community setting under the supervision of a licensed mental health professional and consists of behavioral management in an individual or group setting and stabilization services. The service is limited only by medical necessity.

Guidance: If the state considers day treatment and partial hospitalization to be the same benefit, please indicate that in the benefit description. If there are differences between these benefits, such as the staffing or intensity of the setting, please specify those in the description of the benefit's amount, duration, and scope.

6.3.3- BH Day Treatment
Provided for: Mental Health Substance Use Disorder

Day treatment consists of mental health services provided in a specialized classroom not located at a school. Treatment includes psychotherapy, social and life skills training, and therapeutic recreation services. This service is provided to children with a severe emotional disturbance and is limited only by medical necessity.

6.3.3.1- BH Partial Hospitalization
Provided for: Mental Health Substance Use Disorder

Mental Health Partial hospitalization is an active treatment program operated by a hospital or mental health center that offers therapeutically intensive, coordinated, structured clinical services provided only to youth who are determined to have a serious emotional disturbance and is limited only by medical necessity. SUD partial hospitalization is also available for children with a SUD and provide services in a chemical dependency center or residential treatment facility. Therapeutic and behavioral interventions are provided to address the SUD in a structured setting to improve the member's successful functioning in home and community settings. These services are provided using ASAM 2.5 guidelines. Some facilities that have an interdisciplinary team may provide a combination of the types of services.

6.3.4- BH Inpatient services, including services furnished in a state-operated mental hospital and including residential or other 24-hour therapeutically planned structural services (Sections 2110(a)(10) and 2110(a)(18))
Provided for: Mental Health Substance Use Disorder

Children are covered for inpatient services if they are a danger to self or others with continued acuity of risk that cannot be appropriately treated in a less restrictive level of care. Children may also be treated in an inpatient setting to stabilize psychiatric medications. Children who no longer meet the inpatient medical guidelines can be stepped

down to a therapeutic group home or community therapy or transferred to a residential treatment facility. This service is limited only by medical necessity.

Guidance: If applicable, please clarify any differences within the residential treatment benefit (e.g. intensity of services, provider types, or settings in which the residential treatment services are provided).

6.3.4.1- BH Residential Treatment
Provided for: Mental Health Substance Use Disorder

Residential treatment is available for youths who require intensive care review and intervention and have following conditions: need for adjustment of psychotropic medication; need for medical supervision around the clock to protect the safety of self and others; lack of improvement in lower levels of care; the residential care is expected to improve youth's condition; and youth is in danger of readmission within 30 days. This service is limited only by medical necessity.

6.3.4.2- BH Detoxification
Provided for: Substance Use Disorder

Detoxification services are covered in conjunction with inpatient hospitalization and residential treatment services. This service is limited only by medical necessity. Detoxification services include supervised withdrawal from medication, lab tests, administration of supportive medication, and other medically supportive care.

Guidance: Crisis intervention and stabilization could include services such as mobile crisis, or short term residential or other facility-based services in order to avoid inpatient hospitalization.

6.3.5- BH Emergency services
Provided for: Mental Health Substance Use Disorder

Emergency services are provided to protect a child until an appropriate referral to another service can be made. Services could include stabilization, detoxification, medical support, and evaluation for transfer to site of appropriate care.

6.3.5.1- BH Crisis Intervention and Stabilization
Provided for: Mental Health Substance Use Disorder

Mental health centers can provide Home Support, Community Based Psychiatric Rehabilitation and Support (CBPRS), therapeutic group home services, and outpatient therapy to prevent higher levels of care. The CHIP program is coordinating with the Behavioral Health and Developmental Disabilities Division to implement a Mobile Crisis Response Services benefit for HMK. Mobile Crisis Response Services provide integrated, short-term crisis response, stabilization, and intervention for members experiencing a mental health or substance use crisis in the community. Mobile Crisis Response Services will provide a service that is a mobile, on-site therapeutic response to

a member experiencing a behavioral health crisis for the purpose of identifying, assessing, treating, and stabilizing the situation and reducing immediate risk of danger to the member or others. This benefit is estimated to be effective January 1, 2023. The Home Support benefit provides services to children and their families as needed. These services are provided outside of standard office hours in a community setting, usually at the child's home. CBPRS also offers stabilization services. These services are limited only by medical necessity. Home support is only available for a mental health diagnosis.

6.3.6- BH Continuing care services
Provided for: Mental Health Substance Use Disorder

6.3.7- BH Care Coordination
Provided for: Mental Health Substance Use Disorder

The third-party administrator (TPAs) provides case management and care coordination for all members with acute and chronic conditions requiring more intensive assistance. The TPA does not solely direct the child's care, but it does so in conjunction with other providers. The progress is monitored by a determination that the service can continue as a child still has medical needs. TPAs also provide utilization review to ensure that either the child still meets medical criteria to receive a service or a child is making progress in a facility. The TPA can also collaborate on a plan of care in conjunction with the child's mental health provider, facility, or family. The third-party administrator also assists members and providers in locating covered services, finding placement in facilities if there are not any in-network services available, arranging travel arrangements and assistance, negotiating single case agreements with out of network facilities, and helping members apply for state supplied funds for room and board in TGH's.

6.3.7.1- BH Intensive wraparound
Provided for: Mental Health Substance Use Disorder

6.3.7.2- BH Care transition services
Provided for: Mental Health Substance Use Disorder

As a child transitions either to a higher level of care or steps down from hospitalization the transitions are a team effort. Providers who feel a child needs a higher level of care will refer a child for that care. The receiving facility in conjunction with the utilization and mental health care management departments of the third party administrator will arrange the child's placement in that facility and negotiate a single case agreement if necessary. The third party administrator care management department can also assist with transportation if needed. As a child steps down from residential treatment, the treatment facility discharge planners in conjunction with the third party administrator care management team can find a TGH placement if needed or refer child to other intensive community based treatment.

6.3.8- BH Case Management
Provided for: Mental Health Substance Use Disorder

6.3.9- BH Other
Provided for: Mental Health Substance Use Disorder

6.4- BH Assessment Tools

6.4.1- BH Please specify or describe all of the tool(s) required by the state and/or each managed care entity:

ASAM Criteria (American Society Addiction Medicine)
 Mental Health Substance Use Disorders

InterQual
 Mental Health Substance Use Disorders

MCG Care Guidelines
 Mental Health Substance Use Disorders

CALOCUS/LOCUS (Child and Adolescent Level of Care Utilization System)
 Mental Health Substance Use Disorders

CASII (Child and Adolescent Service Intensity Instrument)
 Mental Health Substance Use Disorders

CANS (Child and Adolescent Needs and Strengths)
 Mental Health Substance Use Disorders

State-specific criteria (e.g. state law or policies) (please describe)
 Mental Health Substance Use Disorders

Montana CHIP program uses the Montana Medicaid Program definition of services not normally covered by commercial insurance. These criteria are adopted by reference in Montana Administrative Rules. Definitions used include serious emotional disturbance (SED), home support, day treatment, therapeutic group home services, and community based psychiatric rehabilitation and support.

Plan-specific criteria (please describe)
 Mental Health Substance Use Disorders

Montana's third-party administrator uses criteria created by the National Blue Cross and Blue Shield Association which uses input from many national standards. Medical Policies are based on research that provides evidence of scientific merit for a particular medical

technology. Technology determinations used in Medical Policies are based in part on criteria developed by the Blue Cross Blue Shield Association's Technology Evaluation Center (TEC). They are also based on data from the peer-reviewed scientific literature, from criteria developed by specialty societies and from guidelines adopted by other health care organizations.

Other (please describe)
 Mental Health Substance Use Disorders

No specific criteria or tools are required
 Mental Health Substance Use Disorders

Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools to determine possible treatments or plans of care, providing education, training, and technical resources, and covering the costs of administering or purchasing the assessment tools.

6.4.2- BH Please describe the state's strategy to facilitate the use of validated assessment tools for the treatment of behavioral health conditions.

The CASII tool has been chosen, promoted, and reimbursed by Montana CHIP, Medicaid and Family Services, however, providers may also use other validated behavioral health assessment tools. The reimbursement rate is intended to be sufficient to certify providers, purchase the tool, and encourage use of the tool. In addition, the Department will conduct annual trainings for Medicaid and CHIP pediatric medical and mental health providers, recommending the use of behavioral health screenings and screening tools.

6.2.5- BH Covered Benefits The State assures the following related to the provision of behavioral health benefits in CHIP:

All behavioral health benefits are provided in a culturally and linguistically appropriate manner consistent with the requirements of section 2103(c)(6), regardless of delivery system.

The state will provide all behavioral health benefits consistent with 42 CFR 457.495 to ensure there are procedures in place to access covered services as well as appropriate and timely treatment and monitoring of children with chronic, complex or serious conditions.

9.10. Provide a 1-year projected budget. A suggested financial form for the budget is below. The budget must describe: (Section 2107(d)) (42CFR 457.140)

CHIP Budget

STATE: Montana	FFY Budget
Federal Fiscal Year	2020
State's enhanced FMAP rate	85.278%
Benefit Costs	
Insurance payments	
Managed care	
<u>per member/per month rate</u>	\$ 298.08
Fee for Service	
Total Benefit Costs	\$ 99,142,624
(Offsetting beneficiary cost sharing payments)	
Net Benefit Costs	\$ 99,142,624
Cost of Proposed SPA Changes – Benefit	\$ 70,000
Administration Costs	
Personnel	\$ 184,451
General administration	\$ 1,640
Contractors/Brokers	
Claims Processing	\$ 1,675,893
Outreach/marketing costs	
Health Services Initiatives	
Other (Indirect)	\$ 3,846,641
Total Administration Costs	\$ 5,708,625
10% Administrative Cap	\$ 11,015,847
Cost of Proposed SPA Changes	\$ 70,000
Federal Share	\$ 89,415,048
State Share	\$ 15,436,201
Total Costs of Approved CHIP Plan	\$ 104,851,249

The Source of State Share Funds: Tobacco settlement funds.