
Table of Contents

State/Territory Name: Montana

State Plan Amendment (SPA) #: 13-013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Denver Regional Office
1961 Stout Street, Room 08-148
Denver, CO 80294



REGION VIII - DENVER

October 11, 2018

Marie Matthews, Medicaid & CHIP Director
Montana Department of Public Health & Human Services
P.O. Box 4210
Helena, MT 59604

Dear Ms. Matthews:

We have approved the State Plan Amendment (SPA) submitted under transmittal number MT-13-013. The amendment comprehensively describes Rehabilitative services in the state plan, including the practitioners furnishing the services, the practitioner qualifications for each service, and the reimbursement methodology for each service. In addition, the SPA removes mental health from services provided by and the reimbursement methodology for clinics.

Please be informed that this State Plan Amendment was approved October 9, 2018, with an effective date of February 8, 2013. We are enclosing the summary page and the amended plan page(s).

In order to track expenditures associated with this amendment, Montana should follow the CMS-64 reporting instructions outlined in Section 2500 of the State Medicaid Manual (SMM). For those individuals whose expenditures qualify for the newly eligible federal medical assistance percentage, report on the Form CMS-64.9 VIII and those not enrolled in the new adult group, claims should be reported on the Form CMS-64.9.

For Other Rehabilitative services, the expenditures should be reported on: Line 40 – Rehabilitative Services.


If you have any questions regarding this SPA please contact Barbara Prehmus at (303) 844-7472.

Sincerely,

A solid black rectangular box used to redact the signature of Richard C. Allen.

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Sheila Hogan, Department Director
Mary Eve Kulawik

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 13-013	2. STATE Montana
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 2/8/13	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Social Security Act 1905(a)(13) 42 CFR 440.130(d)		7. FEDERAL BUDGET IMPACT: Clinic: a. FFY 13 (8mo): \$0.00 b. FFY 14 (12mo): \$0.00 c. FFY 15 (4mo): \$0.00 Other Rehabilitative Services: a. FFY 13 Total (8mo): \$105,683 Direct Care Wage: \$39,580 Provider Rate Increase: \$66,103 b. FFY 14 Total (12mo): \$388,665 Direct Care Wage: \$47,768 Provider Rate Increase: \$340,897 c. FFY 15 Total (4mo): \$224,278 Direct Care Wage: \$36,708 Provider Rate Increase: \$187,570	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1A, Clinic Services, Service 9, Pages 1 & 2 of 2 Supplement to Attachment 3.1B, Clinic Services, Service 9, Pages 1 & 2 of 2 Attachment 4.19B, Clinic Services, Service 9, Page 1 of 1 Supplement to Attachment 3.1A, Service 13d, Other Rehabilitative Services, Page 1 to 34 of 34 Supplement to Attachment 3.1B, Service 13d, Other Rehabilitative Services, Page 1 to 34 of 34 Attachment 4.19B, Other Rehabilitation Services, Methods and Standards for Establishing Payment Rates, Service - 13 D, Pages 1 to 17 of 17		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement to Attachment 3.1A, Clinic Services, Service 9, Pages 1 & 2 of 2 Supplement to Attachment 3.1B, Clinic Services, Service 9, Pages 1 & 2 of 2 Attachment 4.19B, Clinic Services, Service 9, Pages 1 & 2 of 2 Supplement to Attachment 3.1A, Service 13d, Other Rehabilitative Services, Pages 1 to 1 of 1 Supplement to Attachment 3.1B, Service 13d, Other Rehabilitative Services, Page 1 to 1 of 1 Attachment 4.19B, Other Rehabilitation Services, Methods and Standards for Establishing Payment Rates, Service - 13 D, Pages 1 to 2 of 2	
10. SUBJECT OF AMENDMENT: Moves mental health services from the Clinic plan pages to a separate Other Rehabilitative Services State Plan. Provides greater detail for Other Rehabilitative Services and reimbursement methodologies and adds reimbursement for Direct Care Wage supplemental payments. Updates the fee schedule dates to reflect the legislatively approved rate increases that took place from February 2013 to through December 2017 and the legislatively approved rate decrease that took place January 2018.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Single Agency Director Review.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Montana Dept. of Public Health and Human Services Marie Matthews, State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210 Helena, MT 59604	
13. TYPED NAME: Marie Matthews			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: Resubmitted 10/3/18 Original submittal 3/25/13			

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 03/25/2013

18. DATE APPROVED: 10/09/2018

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
02/08/2013

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Richard C. Allen

22. TITLE: ARA, DMCHO

23. REMARKS:

MONTANA

The following limitations apply to clinic Services:

1. Clinics covered by title XIX are:
 - a. Diagnostic and evaluation services
 - b. Outpatient surgical services
 - c. Public health services
 - d. Free-standing dialysis centers/clinics

Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. I Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
3. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

MONTANA

Outpatient surgical services performed at Ambulatory Surgical Centers (ASC) must be:

1. provided by a distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization;
2. furnished to outpatients;
3. furnished by a facility that meets the requirements in sections 42 CFR 416.25 through 416.54; and
4. recognized under State law.

Covered surgical procedures may be less than or exceed a total of 90 minutes operating time and a total 4 hours recovery if covered surgical procedures are:

1. Commonly performed on an outpatient basis;
2. not of a type that are commonly or safely performed in a physician's office;
3. limited to those requiring a dedicated operating room and generally a post-operative recovery room or short-term (not overnight) convalescent room.

MONTANA

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3. limited to those requiring a dedicated operating room and generally a post-operative recovery room or short-term (not overnight) convalescent room.

MONTANA

The following are used for establishing reimbursement rates for Clinic Services:

- I. Reimbursement methodology for ambulatory surgical centers (ASC's) is based on the method of establishing ASC rates for Medicare as published quarterly by CMS. Reimbursement is set at the current Medicare rates in effect as of the date of service. The fee schedule is updated effective the 1st day of the quarter based on the Medicare quarterly adjustment.
- II. The methodologies for establishing the rates for diagnostic and evaluation services and public health services are the same as the methods used for physicians' services, psychologist' services, clinical social workers' services, physical therapy services, occupational therapy services, nurse specialist' services, speech therapy services, and audiology services.
- III. Reimbursement for freestanding dialysis clinics is based on a bundled composite rate.

The Department's fee schedule rates were set as of October 1, 2011, and are effective for services provided on or after February 8, 2013, and are published on the agency's website at www.medicaidprovider.mt.gov. Unless otherwise noted in the plan, payment for these services is based on state developed fee schedule rates which are the same for both governmental and private providers.

MONTANA

Definition of Rehabilitative Services

The Montana Medicaid Program meets the requirements of the Social Security Act to provide medically necessary rehabilitative services. All rehabilitative services require that the eligible adults meet criteria for medical necessity.

Definition of Other Rehabilitative Services

Services are provided in accordance with 42 CFR 440.130(d). Rehabilitative services include medical, mental health, substance use disorder(SUD), behavioral, and/or remedial services recommended by a physician or other licensed practitioner of the healing arts, within their scope of practice under State law, for maximum reduction of physical or mental disability and restoration of the individual to his/her best possible functional level.

Rehabilitative services do not include room and board payments by Medicaid.

Services are not provided in an institution for mental disease (IMD).

All services provided under the Other Rehabilitation Benefit are available to all adults in the home and community. They may be provided by any willing provider who meets the necessary qualifications. Provider qualifications are the same for services provided in the home and community settings. Licensed agencies provide mental health rehabilitative services. The State of Montana licenses these agencies to ensure that minimum qualifications and standards are met.

These services reduce disability by restoring the skills needed for functioning in normal life roles in the community. Restoring these skills helps to prevent relapse and strengthen goal attainment.

Therapy and/or treatment to the member's family is for the direct benefit of the member, in accordance with the member's needs and treatment goals identified in the member's treatment plan, and for assisting the member's recovery.

Montana

The following limitations apply to Rehabilitative Services. Services considered experimental are not a benefit of the Montana Medicaid Program.

Limitations to Other Rehabilitative Services

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, except prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions. Prescribed drugs approved for use under investigational drug status by the approved federal drug administration and provided under specific controlled medically supervised programs, under the supervision of a physician licensed to practice medicine are not considered experimental for persons eligible for Rehabilitative Services.
3. All procedures and items, including prescribed drugs, considered experimental but not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

MONTANA

Name of Services	Definition of Services	Licensed Agency
Community-Based Psychiatric Rehabilitation and Support Services (CBPRS)	<p>CBPRS: CBPRS may be provided one-to-one or in a group setting, intensive behavior management and stabilization services in home, workplace, or community settings for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. They are for members who meet severe disabling mental illness criteria and medical necessity criteria for the service. CBPRS are provided by a behavioral aide. Through CBPRS, a behavioral aide supports the member by augmenting life, behavioral, and social skills training needed to reach their identified treatment goals and function in normal life roles in the community. During skills training, the behavioral aide clearly describes the skill and expectations of the member's behavior, models the skill and engages the member in practice of the skill, and provides feedback on skill performance. These aides may consult face-to-face with family members or other key individuals that are part of a member's treatment team in order to determine how to help the member be more successful in meeting treatment goals. Services maximize the skills needed to function in the home, workplace, and community setting. Services can be provided by a behavioral health aide.</p>	Agencies Licensed to Operate as Mental Health Centers

MONTANA

Name of Service	Definition of Service	Licensed Agency
Illness Management and Recovery (IMR)	IMR is an evidenced-based service that offers a broad set of strategies designed to assist the adult with reducing disability and restoring functioning by giving the member information about mental illness and coping skills to help them manage their illness, develop goals, and make informed decisions about their treatment. The goals are reviewed on an ongoing basis by the provider, behavioral aide, and member. Services can be provided in an individual and/or group format by a licensed or supervised in-training psychologist, licensed clinical social worker (LCSW), or licensed clinical professional counselor (LCPC) who have been trained in IMR services.	Agencies Licensed to Operate as Mental Health Centers

MONTANA

Name of Service	Definition of Service	Licensed Agency
Crisis Stabilization Program	<p>Crisis Stabilization Program is emergency short-term 24-hour care, treatment, and supervision in a crisis intervention stabilization service and is a residential alternative of fewer than 16 beds to divert from inpatient hospitalization. The service provides medically monitored residential services for the purpose of providing psychiatric stabilization on a short-term basis. The service reduces disability and restores adults to previous functional levels by promptly intervening and stabilizing when crisis situations occur. The focus is on goals for recovery, preventing continued exacerbation of symptoms, and decreasing risk of need for hospitalization or other higher levels of care.</p> <p>Crisis Stabilization Program is a residential-based service that may include observation of symptoms and behaviors; support or training for self-management of psychiatric symptoms; close supervision; psychotropic medications administered during the crisis stabilization period; and monitoring behavior after the administration of medication. Services can be provided by a crisis care manager who is trained in mental health and/or a program supervisor, who is a licensed mental health professional.</p>	Agencies Licensed to Operate as Mental Health Centers

MONTANA

Name of Service	Definition of Service	Licensed Agency
Day Treatment	<p>Day Treatment is a set of mental health services provided by a mental health center for members whose mental health needs are severe enough that they display significant functional impairment. This service is a community-based alternative to more restrictive levels of care.</p> <p>A program supervisor, who is a licensed mental health professional, who is knowledgeable about the service and support needs of members with a mental illness, day treatment programming, and psychosocial rehabilitation and will provide services at a ratio of no more than one to ten members. Services are focused on restoring skills related to exhibiting appropriate behavior, independent living, crisis intervention, job skills, and socialization.</p> <p>Day Treatment includes the following components:</p> <ul style="list-style-type: none"> • CBPRS: CBPRS are one-to-one, face-to-face, intensive behavior management and stabilization services in home, workplace, or community settings for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. They are for members who meet severe disabling mental illness criteria and medical necessity criteria for the service. CBPRS are provided by a behavioral aide. Through CBPRS, a behavioral aide supports the member by augmenting life, behavioral, and social skills training needed to reach their identified treatment goals and function in normal life roles in the community. During skills training, the behavioral aide 	Agencies Licensed to Operate as Mental Health Centers

MONTANA

Name of Service	Definition of Service	Licensed Agency
Day Treatment	<p>clearly describes the skill and expectations of the member's behavior, models the skill and engages the member in practice of the skill, and provides feedback on skill performance. These aides may consult face-to-face with family members or other key individuals that are part of a member's treatment team in order to determine how to help the member be more successful in meeting treatment goals. Services maximize the skills needed to function in the home, workplace, and community setting. Services can be provided by a behavioral health aide.</p> <ul style="list-style-type: none"> • Group Therapy: a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format in which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the member by utilizing the group process and input of others in the group. Group therapy for rehabilitation of members who have a mental illness involves direct/indirect teaching by the therapist and the guided or facilitated group interaction with one another to bring about changes in functioning of all the group members. Group therapy is effective when focusing on the development of goals which can be reinforced by other group members and when social skills and social connections will assist the member in reaching their therapeutic goals. Services can be provided by a licensed or supervised in-training psychologist, LCSW, or LCPC. 	Agencies Licensed to Operate as Mental Health Centers

MONTANA

Name of Service	Definition of Service	Licensed Agency
Adult Foster Care Support	<p>Adult Foster Care Support are in-home supervised support services in a licensed foster home. The purpose of the service is to provide behavioral interventions to the member to reduce disability, restore previous functioning levels in one or more areas, and encourage recovery so the member can be successful in a home and community setting. Services are delivered under a treatment plan, which is reviewed every 90 days. An Individual Placement Agreement is necessary and establishes the member placement agreement and describes the terms of the member's placement that includes the responsibilities of the adult foster care provider, the member, the mental health center, and the guardian when appropriate. Adult Foster Care Support services include the following components:</p> <ul style="list-style-type: none"> • Clinical assessment: to provided sufficient enough detail to individualize treatment plan goals and objectives and to evaluate the degree of impairment due to the severe disability mental illness in day-to-day functioning and provide specific behavioral information that leads to treatment planning to address those impairments. Clinical assessments are provided by a licensed mental health professional trained in clinical assessments. • Crisis services: to include pre-crisis planning using a functional assessment for behaviors and/or emotions experienced by the member that have led to crisis in the past. Crisis services also include a range of 24-hour response, from telephonic to face-to-face, depending on the needs of the member. Crisis services are provided by an Adult Foster Care Specialist. 	Agencies Licensed to Operate as Mental Health Centers

MONTANA

Name of Service	Definition of Service	Licensed Agency
Adult Foster Care Support	<ul style="list-style-type: none"> • Adult Foster Care Support: a specialized service that includes the implementation, coordination, and management of mental health services provided to the member to promote rehabilitation and treatment activities to restore levels of independence. Provides a minimum of weekly contacts with the foster care parent and the member in the home to assess whether the supports and services are adequate to meet the member's needs. A program supervisor, who is a licensed mental health professional, who is experienced in working with individuals with mental illness will supervise the adult foster care specialist who will have a case load of up to 16 foster care members and will meet with the adult foster care provider at least weekly in the home. Services can be provided by an Adult Foster Care Specialist who has a bachelor's degree in a human services field with one year of full time mental health experience and/or a program supervisor, who is a licensed mental health professional. 	Agencies Licensed to Operate as Mental Health Centers and Licensed by the Department

MONTANA

Name of Service	Definition of Service	Licensed Agency
Adult Group Home	<p>Adult Group Home provide a supported living environment in a licensed group home for members who meet severe disabling mental illness and additional medical necessity criteria. The purpose of the service is to provide behavioral interventions to reduce disability, restore previous functioning levels in one or more areas, and encourage recovery so the member can be successful in a home and community setting.</p> <p>Adult Group Home include the following components:</p> <ul style="list-style-type: none"> • CBPRS: CBPRS are one-to-one, face-to-face, intensive behavior management and stabilization services in home and community settings for a specified period of time in which the problem or issue impeding recovery of full functioning is defined and treated. They are for members who meet severe disabling mental illness criteria and medical necessity criteria for the service. CBPRS services are provided by a behavioral aide. Through CBPRS, a behavioral aide supports the member by augmenting life, behavioral, and social skills training needed to reach their identified treatment goals and function in normal life roles in the community. During skills training, the behavioral aide clearly describes the skill and expectations of the member's behavior, models the skill and engages the member in practice of the skill, and provides feedback on skill performance. These aides may consult face-to-face with family members or other key individuals who are part of a member's 	Agencies Licensed to Operate as Mental Health Centers

MONTANA

Name of Service	Definition of Service	Licensed Agency
Adult Group Home	<p>treatment team to determine how to help the member be more successful in meeting treatment goals.</p> <ul style="list-style-type: none"> • Independent Living: a service to assist members restore skills needed for independent daily living including maintenance of physical health and wellness, personal hygiene, safety, and symptom management. Services can be provided by a behavioral health aid or program supervisor, who is a licensed mental health professional. • Community Reintegration: this service restores members' independent community living skills, including communication skills, vocational activities, community integration, social skills, establishment and maintenance of a community support network, and restoring daily structure. Services assist to restore the interaction between the member and their peers and to improve skills related to exhibiting appropriate behavior in a variety of environments including home, work, school, and community settings. Services can be provided by a behavioral health aide; program supervisor, who is a licensed or supervised in-training vocational rehabilitation counselor, psychologist, LCSW, or LCPC; RN; or LPN. 	Agencies Licensed to Operate as Mental Health Centers

MONTANA

Name of Service	Definition of Service	Licensed Agency
Program of Assertive Community Treatment (PACT)	<p>PACT is a member-centered, recovery oriented mental health services delivery model for facilitating community living, psychosocial rehabilitation and recovery for members with severe disabling mental illness who have not benefited from traditional outpatient services.</p> <p>PACT is a multi-disciplinary, self-contained clinical team approach providing long-term intensive care and all mental health services in natural community settings. Interventions focus on achieving maximum reduction of physical and mental disability and restoration of the member to his/her best possible functional level.</p> <p>The team consists of a psychiatrist or advanced practice registered nurse (APRN); registered nurse (RN); licensed practical nurse (LPN); licensed or supervised in-training vocational rehabilitation counselor, psychologist, LCSW, or LCPC; licensed addiction counselor (LAC); and peer specialists.</p> <p>PACT is a 24 hour a day, 7 days a week, 365 days a year service in all settings except jails, detention centers, clinic settings, and inpatient hospital settings. Teams are approved by the Department.</p> <p>PACT services include the following components:</p> <ul style="list-style-type: none"> • Psychiatric/Medical Assessment/Evaluation: an ongoing service provided face-to-face to determine psychiatric and social history, as well as the course of care and treatment goals required for the physical, nutritional, and psychological issues to 	Agencies Licensed to Operate as Mental Health Centers and approved by the Department

MONTANA

Name of Service	Definition of Service	Licensed Agency
PACT	<p>restore previous functioning levels. Psychiatric assessment and evaluations can be completed by a licensed or supervised in-training psychologist, LCSW, or LCPC.</p> <ul style="list-style-type: none"> • Medication Administration, Management, and Monitoring: a service to prescribe or administer medication in treating the primary symptoms of a member's psychiatric condition. This service is intended to include medication trials which are adequate in dose and duration, as well as assessments of the appropriateness of the adult's existing medication regimen through record review, ongoing monitoring, and consultation. Medication management may include providing members information concerning the effects, benefits, risks, and possible side effects of a proposed course of medication. Services can be provided by a RN, LPN, APRN, or psychiatrist. • Individual Therapy: a service that utilizes one-to-one therapeutic interventions for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The adult and the therapist establish the overall objective (or outcome sought) and develop specific goals. The service reduces disability and develops or restores skills needed to function in normal life roles in the community. Services can be provided by a licensed or supervised in-training psychologist, LCSW, or LCPC. 	Agencies Licensed to Operate as Mental Health Centers and approved by the Department

MONTANA

Name of Service	Definition of Service	Licensed Agency
PACT	<ul style="list-style-type: none"> • Family Therapy: therapy and/or treatment to the member's family is for the direct benefit of the member, in accordance with the member's needs and treatment goals identified in the member's treatment plan, and for the purpose of assisting in the member's recovery. This is a service that utilizes the same strategy of developing goals and includes family members and other significant others to address identified issues. Services can be provided by a licensed or supervised in-training psychologist, LCSW, or LCPC. • Group Therapy: a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the members by utilizing the group process and input of others in the group. Group therapy for rehabilitation of members who have a mental illness involves direct/indirect teaching by the therapist and the guided or facilitated group interaction with one another to bring about changes in functioning of all the group members. Group therapy is effective when focusing on the development of goals which can be reinforced 	Agencies Licensed to Operate as Mental Health Centers and approved by the Department

MONTANA

Name of Service	Definition of Service	Licensed Agency
PACT	<p>by other group members and when social skills and social connections will assist the member in reaching their therapeutic goals. Services can be provided by a licensed or supervised in-training psychologist, LCSW, or LCPC.</p> <ul style="list-style-type: none"> • Service Coordination: a service that assists the member and the multidisciplinary team to carry out the range of treatment, rehabilitation, and support services necessary for treatment delivery. This service also includes coordination with community resources, including self-help and advocacy organizations that promote recovery. Services can be provided by a licensed or supervised in-training psychologist, LCSW, or LCPC. • CBPRS: a one-to-one, face-to-face, intensive behavior management and stabilization service in home and community settings for a specified period of time in which the problem or issue impeding recovery of full functioning is defined and treated. They are for members who meet severe disabling mental illness criteria and medical necessity criteria for the service. CBPRS are provided by a behavioral aide. Through CBPRS, a behavioral aide supports the member by augmenting life, behavioral, and social skills training needed to reach their identified treatment goals and function in normal life roles in the community. During skills training, the behavioral aide clearly 	Agencies Licensed to Operate as Mental Health Centers and approved by the Department

MONTANA

Name of Service	Definition of Service	Licensed Agency
PACT	<p>describes the skill and expectations of the member's behavior, models the skill and engages the adult in practice of the skill, and provides feedback on skill performance. These aides may consult face-to-face with family members or other key individuals that are part of a member's treatment team in order to determine how to help the adult be more successful in meeting treatment goals.</p> <ul style="list-style-type: none"> • Co-Occurring SUD Treatment: these services utilize the provision of stage-based treatment that is non-confrontational, considers interactions of mental illness and substance abuse, and has member-determined goals. This includes group and individual interventions, as well as facilitating the use of self-help group and supportive recovery communities. Services can be provided by a LAC. • Community Reintegration: this service restores members independent community living skills including communication skills, vocational activities, community integration, social skills, establishment and maintenance of a community support network, and restoring daily structure. Services assist to restore the interaction between the member and their peers and to improve skills related to exhibiting appropriate behavior in a variety of environments, including home, work, school, and community settings. Services can be provided by a direct care rehabilitation worker; program supervisor, who is a licensed mental health professional; licensed or supervised in-training vocational rehabilitation counselor, psychologist, LCSW, or LCPC; RN; or LPN. 	Agencies Licensed to Operate as Mental Health Centers and approved by the Department

MONTANA

Name of Service	Definition of Service	Licensed Agency
Intensive Community Based Rehabilitation (ICBR)	<p>ICBR is provided in a group home setting and provide rehabilitation services to members with severe disabling mental illness who have a history of institutional placements and a history of repeated unsuccessful placements in less intensive community-based programs. ICBR includes the following components:</p> <ul style="list-style-type: none"> • Medication Administration and Monitoring: a service to assist member with medications including administration as needed. Services can be provided by a RN, LPN, APRN, or psychiatrist. • Community Reintegration: this service restores members independent community living skills including communication skills, vocational activities, community integration, social skills, establishment and maintenance of a community support network, and restoring daily structure. Services assist to restore the interaction between the member and their peers and to improve skills related to exhibiting appropriate behavior in a variety of environments including home, work, school, and community settings. Services can be provided by a direct care rehabilitation worker; program supervisor, who is a licensed mental health professional; licensed or supervised in-training vocational rehabilitation counselor, psychologist, LCSW, or LCPC; RN; or LPN. • Independent Living: a service to assist members restore skills needed for daily living including maintenance of physical health and wellness, personal hygiene, safety, and symptom management. Services can be provided by a direct care rehabilitation worker; behavioral health aid; or program supervisor, who is a licensed mental health professional. 	Agencies Licensed to Operate ICBR Services and contracted with the Department

MONTANA

Name of Service	Definition of Service	Licensed Agency
Dialectical Behavior Therapy (DBT)	<p>DBT is an evidence-based service that is a comprehensive, cognitive-behavioral treatment for members with severe disabling mental illness. Members must meet diagnostic criteria and have ongoing difficulties in functioning due to mental illness for a period of at least six months or for an obviously predictable period over six months.</p> <p>DBT includes the following components:</p> <ul style="list-style-type: none"> • Individual Therapy: a service that utilizes one-to-one therapeutic interventions for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The member and the therapist establish the overall objective (or outcome sought) and develop specific goals. The service reduces disability and restores skills needed to function in normal life roles in the community. Services can be provided by a licensed or supervised in-training psychologist, LCSW, or LCPC. • Group Therapy: a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the members by utilizing the group process and input of others in the group. Group therapy for rehabilitation of adults who have a mental illness involves direct/indirect 	Agencies Licensed to Operate as Mental Health Centers and Certified in DBT

MONTANA

Name of Service	Definition of Service	Licensed Agency
DBT	<p>teaching by the therapist and the guided or facilitated group interaction with one another to bring about changes in functioning of all the group members. Group therapy is effective when focusing on the development of goals which can be reinforced by other group members and when social skills and social connections will assist the member in reaching their therapeutic goals. Services can be provided by a licensed or supervised in-training psychologist, LCSW, or LCPC.</p> <ul style="list-style-type: none"> • Skills Development and Training: a service that utilizes four core areas of skill development and training that includes mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness. Services can be provided by a licensed LCSW, LCPC, or psychologist. Provider must be trained and certified in Dialectical Behavioral Therapy. 	Agencies Licensed to Operate as Mental Health Centers and Certified in DBT
Screening Brief Intervention and Referral to Treatment (SBIRT)	SBIRT involves the use of a structured screening to determine risk factors related to substance use, a brief intervention and possible referral for treatment. Services can be provided by a LAC or a licensure candidate employed by the licensed State Approved SUD Treatment Program, a physician, or a midlevel provider.	Agencies who are State Approved SUD Treatment Programs

MONTANA

Name of Service	Definition of Service	Licensed Agency
SUD Assessment	Assessment utilizes appropriate instruments to provide a comprehensive and multidimensional biopsychosocial assessment that includes drug use, medical, physical, psychological, and social histories; and collateral information to provide a SUD diagnosis and appropriate treatment needs or referrals. Services can be provided by a LAC or a licensure candidate employed by the licensed State Approved SUD Treatment Program.	Agencies who are State Approved SUD Treatment Programs
SUD Individual Therapy	Individual Therapy is a service utilizes one-to-one therapeutic interventions for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The member and the therapist establish the overall objective (or outcome sought) and develop specific goals. Services can be provided by a LAC; licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.	Agencies who are State Approved SUD Treatment Programs
SUD Family Therapy	Family Therapy is a service that utilizes the same strategy of developing goals and includes family members and other significant others to address identified issues. Services can be provided by a LAC; licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.	Agencies who are State Approved SUD Treatment Programs

MONTANA

Name of Service	Definition of Service	Licensed Agency
SUD Multi-Family Group Therapy	Multi-Family Group Therapy is a service that is much the same as Family Therapy in terms of developing goals and includes family members and other significant others to address identified issues but utilizes a multiple-family group format. The service increases social connections and supports problem solving for families through the sharing of each other's experiences. Services can be provided by a LAC; licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.	Agencies who are State Approved SUD Treatment Programs
SUD Group Therapy	Group Therapy is a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the members by utilizing the group process and input of others in the group. Group therapy for rehabilitation of members who have a mental illness involves direct/indirect teaching by the therapist and the guided or facilitated group interaction with one another to bring about changes in functioning of all the group members. Group therapy is effective when focusing on the development of goals which can be reinforced by other group members and when social skills and social connections will assist the member in reaching their therapeutic goals. Services can be provided by a LAC; licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.	Agencies who are State Approved SUD Treatment Programs

MONTANA

Name of Service	Definition of Service	Licensed Agency
SUD Partial Hospitalization American Society of Addiction Medicine (ASAM) Level 2.5)	<p>SUD Partial Hospitalization (ASAM Level 2.5) Services are provided to members living in a community setting while engaged in treatment services delivered in a Non-Hospital Inpatient setting with 24-hour access to medical and emergency services. Services are focused on both medication management and reducing psychological and behavioral symptoms including behaviors that interfere with the member's functioning and participating in daily living activities at home, work, and vocational settings. The purpose of the service is to minimize the need for more restrictive levels of care and to support a return to functioning in the community as soon as possible. The purpose of the therapeutic and behavioral interventions is to improve the member's functioning in one or more areas for successful functioning in the home, school, and community setting, as well as to address the SUD in the structured setting. SUD Partial Hospitalization includes a minimum of 20 hours of skilled treatment services per week (Minimum of 5 hours a day, 4 days a week). Admission to these services requires the licensed State Approved SUD Treatment Program to implement the ASAM criteria for determining medical necessity and continued stay reviews are required for continued reimbursement.</p> <ul style="list-style-type: none"> • SUD Partial Hospitalization services include the following components: Individual Therapy: a service that utilizes one-to-one therapeutic interventions for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The member and the therapist establish the overall objective or outcome sought) and develop specific goals. 	Agencies Licensed both as Non-Hospital Inpatient (ASAM Level 2.5) and State Approved in Providing SUD Treatment

MONTANA

Name of Service	Definition of Service	Licensed Agency
SUD Partial Hospitalization (ASAM Level 2.5)	<p>Services can be provided by a LAC; licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.</p> <ul style="list-style-type: none"> • Group Therapy: a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the members by utilizing the group process and input of others in the group. Group therapy for rehabilitation of members who have a mental illness involves direct/indirect teaching by the therapist and the guided or facilitated group interaction with one another to bring about changes in functioning of all the group members. Group therapy is effective when focusing on the development of goals which can be reinforced by other group members and when social skills and social connections will assist the adult in reaching their therapeutic goals. Services can be provided by a LAC; licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC. 	Agencies Licensed as Both Non-Hospital Inpatient (ASAM Level 2.5) and State Approved in Providing SUD Treatment

MONTANA

Name of Service	Definition of Service	Licensed Agency
SUD Partial Hospitalization (ASAM Level 2.5)	<ul style="list-style-type: none"> • Family Therapy: a service that utilizes the same strategy of developing goals and includes family members and other significant others to address identified issues. Services can be provided by a LAC; licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC. • Psychosocial Rehabilitation: a service that includes assisting members with restoring skills related to exhibiting appropriate behavior and living with greater independence and personal choice. Services maximize the skills needed to function in the home, workplace, and community setting. Services can be provided by a rehabilitation aide. 	Agencies Licensed as Both Non-Hospital Inpatient (ASAM Level 2.5) and State Approved in Providing SUD Treatment

MONTANA

Name of Service	Definition of Service	Licensed Agency
SUD Medically Monitored Intensive Inpatient Services (ASAM Level 3.7)	<ul style="list-style-type: none"> Medically Monitored Intensive Inpatient Services are medically managed/monitored inpatient treatment services provided in facilities of fewer than 16 beds. Members are provided a planned regimen of 24-hour professionally directed evaluation, observation, medical management/monitoring, and SUD treatment. These services are provided to members diagnosed with a SUD and whose subacute biomedical and emotional, behavioral, or cognitive problems are so severe they require inpatient treatment, but who do not need the full resources of an acute care general hospital. Services focus on the stabilization of the member for a transition to a high intensity residential home, recovery home, partial hospitalization, or outpatient services. Admission to these services requires the licensed State Approved SUD Treatment Program to implement the ASAM criteria for determining medical necessity and continued stay reviews are required for continued reimbursement. Inpatient Services include the following components: Individual Therapy: a service that utilizes one-to-one therapeutic interventions for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The member and the therapist establish the overall objective (or outcome sought) and develop specific goals. 	Agencies Licensed as Both Non-Hospital Inpatient (ASAM Level 3.7) and State Approved in Providing SUD Treatment

MONTANA

Name of Service	Definition of Service	Licensed Agency
SUD Medically Monitored Intensive Inpatient Services (ASAM Level 3.7)	<p>Services can be provided by a LAC; licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.</p> <ul style="list-style-type: none"> • Group Therapy: a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the adults by utilizing the group process and input of others in the group. Group therapy for rehabilitation of members who have a mental illness involves direct/indirect teaching by the therapist and the guided or facilitated group interaction with one another to bring about changes in functioning of all the group members. Group therapy is effective when focusing on the development of goals which can be reinforced by other group members and when social skills and social connections will assist the members in reaching their therapeutic goals. Services can be provided by a LAC; licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC. 	Agencies Licensed as Both Non-Hospital Inpatient (ASAM 3.7 Level) and State Approved in Providing SUD Treatment

MONTANA

Name of Service	Definition of Service	Licensed Agency
SUD Medically Monitored Intensive Inpatient Services (ASAM Level 3.7)	<ul style="list-style-type: none"> • Nurse intervention and monitoring: these services are accessible and provided by a 24-hour, 7-day a week RN who can assess and address the individual's immediate medical needs in conjunction with the SUD treatment. Nursing services can be provided by an APRN, RN, and LPN. • Family Therapy: a service that utilizes the same strategy of developing goals and includes family members and other significant others to address identified issues. Services can be provided by a LAC; licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC. • Psychosocial Rehabilitation: a service that includes assisting members with restoring skills related to exhibiting appropriate behavior and living with greater independence and personal choice. Services maximize the skills needed to function in the home, workplace, and community setting. Services can be provided by a rehabilitation aide. 	Agencies Licensed as Both Non-Hospital Inpatient (ASAM 3.7 Level) and State Approved in Providing SUD Treatment

MONTANA

Name of Service	Definition of Service	Licensed Agency
SUD Clinically Managed High-Intensity Residential Services (ASAM Level 3.5)	<p>Clinically Managed High-Intensity Residential Services are clinically managed residential treatment programs providing 24-hour supportive housing, 24-hour staff on-site, and 24-hour access to medical and emergency services. Members are provided a planned regimen of 24-hour professionally directed SUD treatment. These services are provided to members diagnosed with a SUD and whose emotional, behavioral, or cognitive problems are so significant they require 24-hour regimented therapeutic treatment, but who do not need the full resources of an acute care general hospital or a non-hospital inpatient setting. Services focus on stabilizing the member to transition to a recovery home, Day Treatment, or outpatient services. Admission to these services requires the licensed State Approved SUD Treatment Program to implement the ASAM criteria for determining medical necessity and continued stay reviews are required for continued reimbursement.</p> <ul style="list-style-type: none"> • Clinical Managed High-Intensity Residential Services include the following components: Individual Therapy: a service that utilizes one-to-one therapeutic interventions for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The member and the therapist establish the overall objective (or outcome sought) and develop specific goals. 	Agencies Licensed as Both Non-Hospital Inpatient or High-Intensity Residential (ASAM Level 3.5) and Agencies who are State Approved SUD Treatment Programs

MONTANA

Name of Service	Definition of Service	Licensed Agency
SUD Clinically Managed High-Intensity Residential Services (ASAM Level 3.5)	<p>Services can be provided by a LAC; licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.</p> <ul style="list-style-type: none"> • Group Therapy: a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the members by utilizing the group process and input of others in the group. Group therapy for rehabilitation of members who have a mental illness involves direct/indirect teaching by the therapist and the guided or facilitated group interaction with one another to bring about changes in functioning of all the group members. Group therapy is effective when focusing on the development of goals which can be reinforced by other group members and when social skills and social connections will assist the member in reaching their therapeutic goals. Services can be provided by a LAC; licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC. 	Agencies Licensed as both Non-Hospital Inpatient or High-Intensity Residential (ASAM 3.5) and Agencies who are State Approved SUD Treatment Programs

MONTANA

Name of Service	Definition of Service	Licensed Agency
SUD Clinically Managed High-Intensity Residential Services (ASAM Level 3.5)	<ul style="list-style-type: none"> • Psychosocial Rehabilitation: a service that includes assisting adults with restoring skills related to exhibiting appropriate behavior and living with greater independence and personal choice. Services maximize the skills needed to function in the home, workplace, and community setting. Services can be provided by a rehabilitation aide. • Family Therapy: a service that utilizes the same strategy of developing goals and includes family members and other significant others to address identified issues. Services can be provided by a LAC; licensure candidates employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC. 	Agencies Licensed as both Non-Hospital Inpatient or High-Intensity Residential (ASAM 3.5) and Agencies who are State Approved SUD Treatment Programs

MONTANA

PROVIDER QUALIFICATIONS

Provider Type	Licensure/Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/N
Licensed Mental Health Centers	Department of Public Health and Human Services, Quality Assurance Division	N/A	N/A
LCSW	Montana Board of Behavioral Health, Social Workers and Professional Counselors Section	N	Y - May supervise licensure candidates (in-training) for LCSWs, other social workers, psychologists, vocational specialists, peer specialists, behavioral health specialists, behavioral health aides
LCPC	Montana Board of Behavioral Health, Social Workers and Professional Counselors Section	N	Y - May supervise licensure candidates (in-training) for LCSWs, LCPCs, other social workers, psychologists, vocational specialists, peer specialists, behavioral health specialists, behavioral health aides
Licensed Psychologist	Montana Board of Psychologists	N	Y - May supervise licensure candidates (in-training) for psychologists, as well as other social workers, LCPCs, psychologists, vocational specialists, peer specialists, behavioral health specialists, behavioral health aides

MONTANA

Provider Type	Licensure/Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/N
Licensure Candidates (in-training)	Montana Board of Behavioral Health, Social Workers and Professional Counselors Section or Montana Board of Psychologists (after completion of supervised experience requirement for licensure)	Y	N
Psychiatrist	American Board of Psychiatry and Neurology	N	Y - May supervise RN; LPN; licensure candidates and LCSW, LCPC, and psychologists; vocational specialists; behavioral health specialists; behavioral health aides
APRN	Montana Board of Nursing	N	Y - May supervise RN; LPN; licensure candidates and LCSW, LCPC, and psychologists; vocational specialists; behavioral health specialists; behavioral health aides
LPN	Montana Board of Nursing	Y	N
Program Supervisor	Montana Board of Behavioral Health, Social Workers and Professional Counselors Section	N	Y - May supervise RN; LPN; licensure candidates and LCSW, LCPC, and psychologists; vocational specialists; behavioral health specialists; behavioral health aides
Adult Foster Care Specialist	None	Y	N

MONTANA

Provider Type	Licensure/Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/N
Behavioral Health Specialist	None	Y	N
Behavioral Health Aide	None	Y	N
Vocational Specialist	Certification in Rehabilitation Counseling	Y	N
Peer Specialist	None	Y	N
LAC	Montana Board Behavioral Health - Licensed Addiction Counselors	N	Y- May supervise licensure candidates (in-training) for addiction counselors; other addiction counselors; peer specialists; case managers; rehabilitation aides
Addiction Counselor Licensure Candidates	Montana Board of Licensed Addiction Counselors (after completion of supervised experience requirement for licensure)	Y	N

MONTANA

Provider Type	Licensure/Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/N
State Approved SUD Treatment Program	Department of Public Health and Human Services, Quality Assurance Division in partnership with the Addictive and Mental Disorders Division	N/A	N/A
Rehabilitation Aide SUD	None	Y	N

MONTANA

Definition of Rehabilitative Services

The Montana Medicaid Program meets the requirements of the Social Security Act to provide medically necessary rehabilitative services. All rehabilitative services require that the eligible adults meet criteria for medical necessity.

Definition of Other Rehabilitative Services

Services are provided in accordance with 42 CFR 440.130(d). Rehabilitative services include medical, mental health, substance use disorder(SUD), behavioral, and/or remedial services recommended by a physician or other licensed practitioner of the healing arts, within their scope of practice under State law, for maximum reduction of physical or mental disability and restoration of the individual to his/her best possible functional level.

Rehabilitative services do not include room and board payments by Medicaid.

Services are not provided in an institution for mental disease (IMD).

All services provided under the Other Rehabilitation Benefit are available to all adults in the home and community. They may be provided by any willing provider who meets the necessary qualifications. Provider qualifications are the same for services provided in the home and community settings. Licensed agencies provide mental health rehabilitative services. The State of Montana licenses these agencies to ensure that minimum qualifications and standards are met.

These services reduce disability by restoring the skills needed for functioning in normal life roles in the community. Restoring these skills helps to prevent relapse and strengthen goal attainment.

Therapy and/or treatment to the member's family is for the direct benefit of the member, in accordance with the member's needs and treatment goals identified in the member's treatment plan, and for assisting the member's recovery.

Montana

The following limitations apply to Rehabilitative Services. Services considered experimental are not a benefit of the Montana Medicaid Program.

Limitations to Other Rehabilitative Services

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, except prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions. Prescribed drugs approved for use under investigational drug status by the approved federal drug administration and provided under specific controlled medically supervised programs, under the supervision of a physician licensed to practice medicine are not considered experimental for persons eligible for Rehabilitative Services.
3. All procedures and items, including prescribed drugs, considered experimental but not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

MONTANA

Name of Services	Definition of Services	Licensed Agency
Community-Based Psychiatric Rehabilitation and Support Services (CBPRS)	CBPRS: CBPRS may be provided one-to-one or in a group setting, intensive behavior management and stabilization services in home, workplace, or community settings for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. They are for members who meet severe disabling mental illness criteria and medical necessity criteria for the service. CBPRS are provided by a behavioral aide. Through CBPRS, a behavioral aide supports the member by augmenting life, behavioral, and social skills training needed to reach their identified treatment goals and function in normal life roles in the community. During skills training, the behavioral aide clearly describes the skill and expectations of the member's behavior, models the skill and engages the member in practice of the skill, and provides feedback on skill performance. These aides may consult face-to-face with family members or other key individuals that are part of a member's treatment team in order to determine how to help the member be more successful in meeting treatment goals. Services maximize the skills needed to function in the home, workplace, and community setting. Services can be provided by a behavioral health aide.	Agencies Licensed to Operate as Mental Health Centers

MONTANA

Name of Service	Definition of Service	Licensed Agency
Illness Management and Recovery (IMR)	IMR is an evidenced-based service that offers a broad set of strategies designed to assist the adult with reducing disability and restoring functioning by giving the member information about mental illness and coping skills to help them manage their illness, develop goals, and make informed decisions about their treatment. The goals are reviewed on an ongoing basis by the provider, behavioral aide, and member. Services can be provided in an individual and/or group format by a licensed or supervised in-training psychologist, licensed clinical social worker (LCSW), or licensed clinical professional counselor (LCPC) who have been trained in IMR services.	Agencies Licensed to Operate as Mental Health Centers

MONTANA

Name of Service	Definition of Service	Licensed Agency
Crisis Stabilization Program	<p>Crisis Stabilization Program is emergency short-term 24-hour care, treatment, and supervision in a crisis intervention stabilization service and is a residential alternative of fewer than 16 beds to divert from inpatient hospitalization. The service provides medically monitored residential services for the purpose of providing psychiatric stabilization on a short-term basis. The service reduces disability and restores adults to previous functional levels by promptly intervening and stabilizing when crisis situations occur. The focus is on goals for recovery, preventing continued exacerbation of symptoms, and decreasing risk of need for hospitalization or other higher levels of care.</p> <p>Crisis Stabilization Program is a residential-based service that may include observation of symptoms and behaviors; support or training for self-management of psychiatric symptoms; close supervision; psychotropic medications administered during the crisis stabilization period; and monitoring behavior after the administration of medication. Services can be provided by a crisis care manager who is trained in mental health and/or a program supervisor, who is a licensed mental health professional.</p>	Agencies Licensed to Operate as Mental Health Centers

MONTANA

Name of Service	Definition of Service	Licensed Agency
Day Treatment	<p>Day Treatment is a set of mental health services provided by a mental health center for members whose mental health needs are severe enough that they display significant functional impairment. This service is a community-based alternative to more restrictive levels of care.</p> <p>A program supervisor, who is a licensed mental health professional, who is knowledgeable about the service and support needs of members with a mental illness, day treatment programming, and psychosocial rehabilitation and will provide services at a ratio of no more than one to ten members. Services are focused on restoring skills related to exhibiting appropriate behavior, independent living, crisis intervention, job skills, and socialization.</p> <p>Day Treatment includes the following components:</p> <ul style="list-style-type: none"> • CBPRS: CBPRS are one-to-one, face-to-face, intensive behavior management and stabilization services in home, workplace, or community settings for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. They are for members who meet severe disabling mental illness criteria and medical necessity criteria for the service. CBPRS are provided by a behavioral aide. Through CBPRS, a behavioral aide supports the member by augmenting life, behavioral, and social skills training needed to reach their identified treatment goals and function in normal life roles in the community. During skills training, the behavioral aide 	Agencies Licensed to Operate as Mental Health Centers

MONTANA

Name of Service	Definition of Service	Licensed Agency
Day Treatment	<p>clearly describes the skill and expectations of the member's behavior, models the skill and engages the member in practice of the skill, and provides feedback on skill performance. These aides may consult face-to-face with family members or other key individuals that are part of a member's treatment team in order to determine how to help the member be more successful in meeting treatment goals. Services maximize the skills needed to function in the home, workplace, and community setting. Services can be provided by a behavioral health aide.</p> <ul style="list-style-type: none">• Group Therapy: a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format in which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the member by utilizing the group process and input of others in the group. Group therapy for rehabilitation of members who have a mental illness involves direct/indirect teaching by the therapist and the guided or facilitated group interaction with one another to bring about changes in functioning of all the group members. Group therapy is effective when focusing on the development of goals which can be reinforced by other group members and when social skills and social connections will assist the member in reaching their therapeutic goals. Services can be provided by a licensed or supervised in-training psychologist, LCSW, or LCPC.	Agencies Licensed to Operate as Mental Health Centers

MONTANA

Name of Service	Definition of Service	Licensed Agency
Adult Foster Care Support	<p>Adult Foster Care Support are in-home supervised support services in a licensed foster home. The purpose of the service is to provide behavioral interventions to the member to reduce disability, restore previous functioning levels in one or more areas, and encourage recovery so the member can be successful in a home and community setting. Services are delivered under a treatment plan, which is reviewed every 90 days. An Individual Placement Agreement is necessary and establishes the member placement agreement and describes the terms of the member's placement that includes the responsibilities of the adult foster care provider, the member, the mental health center, and the guardian when appropriate. Adult Foster Care Support services include the following components:</p> <ul style="list-style-type: none">• Clinical assessment: to provided sufficient enough detail to individualize treatment plan goals and objectives and to evaluate the degree of impairment due to the severe disability mental illness in day-to-day functioning and provide specific behavioral information that leads to treatment planning to address those impairments. Clinical assessments are provided by a licensed mental health professional trained in clinical assessments.• Crisis services: to include pre-crisis planning using a functional assessment for behaviors and/or emotions experienced by the member that have led to crisis in the past. Crisis services also include a range of 24-hour response, from telephonic to face-to-face, depending on the needs of the member. Crisis services are provided by an Adult Foster Care Specialist.	Agencies Licensed to Operate as Mental Health Centers

MONTANA

Name of Service	Definition of Service	Licensed Agency
Adult Foster Care Support	<ul style="list-style-type: none"> • Adult Foster Care Support: a specialized service that includes the implementation, coordination, and management of mental health services provided to the member to promote rehabilitation and treatment activities to restore levels of independence. Provides a minimum of weekly contacts with the foster care parent and the member in the home to assess whether the supports and services are adequate to meet the member's needs. A program supervisor, who is a licensed mental health professional, who is experienced in working with individuals with mental illness will supervise the adult foster care specialist who will have a case load of up to 16 foster care members and will meet with the adult foster care provider at least weekly in the home. Services can be provided by an Adult Foster Care Specialist who has a bachelor's degree in a human services field with one year of full time mental health experience and/or a program supervisor, who is a licensed mental health professional. 	Agencies Licensed to Operate as Mental Health Centers and Licensed by the Department

MONTANA

Name of Service	Definition of Service	Licensed Agency
Adult Group Home	<p>Adult Group Home provide a supported living environment in a licensed group home for members who meet severe disabling mental illness and additional medical necessity criteria. The purpose of the service is to provide behavioral interventions to reduce disability, restore previous functioning levels in one or more areas, and encourage recovery so the member can be successful in a home and community setting.</p> <p>Adult Group Home include the following components:</p> <ul style="list-style-type: none"> • CBPRS: CBPRS are one-to-one, face-to-face, intensive behavior management and stabilization services in home and community settings for a specified period of time in which the problem or issue impeding recovery of full functioning is defined and treated. They are for members who meet severe disabling mental illness criteria and medical necessity criteria for the service. CBPRS services are provided by a behavioral aide. Through CBPRS, a behavioral aide supports the member by augmenting life, behavioral, and social skills training needed to reach their identified treatment goals and function in normal life roles in the community. During skills training, the behavioral aide clearly describes the skill and expectations of the member's behavior, models the skill and engages the member in practice of the skill, and provides feedback on skill performance. These aides may consult face-to-face with family members or other key individuals who are part of a member's 	Agencies Licensed to Operate as Mental Health Centers

MONTANA

Name of Service	Definition of Service	Licensed Agency
Adult Group Home	<p>treatment team to determine how to help the member be more successful in meeting treatment goals.</p> <ul style="list-style-type: none"> • Independent Living: a service to assist members restore skills needed for independent daily living including maintenance of physical health and wellness, personal hygiene, safety, and symptom management. Services can be provided by a behavioral health aid or program supervisor, who is a licensed mental health professional. • Community Reintegration: this service restores members' independent community living skills, including communication skills, vocational activities, community integration, social skills, establishment and maintenance of a community support network, and restoring daily structure. Services assist to restore the interaction between the member and their peers and to improve skills related to exhibiting appropriate behavior in a variety of environments including home, work, school, and community settings. Services can be provided by a behavioral health aide; program supervisor, who is a licensed or supervised in-training vocational rehabilitation counselor, psychologist, LCSW, or LCPC; RN; or LPN. 	Agencies Licensed to Operate as Mental Health Centers

MONTANA

Name of Service	Definition of Service	Licensed Agency
<p>Program of Assertive Community Treatment (PACT)</p>	<p>PACT is a member-centered, recovery oriented mental health services delivery model for facilitating community living, psychosocial rehabilitation and recovery for members with severe disabling mental illness who have not benefited from traditional outpatient services.</p> <p>PACT is a multi-disciplinary, self-contained clinical team approach providing long-term intensive care and all mental health services in natural community settings. Interventions focus on achieving maximum reduction of physical and mental disability and restoration of the member to his/her best possible functional level.</p> <p>The team consists of a psychiatrist or advanced practice registered nurse (APRN); registered nurse (RN); licensed practical nurse (LPN); licensed or supervised in-training vocational rehabilitation counselor, psychologist, LCSW, or LCPC; licensed addiction counselor (LAC); and peer specialists.</p> <p>PACT is a 24 hour a day, 7 days a week, 365 days a year service in all settings except jails, detention centers, clinic settings, and inpatient hospital settings. Teams are approved by the Department.</p> <p>PACT services include the following components:</p> <ul style="list-style-type: none"> • Psychiatric/Medical Assessment/Evaluation: an ongoing service provided face-to-face to determine psychiatric and social history, as well as the course of care and treatment goals required for the physical, nutritional, and psychological issues to 	<p>Agencies Licensed to Operate as Mental Health Centers and approved by the Department</p>

MONTANA

Name of Service	Definition of Service	Licensed Agency
PACT	<p>restore previous functioning levels. Psychiatric assessment and evaluations can be completed by a licensed or supervised in-training psychologist, LCSW, or LCPC.</p> <ul style="list-style-type: none"> • Medication Administration, Management, and Monitoring: a service to prescribe or administer medication in treating the primary symptoms of a member's psychiatric condition. This service is intended to include medication trials which are adequate in dose and duration, as well as assessments of the appropriateness of the adult's existing medication regimen through record review, ongoing monitoring, and consultation. Medication management may include providing members information concerning the effects, benefits, risks, and possible side effects of a proposed course of medication. Services can be provided by a RN, LPN, APRN, or psychiatrist. • Individual Therapy: a service that utilizes one-to-one therapeutic interventions for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The adult and the therapist establish the overall objective (or outcome sought) and develop specific goals. The service reduces disability and develops or restores skills needed to function in normal life roles in the community. Services can be provided by a licensed or supervised in-training psychologist, LCSW, or LCPC. 	Agencies Licensed to Operate as Mental Health Centers and approved by the Department

MONTANA

Name of Service	Definition of Service	Licensed Agency
PACT	<ul style="list-style-type: none"> • Family Therapy: therapy and/or treatment to the member's family is for the direct benefit of the member, in accordance with the member's needs and treatment goals identified in the member's treatment plan, and for the purpose of assisting in the member's recovery. This is a service that utilizes the same strategy of developing goals and includes family members and other significant others to address identified issues. Services can be provided by a licensed or supervised in-training psychologist, LCSW, or LCPC. • Group Therapy: a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the members by utilizing the group process and input of others in the group. Group therapy for rehabilitation of members who have a mental illness involves direct/indirect teaching by the therapist and the guided or facilitated group interaction with one another to bring about changes in functioning of all the group members. Group therapy is effective when focusing on the development of goals which can be reinforced 	Agencies Licensed to Operate as Mental Health Centers and approved by the Department

MONTANA

Name of Service	Definition of Service	Licensed Agency
PACT	<p>by other group members and when social skills and social connections will assist the member in reaching their therapeutic goals. Services can be provided by a licensed or supervised in-training psychologist, LCSW, or LCPC.</p> <ul style="list-style-type: none"> • Service Coordination: a service that assists the member and the multidisciplinary team to carry out the range of treatment, rehabilitation, and support services necessary for treatment delivery. This service also includes coordination with community resources, including self-help and advocacy organizations that promote recovery. Services can be provided by a licensed or supervised in-training psychologist, LCSW, or LCPC. • CBPRS: a one-to-one, face-to-face, intensive behavior management and stabilization service in home and community settings for a specified period of time in which the problem or issue impeding recovery of full functioning is defined and treated. They are for members who meet severe disabling mental illness criteria and medical necessity criteria for the service. CBPRS are provided by a behavioral aide. Through CBPRS, a behavioral aide supports the member by augmenting life, behavioral, and social skills training needed to reach their identified treatment goals and function in normal life roles in the community. During skills training, the behavioral aide clearly 	Agencies Licensed to Operate as Mental Health Centers and approved by the Department

MONTANA

Name of Service	Definition of Service	Licensed Agency
PACT	<p>describes the skill and expectations of the member's behavior, models the skill and engages the adult in practice of the skill, and provides feedback on skill performance. These aides may consult face-to-face with family members or other key individuals that are part of a member's treatment team in order to determine how to help the adult be more successful in meeting treatment goals.</p> <ul style="list-style-type: none"> • Co-Occurring SUD Treatment: these services utilize the provision of stage-based treatment that is non-confrontational, considers interactions of mental illness and substance abuse, and has member-determined goals. This includes group and individual interventions, as well as facilitating the use of self-help group and supportive recovery communities. Services can be provided by a LAC. • Community Reintegration: this service restores members independent community living skills including communication skills, vocational activities, community integration, social skills, establishment and maintenance of a community support network, and restoring daily structure. Services assist to restore the interaction between the member and their peers and to improve skills related to exhibiting appropriate behavior in a variety of environments, including home, work, school, and community settings. Services can be provided by a direct care rehabilitation worker; program supervisor, who is a licensed mental health professional; licensed or supervised in-training vocational rehabilitation counselor, psychologist, LCSW, or LCPC; RN; or LPN. 	Agencies Licensed to Operate as Mental Health Centers and approved by the Department

MONTANA

Name of Service	Definition of Service	Licensed Agency
Intensive Community Based Rehabilitation (ICBR)	<p>ICBR is provided in a group home setting and provide rehabilitation services to members with severe disabling mental illness who have a history of institutional placements and a history of repeated unsuccessful placements in less intensive community-based programs. ICBR includes the following components:</p> <ul style="list-style-type: none"> • Medication Administration and Monitoring: a service to assist member with medications including administration as needed. Services can be provided by a RN, LPN, APRN, or psychiatrist. • Community Reintegration: this service restores members independent community living skills including communication skills, vocational activities, community integration, social skills, establishment and maintenance of a community support network, and restoring daily structure. Services assist to restore the interaction between the member and their peers and to improve skills related to exhibiting appropriate behavior in a variety of environments including home, work, school, and community settings. Services can be provided by a direct care rehabilitation worker; program supervisor, who is a licensed mental health professional; licensed or supervised in-training vocational rehabilitation counselor, psychologist, LCSW, or LCPC; RN; or LPN. • Independent Living: a service to assist members restore skills needed for daily living including maintenance of physical health and wellness, personal hygiene, safety, and symptom management. Services can be provided by a direct care rehabilitation worker; behavioral health aid; or program supervisor, who is a licensed mental health professional. 	Agencies Licensed to Operate ICBR Services and contracted with the Department

MONTANA

Name of Service	Definition of Service	Licensed Agency
Dialectical Behavior Therapy (DBT)	<p>DBT is an evidence-based service that is a comprehensive, cognitive-behavioral treatment for members with severe disabling mental illness. Members must meet diagnostic criteria and have ongoing difficulties in functioning due to mental illness for a period of at least six months or for an obviously predictable period over six months.</p> <p>DBT includes the following components:</p> <ul style="list-style-type: none"> • Individual Therapy: a service that utilizes one-to-one therapeutic interventions for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The member and the therapist establish the overall objective (or outcome sought) and develop specific goals. The service reduces disability and restores skills needed to function in normal life roles in the community. Services can be provided by a licensed or supervised in-training psychologist, LCSW, or LCPC. • Group Therapy: a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the members by utilizing the group process and input of others in the group. Group therapy for rehabilitation of adults who have a mental illness involves direct/indirect 	Agencies Licensed to Operate as Mental Health Centers and Certified in DBT

MONTANA

Name of Service	Definition of Service	Licensed Agency
DBT	<p>teaching by the therapist and the guided or facilitated group interaction with one another to bring about changes in functioning of all the group members. Group therapy is effective when focusing on the development of goals which can be reinforced by other group members and when social skills and social connections will assist the member in reaching their therapeutic goals. Services can be provided by a licensed or supervised in-training psychologist, LCSW, or LCPC.</p> <ul style="list-style-type: none"> • Skills Development and Training: a service that utilizes four core areas of skill development and training that includes mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness. Services can be provided by a licensed LCSW, LCPC, or psychologist. Provider must be trained and certified in Dialectical Behavioral Therapy. 	Agencies Licensed to Operate as Mental Health Centers and Certified in DBT
Screening Brief Intervention and Referral to Treatment (SBIRT)	SBIRT involves the use of a structured screening to determine risk factors related to substance use, a brief intervention and possible referral for treatment. Services can be provided by a LAC or a licensure candidate employed by the licensed State Approved SUD Treatment Program, a physician, or a midlevel provider.	Agencies who are State Approved SUD Treatment Programs

MONTANA

Name of Service	Definition of Service	Licensed Agency
SUD Assessment	Assessment utilizes appropriate instruments to provide a comprehensive and multidimensional biopsychosocial assessment that includes drug use, medical, physical, psychological, and social histories; and collateral information to provide a SUD diagnosis and appropriate treatment needs or referrals. Services can be provided by a LAC or a licensure candidate employed by the licensed State Approved SUD Treatment Program.	Agencies who are State Approved SUD Treatment Programs
SUD Individual Therapy	Individual Therapy is a service utilizes one-to-one therapeutic interventions for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The member and the therapist establish the overall objective (or outcome sought) and develop specific goals. Services can be provided by a LAC; licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.	Agencies who are State Approved SUD Treatment Programs
SUD Family Therapy	Family Therapy is a service that utilizes the same strategy of developing goals and includes family members and other significant others to address identified issues. Services can be provided by a LAC; licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.	Agencies who are State Approved SUD Treatment Programs

MONTANA

Name of Service	Definition of Service	Licensed Agency
SUD Multi-Family Group Therapy	Multi-Family Group Therapy is a service that is much the same as Family Therapy in terms of developing goals and includes family members and other significant others to address identified issues but utilizes a multiple-family group format. The service increases social connections and supports problem solving for families through the sharing of each other's experiences. Services can be provided by a LAC; licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.	Agencies who are State Approved SUD Treatment Programs
SUD Group Therapy	Group Therapy is a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the members by utilizing the group process and input of others in the group. Group therapy for rehabilitation of members who have a mental illness involves direct/indirect teaching by the therapist and the guided or facilitated group interaction with one another to bring about changes in functioning of all the group members. Group therapy is effective when focusing on the development of goals which can be reinforced by other group members and when social skills and social connections will assist the member in reaching their therapeutic goals. Services can be provided by a LAC; licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.	Agencies who are State Approved SUD Treatment Programs

MONTANA

Name of Service	Definition of Service	Licensed Agency
SUD Partial Hospitalization American Society of Addiction Medicine (ASAM Level 2.5)	<p>SUD Partial Hospitalization (ASAM Level 2.5) Services are provided to members living in a community setting while engaged in treatment services delivered in a Non-Hospital Inpatient setting with 24-hour access to medical and emergency services. Services are focused on both medication management and reducing psychological and behavioral symptoms including behaviors that interfere with the member's functioning and participating in daily living activities at home, work, and vocational settings. The purpose of the service is to minimize the need for more restrictive levels of care and to support a return to functioning in the community as soon as possible. The purpose of the therapeutic and behavioral interventions is to improve the member's functioning in one or more areas for successful functioning in the home, school, and community setting, as well as to address the SUD in the structured setting. SUD Partial Hospitalization includes a minimum of 20 hours of skilled treatment services per week (Minimum of 5 hours a day, 4 days a week). Admission to these services requires the licensed State Approved SUD Treatment Program to implement the ASAM criteria for determining medical necessity and continued stay reviews are required for continued reimbursement.</p> <ul style="list-style-type: none"> • SUD Partial Hospitalization services include the following components: Individual Therapy: a service that utilizes one-to-one therapeutic interventions for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The member and the therapist establish the overall objective or outcome sought) and develop specific goals. 	Agencies Licensed both as Non-Hospital Inpatient (ASAM Level 2.5) and State Approved in Providing SUD Treatment

MONTANA

Name of Service	Definition of Service	Licensed Agency
SUD Partial Hospitalization (ASAM Level 2.5)	<p>Services can be provided by a LAC; licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.</p> <ul style="list-style-type: none"> • Group Therapy: a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the members by utilizing the group process and input of others in the group. Group therapy for rehabilitation of members who have a mental illness involves direct/indirect teaching by the therapist and the guided or facilitated group interaction with one another to bring about changes in functioning of all the group members. Group therapy is effective when focusing on the development of goals which can be reinforced by other group members and when social skills and social connections will assist the adult in reaching their therapeutic goals. Services can be provided by a LAC; licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC. 	Agencies Licensed as Both Non-Hospital Inpatient (ASAM Level 2.5) and State Approved in Providing SUD Treatment

MONTANA

Name of Service	Definition of Service	Licensed Agency
SUD Partial Hospitalization (ASAM Level 2.5)	<ul style="list-style-type: none"> • Family Therapy: a service that utilizes the same strategy of developing goals and includes family members and other significant others to address identified issues. Services can be provided by a LAC; licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC. • Psychosocial Rehabilitation: a service that includes assisting members with restoring skills related to exhibiting appropriate behavior and living with greater independence and personal choice. Services maximize the skills needed to function in the home, workplace, and community setting. Services can be provided by a rehabilitation aide. 	Agencies Licensed as Both Non-Hospital Inpatient (ASAM Level 2.5) and State Approved in Providing SUD Treatment

MONTANA

Name of Service	Definition of Service	Licensed Agency
SUD Medically Monitored Intensive Inpatient Services (ASAM Level 3.7)	<ul style="list-style-type: none"> Medically Monitored Intensive Inpatient Services are medically managed/monitored inpatient treatment services provided in facilities of fewer than 16 beds. Members are provided a planned regimen of 24-hour professionally directed evaluation, observation, medical management/monitoring, and SUD treatment. These services are provided to members diagnosed with a SUD and whose subacute biomedical and emotional, behavioral, or cognitive problems are so severe they require inpatient treatment, but who do not need the full resources of an acute care general hospital. Services focus on the stabilization of the member for a transition to a high intensity residential home, recovery home, partial hospitalization, or outpatient services. Admission to these services requires the licensed State Approved SUD Treatment Program to implement the ASAM criteria for determining medical necessity and continued stay reviews are required for continued reimbursement. Inpatient Services include the following components: Individual Therapy: a service that utilizes one-to-one therapeutic interventions for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The member and the therapist establish the overall objective (or outcome sought) and develop specific goals. 	Agencies Licensed as Both Non-Hospital Inpatient (ASAM Level 3.7) and State Approved in Providing SUD Treatment

MONTANA

Name of Service	Definition of Service	Licensed Agency
SUD Medically Monitored Intensive Inpatient Services (ASAM Level 3.7)	<p>Services can be provided by a LAC; licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.</p> <ul style="list-style-type: none"> • Group Therapy: a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the adults by utilizing the group process and input of others in the group. Group therapy for rehabilitation of members who have a mental illness involves direct/indirect teaching by the therapist and the guided or facilitated group interaction with one another to bring about changes in functioning of all the group members. Group therapy is effective when focusing on the development of goals which can be reinforced by other group members and when social skills and social connections will assist the members in reaching their therapeutic goals. Services can be provided by a LAC; licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC. 	Agencies Licensed as Both Non-Hospital Inpatient (ASAM 3.7 Level) and State Approved in Providing SUD Treatment

MONTANA

Name of Service	Definition of Service	Licensed Agency
SUD Medically Monitored Intensive Inpatient Services (ASAM Level 3.7)	<ul style="list-style-type: none"> • Nurse intervention and monitoring: these services are accessible and provided by a 24-hour, 7-day a week RN who can assess and address the individual's immediate medical needs in conjunction with the SUD treatment. Nursing services can be provided by an APRN, RN, and LPN. • Family Therapy: a service that utilizes the same strategy of developing goals and includes family members and other significant others to address identified issues. Services can be provided by a LAC; licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC. • Psychosocial Rehabilitation: a service that includes assisting members with restoring skills related to exhibiting appropriate behavior and living with greater independence and personal choice. Services maximize the skills needed to function in the home, workplace, and community setting. Services can be provided by a rehabilitation aide. 	Agencies Licensed as Both Non-Hospital Inpatient (ASAM 3.7 Level) and State Approved in Providing SUD Treatment

MONTANA

Name of Service	Definition of Service	Licensed Agency
SUD Clinically Managed High-Intensity Residential Services (ASAM Level 3.5)	<p>Clinically Managed High-Intensity Residential Services are clinically managed residential treatment programs providing 24-hour supportive housing, 24-hour staff on-site, and 24-hour access to medical and emergency services. Members are provided a planned regimen of 24-hour professionally directed SUD treatment. These services are provided to members diagnosed with a SUD and whose emotional, behavioral, or cognitive problems are so significant they require 24-hour regimented therapeutic treatment, but who do not need the full resources of an acute care general hospital or a non-hospital inpatient setting. Services focus on stabilizing the member to transition to a recovery home, Day Treatment, or outpatient services. Admission to these services requires the licensed State Approved SUD Treatment Program to implement the ASAM criteria for determining medical necessity and continued stay reviews are required for continued reimbursement.</p> <ul style="list-style-type: none"> • Clinical Managed High-Intensity Residential Services include the following components: Individual Therapy: a service that utilizes one-to-one therapeutic interventions for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The member and the therapist establish the overall objective (or outcome sought) and develop specific goals. 	Agencies Licensed as Both Non-Hospital Inpatient or High-Intensity Residential (ASAM Level 3.5) and Agencies who are State Approved SUD Treatment Programs

MONTANA

Name of Service	Definition of Service	Licensed Agency
SUD Clinically Managed High-Intensity Residential Services (ASAM Level 3.5)	<p>Services can be provided by a LAC; licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.</p> <ul style="list-style-type: none"> • Group Therapy: a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the members by utilizing the group process and input of others in the group. Group therapy for rehabilitation of members who have a mental illness involves direct/indirect teaching by the therapist and the guided or facilitated group interaction with one another to bring about changes in functioning of all the group members. Group therapy is effective when focusing on the development of goals which can be reinforced by other group members and when social skills and social connections will assist the member in reaching their therapeutic goals. Services can be provided by a LAC; licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC. 	Agencies Licensed as both Non-Hospital Inpatient or High-Intensity Residential (ASAM 3.5) and Agencies who are State Approved SUD Treatment Programs

MONTANA

Name of Service	Definition of Service	Licensed Agency
SUD Clinically Managed High-Intensity Residential Services (ASAM Level 3.5)	<ul style="list-style-type: none"> • Psychosocial Rehabilitation: a service that includes assisting adults with restoring skills related to exhibiting appropriate behavior and living with greater independence and personal choice. Services maximize the skills needed to function in the home, workplace, and community setting. Services can be provided by a rehabilitation aide. • Family Therapy: a service that utilizes the same strategy of developing goals and includes family members and other significant others to address identified issues. Services can be provided by a LAC; licensure candidates employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC. 	Agencies Licensed as both Non-Hospital Inpatient or High-Intensity Residential (ASAM 3.5) and Agencies who are State Approved SUD Treatment Programs

MONTANA

PROVIDER QUALIFICATIONS

Provider Type	Licensure/Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/N
Licensed Mental Health Centers	Department of Public Health and Human Services, Quality Assurance Division	N/A	N/A
LCSW	Montana Board of Behavioral Health, Social Workers and Professional Counselors Section	N	Y - May supervise licensure candidates (in-training) for LCSWs, other social workers, psychologists, vocational specialists, peer specialists, behavioral health specialists, behavioral health aides
LCPC	Montana Board of Behavioral Health, Social Workers and Professional Counselors Section	N	Y - May supervise licensure candidates (in-training) for LCSWs, LCPCs, other social workers, psychologists, vocational specialists, peer specialists, behavioral health specialists, behavioral health aides
Licensed Psychologist	Montana Board of Psychologists	N	Y - May supervise licensure candidates (in-training) for psychologists, as well as other social workers, LCPCs, psychologists, vocational specialists, peer specialists, behavioral health specialists, behavioral health aides

MONTANA

Provider Type	Licensure/Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/N
Licensure Candidates (in-training)	Montana Board of Behavioral Health, Social Workers and Professional Counselors Section or Montana Board of Psychologists (after completion of supervised experience requirement for licensure)	Y	N
Psychiatrist	American Board of Psychiatry and Neurology	N	Y - May supervise RN; LPN; licensure candidates and LCSW, LCPC, and psychologists; vocational specialists; behavioral health specialists; behavioral health aides
APRN	Montana Board of Nursing	N	Y - May supervise RN; LPN; licensure candidates and LCSW, LCPC, and psychologists; vocational specialists; behavioral health specialists; behavioral health aides
LPN	Montana Board of Nursing	Y	N
Program Supervisor	Montana Board of Behavioral Health, Social Workers and Professional Counselors Section	N	Y - May supervise RN; LPN; licensure candidates and LCSW, LCPC, and psychologists; vocational specialists; behavioral health specialists; behavioral health aides
Adult Foster Care Specialist	None	Y	N

MONTANA

Provider Type	Licensure/Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/N
Behavioral Health Specialist	None	Y	N
Behavioral Health Aide	None	Y	N
Vocational Specialist	Certification in Rehabilitation Counseling	Y	N
Peer Specialist	None	Y	N
LAC	Montana Board Behavioral Health - Licensed Addiction Counselors	N	Y- May supervise licensure candidates (in-training) for addiction counselors; other addiction counselors; peer specialists; case managers; rehabilitation aides
Addiction Counselor Licensure Candidates	Montana Board of Licensed Addiction Counselors (after completion of supervised experience requirement for licensure)	Y	N

MONTANA

Provider Type	Licensure/Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/N
State Approved SUD Treatment Program	Department of Public Health and Human Services, Quality Assurance Division in partnership with the Addictive and Mental Disorders Division	N/A	N/A
Rehabilitation Aide SUD	None	Y	N

MONTANA

Reimbursement for Other Rehabilitative Services

- I. The Department will reimburse Medicaid providers for Other Rehabilitative Services the lower of:
- A. The provider's usual and customary (billed) charge for the service;
 - B. The Department's fee schedule published on the agency's website at <http://medicaidprovider.mt.gov>. The rate for each Other Rehabilitative Services is a set fee per unit of service. Unless otherwise specified in this state plan, reimbursement rates are the same for governmental and non-governmental providers. The reimbursement rates on the fee schedules are provided in accordance with the methodology described in this state plan.
 - 1. The Department's fee schedule rates were set as of January 1, 2018, and are effective for services provided on or after January 1, 2018. January 1, 2018, providers of Other Rehabilitative Services received a legislatively approved decrease.
 - 2. The Department's fee schedule rates were set as of July 1, 2016, and are effective for services provided on or after July 1, 2016. July 1, 2016, providers of Other Rehabilitative Services received a legislatively approved increase.
 - 3. The Department's fee schedule rates were set as of July 1, 2015, and are effective for services provided on or after July 1, 2015. July 1, 2015, providers of Other Rehabilitative Services received a legislatively approved rate increase.
 - 4. The Department's fee schedule rates were set as of July 1, 2014, and are effective for services provided on or after July 1, 2014. July 1, 2014, providers of Other Rehabilitative Services received a legislatively approved rate increase.
 - 5. The Department's fee schedule rates were set as of July 1, 2013, and are effective for services provided on or after July 1, 2013. July 1, 2013, providers of Other Rehabilitative Services received a legislatively approved rate increase.
 - 6. The Department's fee schedule rates were set as of August 1, 2011, and are effective for services provided on or after February 8, 2013.

MONTANA

- II. In accordance with the Social Security Act, the Department provides medically necessary Other Rehabilitative Services. When the Department has not established a fee schedule for a service required by a member covered under Other Rehabilitative Services, a rate is negotiated with the provider. This rate is set at a comparable rate to a service similar in scope.
- III. For services not included in the RBRVS methodology, the Department's fee schedule for Other Rehabilitation Services is determined as follows:
- A. Rate-Setting Method:
Montana has a prospective Medicaid rate-setting method that was developed to reflect service definitions, provider requirements, operational service delivery, and administrative considerations. Each rate is calculated on a unit basis and set at an amount based on estimated reasonable and efficient cost at a certain point in time.
- B. Rate Components:
The calculation separates out direct service components from indirect program components and overhead expenses essential to administer the service and program. In some rates individual, family, and group therapies, along with Community-Based Psychiatric Rehabilitation and Support Services (CBPRS) are costed independently and then added into the unit rate as direct service expenditure. The following elements are used to determine the rate, based on estimated reasonable costs, as applicable to each service:
1. Direct Service Expenditures
 - Direct staff wages
 - Employee benefit costs
 - Direct supervision
 - On-call differential for services that require 24-hour per day, 7-day a week on call for crisis intervention and response.
 - Program support costs
 - Mileage allowance. Mileage is only applicable to community services that require travel to a member's home.
 2. Administrative Overhead / Indirect Costs
 3. Auxiliary Operational Expenditures

MONTANA

4. Productivity or Billable Time. The productivity adjustment factor accounts for the amount of non-billable time spent by staff.

5. Calculation Adjustors

- Medicaid Offsets. Offsets are accounted for when providers receive other revenues in relation to the service. (e.g., direct care wage).
- Consumer Price Index (CPI) adjustment. A CPI adjustment is used to adjust economic series or surveys for price changes and to translate these series into inflation adjusted dollars at time of calculations.
- Other inflationary adjustments. Inflationary adjustments are allowed for legislative provider rate changes, other legislative adjustments, or changes in service scope from year to year.
- Policy adjustor. A policy adjustor may be applied to increase or decrease rates when the Department determines that relative adjustments to specific rates are appropriate to meet Medicaid policy goals and appropriated budgets.

C. Bundle-Specific Rate Setting:

Other Rehabilitative Services include the following components, as noted in the Supplements to Attachments 3.1A and 3.1B, and are calculated in the units as noted. Community-Based Psychiatric Rehabilitation and Support Services (CBPRS); Crisis Stabilization Program; Illness Management and Recovery Services (IMR); Screening, Brief Intervention and Referral to Treatment (SBIRT); Substance Use Disorders (SUD) Assessment; SUD Individual Therapy; SUD Group Therapy; SUD Family Therapy; and SUD Multi-Family Group Therapy are included in this table but they are not bundled services. All other unbundled rehabilitative services are covered by other state plans or their rates are included in the State's Resource Based Relative Value System (RBRVS). The state will review utilization of services every two years. If the utilization falls significantly, the state will review bundled rates for sufficiency to ensure beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs. Room and board costs are excluded from all rates.

MONTANA

Name of Service	Service Bundle Includes:	Rate Component Includes:	Unit
Community Based Psychiatric Rehabilitation and Support Services (CBPRS)	Not a bundle but included here because its rate setting methodology is not included elsewhere.	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Mileage allowance • Administrative overhead/Indirect costs • Auxiliary operational expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Per 15 Minutes
Illness Management and Recovery (IMR)	Not a bundle but included here because its rate setting methodology is not included elsewhere.	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/Indirect costs • Auxiliary operational expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Per 15 Minutes

MONTANA

Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
Crisis Stabilization Program	Not a bundle but included here because its rate setting methodology is not included elsewhere.	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/Indirect costs • Auxiliary operational expenditures • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor • On-call differential 	Per Diem
Day Treatment	<ul style="list-style-type: none"> • CBPRS • Group Therapy 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/ Indirect costs • Auxiliary operational expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Per Hour

MONTANA

Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
Adult Foster Care Support	<ul style="list-style-type: none"> • Adult Foster Care Support • Clinical Assessment • Crisis Services 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • On-call differential (crisis services) • Program support costs • Mileage allowance • Administrative overhead/Indirect costs • Auxiliary operational expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Per Diem
Adult Group Home	<ul style="list-style-type: none"> • CBPRS • Independent Living • Community Reintegration 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/Indirect costs • Auxiliary operational expenditures • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Per Diem

MONTANA

Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
Program for Assertive Community Treatment (PACT)	<ul style="list-style-type: none"> • Psychiatric/ Medical Assessment/ Evaluation • Medication Administration, Management, and Monitoring • Individual Therapy • Family Therapy • Group Therapy • Service Coordination • CBPRS • Co-Occurring SUD Treatment • Community Reintegration 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/Indirect costs • Auxiliary operational expenditures • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Per Diem
Intensive Community Based Rehabilitation (ICBR)	<ul style="list-style-type: none"> • Medication Administration and Monitoring • Independent Living • Community Reintegration 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/Indirect costs • Auxiliary operational expenditures • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Per Diem

MONTANA

Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
Dialectical Behavior Therapy Services (DBT)	<ul style="list-style-type: none"> • Individual Therapy • Group Therapy • Skills Development and Training 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/Indirect costs • Auxiliary operational expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Individual DBT Psychotherapy- 50 minute units Skills Development - Individual 15 minute units Skills Development - Group 15 minute units
SBIRT	Not a bundle but included here because its rate setting methodology is not included elsewhere.	Included on the RBRVS methodology.	Completed Screening

MONTANA

Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
SUD Assessment	Not a bundle but included here because its rate setting methodology is not included elsewhere.	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/Indirect costs • Auxiliary operational expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Completed Assessment
SUD Individual Therapy	Not a bundle but included here because its rate setting methodology is not included elsewhere.	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/Indirect costs • Auxiliary operational expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	15 minute unit
SUD Family Therapy	Not a bundle but included here because its rate setting methodology is not included elsewhere.	Included in the RBRVS methodology.	Per Hour (Family Therapy)

MONTANA

Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
SUD Multi-Family Group Therapy	Not a bundle but included here because its rate setting methodology is not included elsewhere.	Included in the RBRVS methodology.	Per Hour (Family Therapy)
SUD Group Therapy	Not a bundle but included here because its rate setting methodology is not included elsewhere.	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/Indirect costs • Auxiliary operational expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Per Hour (Group Therapy)
SUD Partial Hospitalization American Society of Addiction Medicine (ASAM) (Level 2.5)	<ul style="list-style-type: none"> • Individual Therapy • Group Therapy • Family Therapy • Psychosocial Rehabilitation 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/Indirect costs • Auxiliary operational expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Per Diem

MONTANA

Name of Service	Service Bundle Includes:	Rate Component Includes:	Unit
SUD Medically Monitored Intensive Inpatient Services (ASAM Level 3.7)	<ul style="list-style-type: none"> • Individual Therapy • Group Therapy • Family Therapy • Psychosocial Rehabilitation • Nurse Intervention and Monitoring 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/ Indirect costs • Auxiliary operational expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Per Diem
SUD Clinically Managed High-Intensity Residential Services (ASAM Level 3.5)	<ul style="list-style-type: none"> • Individual Therapy • Group Therapy • Family Therapy • Psychosocial Rehabilitation 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/ Indirect costs • Auxiliary operational expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Per Diem

MONTANA

D. Rate Notes and Formula:

1. CBPRS Rate = (((Hourly Provider Direct Costs + Hourly Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ (Productivity Adjustment Factor or Billable Hours) x Calculation Adjustors)) ÷ 4 to convert to 15-minute unit)

CBPRS Group therapy has a maximum of staff to member ratio of one to four. The rate for CBPRS group therapy is set at 30% of the individual rate.

2. IMR Rate = (((Hourly Provider Direct Costs + Hourly Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ (Productivity Adjustment Factor or Billable Hours) x Calculation Adjustors)) ÷ 4 to convert to 15-minute unit)

3. Crisis Stabilization Program Rate = (((Provider Direct Costs + Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ Daily Units or Bed Days) x Calculation Adjustors)

The Crisis Stabilization Program rate is based on the assumptions of Full Time Equivalents (FTE) necessary to provide 24- hour direct care staff at a ratio sufficient to meet the needs of the members, necessary program supervision, and 24-hour Mental Health Professionals on-call differential. This rate is not a bundled service and may include a crisis intervention stay of up to 72 hours.

4. The Day Treatment rate is based on caseload assumptions for FTE necessary to provide Day Treatment. The rates are divided into hourly time increments for billing purposes.

Day Treatment Rate = (((Hourly Provider Direct Costs + Hourly Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ (Productivity Adjustment Factor or Billable Hours)) x Calculation Adjustors)

MONTANA

5. In the Adult Group Home, Adult Foster Care Support, and ICBR rate calculation, licensed therapies and non-licensed observations and supports are separate components of the rate. Room and board, educational components, and other non-allowable facility costs are excluded from the per diem Adult Group Home, Adult Foster Care Support, and ICBR rate.

For Auxiliary Operational Expenditures, only a designated dollar amount or percentage of the facility and equipment that is devoted to treatment and programming is included in the bundled rate (e.g. therapist office space, individual treatment or therapy rooms, and family or group treatment or therapy rooms).

In lieu of a productivity or billable time percentage, the Adult Group Home and Adult Foster Care Support Services rate calculation uses actual units of service or occupied bed days. The number of occupied bed days is used to allocate costs into a daily service unit. At the time of calculation, the representative or current state fiscal year bed days or units is used to allocate expenditures into a daily unit rate.

$$\text{Adult Group Home, Adult Foster Care Support, and ICBR Support Services Rate} = \left(\frac{\text{Provider Direct Costs} + \text{Provider Indirect Costs and Auxiliary Operational Expenditures}}{\text{Medicaid Bed Days or Units of Service}} \right) \times \text{Calculation Adjustors}$$

6. $\text{PACT Rate} = \left(\frac{\text{Hourly Provider Direct Costs} + \text{Hourly Provider Indirect Costs and Auxiliary Operational Expenditures}}{\text{Productivity Adjustment Factor or Billable Hours}} \right) \times \text{Productive FTE Hours} = \text{Daily Units} \times \text{Calculation Adjustors}$
7. $\text{DBT Rate} = \text{Intensive Individual Psychotherapy rate} = \left(\frac{\text{Hourly Provider Direct Costs} + \text{Hourly Provider Indirect Costs} + \text{Auxiliary Operational Expenditures}}{\text{Productivity Adjustment Factor or Billable Hours}} \right) \times \text{Calculation Adjustors} \times 0.83$ to convert to 50 minute units)
- $$= \text{DBT Skills Development-Individual} = \left(\frac{\text{Hourly Provider Direct Costs} + \text{Hourly Provider Indirect Costs} + \text{Auxiliary Operational Expenditures}}{\text{Productivity Adjustment Factor or Billable Hours}} \right) \times \text{Calculation Adjustors} \div 4$$
- to convert to 15 minute units)

MONTANA

= DBT Skills Development-Group Rate = The rate for DBT Skills Development Group Rate is set at 65% of the individual rate.

8. SBIRT; SUD Family Therapy; and SUD Multi-Family Group Therapy are included in the State's Resource Based Relative Value System RBRVS.

a. In accordance with the RBRVS methodology, by multiplying Medicare's Relative Value Units (RVU), or Medicare's base and time units for services, which is numeric, by the Montana Medicaid specific conversion factor, which is a dollar amount, to equal a fee. Specific to Montana Medicaid, there is an ability to multiply the fee times a policy adjuster (either plus or minus) to affect the fee.

(1)RBRVS means the version of the Medicare resource based relative value scale contained in the Medicare Physician Fee Schedule (MPFS) adopted by the Centers for Medicare and Medicaid Services (CMS). The Department will update Medicare additions, deletions, or changes to procedure codes on the first of each quarter.

(2) RVU means a numerical value assigned by Medicare in the RBRVS methodology to each procedure code used to bill for services provided by a health care provider. The RVU assigned to a particular code expresses the relative effort and expense expended by a provider in providing one service as compared with another service.

MONTANA

9. SUD Assessment = (((Hourly Provider Direct Costs + Hourly Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ billable hours or units of service x Calculation Adjustors
10. SUD Individual Therapy = (((Hourly Provider Direct Costs + Hourly Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ (Productivity Adjustment Factor or Billable Hours) x Calculation Adjustors)) ÷ 4 to convert to 15-minute unit)
11. SUD Group Therapy = (((Hourly Provider Direct Costs + Hourly Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ (Productivity Adjustment Factor or Billable Hours) x Calculation Adjustors)
12. In the SUD partial hospitalization (ASAM 2.5), inpatient (ASAM 3.7), and residential (ASAM 3.5) per diem rate calculation, licensed therapies and non-licensed observations and supports are separate components of the rate. Room and board and other non-allowable facility costs are excluded from the per diem rate.

For Auxiliary Operational Expenditures, only a designated dollar amount or percentage of the facility and equipment that is devoted to treatment and programming is included in the bundled rate (e.g. therapist office space, individual treatment or therapy rooms, and family or group treatment or therapy rooms).

In lieu of a productivity or billable time percentage, the rate calculation uses actual units of service or occupied bed days.

The number of occupied bed days is used to allocate costs into a daily service unit. At time of calculation, the representative or current state fiscal year bed days or units is used to allocate expenditures into a daily per diem rate.

MONTANA

SUD Partial Hospitalization (ASAM 2.5), SUD Medically Monitored Intensive Inpatient Services (ASAM 3.7), and SUD Clinically Managed High-Intensity Residential Services (ASAM 3.5) Per diem Rate = (((Provider Direct Costs + Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ Medicaid Bed Days or Units of Service) x Calculation Adjustors)

IV. The Direct Care Wage Add-on Reimbursement

Effective on or after February 8, 2013, additional payments will be made to participating mental health centers for direct care wage reimbursement. Providers may opt-in to become a participating provider by contacting the department and submitting quarterly reports of direct care wage hours for reimbursement. The amount is distributed in a lump sum quarterly to the participating providers and is determined using the payment methodology below. Distribution to each participating provider is calculated in the following manner.

Direct Care Wage Add-on Reimbursement = ((Wage - Actual Wage Paid Per Worker) x Actual Hours Worked Per Worker) x Applied Benefits Percentage.

These funds are distributed to the participating mental health providers based on the number of units of Medicaid Other Rehabilitative direct care services provided, up to an additional \$0.70/hour.

Example: Reimbursement to participating providers based upon worker and base wage.

Last Name	First Name	Position	Wage	Actual Wage Paid	Difference up to \$0.70	Hours Worked July	Hours Worked August	Hours Worked September	Wage Reimbursement	Applied Benefits Percentage	Total Reimbursement
Doe	Jane	Rehabilitation Specialist	\$8.50	\$10.10	\$0.70	160	160	160	\$336.00	\$40.32	\$376.32
Doe	John	OC Rehabilitation Specialist	\$9.50	\$9.80	\$0.30	103	90	105	\$89.40	\$10.73	\$100.13
										<i>Total</i>	\$476.45

MONTANA

Payments will be made quarterly.

Quarter Start	Quarter End	Quarter Name	Amount Paid
2/8/2013	3/31/2013	March-13	\$16,502
4/1/2013	6/30/2013	June-13	\$21,530
7/1/2013	9/30/2013	September-13	\$21,938
10/1/2013	12/31/2013	December-13	\$19,670
1/1/2014	3/31/2014	March-14	\$20,137
4/1/2014	6/30/2014	June-14	\$16,595
7/1/2014	9/30/2014	September-14	\$15,974
10/1/2014	12/31/2014	December-14	\$18,256
1/1/2015	3/31/2015	March-15	\$17,107
4/1/2015	6/30/2015	June-15	\$20,256
7/1/2015	9/30/2015	September-15	\$21,623
10/1/2015	12/31/2015	December-15	\$20,083
1/1/2016	3/31/2016	March-16	\$17,276
4/1/2016	6/30/2016	June-16	\$17,225
7/1/2016	9/30/2016	September-16	\$15,329
10/1/2016	12/31/2016	December-16	\$15,746
1/1/2017	3/31/2017	March-17	\$12,529
4/1/2017	6/30/2017	June-17	\$11,919.18
7/1/2017	9/30/2017	September-17	\$9,290.24
10/1/2017	12/31/2017	December-17	\$10,954.75
1/1/2018	3/31/2018	March-18	\$7,864.46
4/1/2018	6/30/2018	June-18	\$7,314.57