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State/Territory Name: Montana

State Plan Amendment (SPA) #: 22-0036

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid
Services 601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 15, 2023

Michael Randol
Montana Medicaid and Health Services Executive Director/State Medicaid Director
Montana Department of Public Health & Human Services
P.O. Box 4210
Helena, MT 59604

Dear Mr. Randol:

We have completed our review of the enclosed State Plan Amendment (SPA) Transmittal Number MT-22-0036. This amendment makes permanent the addition of Intensive Outpatient Therapy, previously approved under disaster relief authority, remove a prior authorization requirement, and removes some face-to-face service delivery requirements.

Please be informed that this State Plan Amendment was approved on March 14, 2023, with an effective date of May 12, 2023. Enclosed is a copy of the CMS 179 summary page and the amended plan page(s).

If you have any questions or need further assistance, please contact Barbara Prehmus at (303) 844-7472 or barbara.prehmus@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature area of the letter.

Digitally signed by James
G. Scott -S
Date: 2023.03.15 12:48:31
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James G. Scott, Director
Division of Program Operations

cc: Mary Eve Kulawik

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 22-0036	2. STATE MT
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT ✓ XIX XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 01/01/2023 05/12/2023	
5. FEDERAL STATUTE/REGULATION CITATION Social Security Act 1905(a)(4)(B)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 23 \$ 0.00 b. FFY 24 \$ 0.00	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT • Attachment 4.19B, Reimbursement Service 4.b EPSDT Pages 1-14 of 14 • Supplement to Attachment 3.1A Service 4.b EPSDT Pages 1-16 of 16 • Supplement to Attachment 3.1B Service 4.b EPSDT Pages 1-16 of 16	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) • Attachment 4.19B, Reimbursement Service 4.b EPSDT Pages 1-13 of 13 • Supplement to Attachment 3.1A Service 4.b EPSDT Pages 1-15 of 15 • Supplement to Attachment 3.1B Service 4.b EPSDT Pages 1-15 of 15	

9. SUBJECT OF AMENDMENT

The EPSDT State Plan is being amended to add Mental Health Intensive Outpatient Therapy as a permanent service and also to remove prior authorization requirements for Extraordinary Needs Aid.

10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Montana Department of Public Health and Human Services State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210, Helena, MT 59601
11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO
12. TYPED NAME Mike Handol	
13. TITLE Medicaid & Health Services Executive Director/ State Medicaid Director	
14. DATE SUBMITTED 12-23-2022	

FOR CMS USE ONLY

16. DATE RECEIVED 12/23/2022	17. DATE APPROVED March 14, 2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 5/12/2023	19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2023.03.15 12:49:13 -05'00'
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

Authorization to make Pen&Ink change to Effective Date in Box 4 received via email on 2/15/2023.

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Definition of EPSDT Services

The Montana Medicaid Program meets the requirements of the Social Security Act to provide medically necessary Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services. All EPSDT services require that a member meet criteria for medical necessity.

Definition of EPSDT Rehabilitative Services

Services are provided in accordance with 42 CFR 440.130(d). Rehabilitative EPSDT services include medical, behavioral 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 member to his best possible functional level.

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

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

All services provided in accordance with the 1905(a)(4)(b) EPSDT Benefit are available to all children and members under 21 in the home, school, or community if determined medically necessary by the state. They may be provided by any willing provider who meets the necessary qualifications. Provider qualifications are the same for services provided in school, home, and community settings. Licensed agencies provide mental health EPSDT rehabilitative services. The State of Montana licenses these agencies to ensure that minimum qualifications and standards are met.

The following limitations apply to Early and Periodic Screening, Diagnosis and Treatment Services. Services considered experimental are not a benefit of the Montana Medicaid Program.

Limitations to EPSDT 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 EPSDT.

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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.

Orientation and Mobility Services

Name of Service	Definition of Services
Orientation and Mobility Services	Orientation and Mobility Specialist services, effective July 1, 2013, are provided to member to address low vision or blindness. The services include: 1) assessment of the member’s visual status, which may include sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands; and 2) self-care/home management training in activities of daily living (ADL’s), which may include instruction in use of assistive/adaptive equipment.

EPSDT Rehabilitation Services

Name of Service	Definition of Services
Community-Based Psychiatric Rehabilitation and Support (CBPRS)	CBPRS are one-to-one intensive behavior management and stabilization services in home, school, 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 serious emotional disturbance criteria and medical necessity criteria for the service. The purpose of this service is to “reduce disability” and “restore function.” 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 skill training, the behavioral aide clearly describes the skill and expectations of member’s behavior, models the skill and engages the member in practice of the skill, and provides feedback on skill performance. The ability to acquire and apply these skills helps prevent relapse and strengthens goal attainment. These aides may consult with family members, teachers 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. This service is provided by agencies licensed to operate as Mental Health Centers. Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the youth does not have access to face-to-face services. Case notes must include reason, including documentation of attempts to identify local supports, if related to access.

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Name of Service	Definition of Services
<p>CBHT Comprehensive Behavioral Health Treatment (CBHT)</p>	<p>CBHT is a service provided by a public school district. A CBHT team includes: 1) a licensed or supervised in-training psychologist, clinical social worker, professional counselor, or marriage and family therapist; and 2) up to two behavioral aides. A member may receive services in school, home, or community settings. CBHT improves the member’s functional level by facilitating the development of skills related to exhibiting appropriate behaviors. Member served typically require support through cueing or modeling of appropriate behavioral and life skills to utilize and apply learned skills in normalized settings.</p> <p>CBHT includes the following components:</p> <ul style="list-style-type: none"> • Individual Therapy: the use of a one-to-one therapeutic intervention 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 develops or restores skills needed to function in normal life roles in the community. The ability to acquire and apply these skills helps prevent relapse and strengthen goal attainment. • Group Therapy: 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 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. The service reduces disability by facilitating development of skills needed for functioning in normal life roles in the community. The ability to acquire and apply these skills helps to prevent relapse and strengthen goal attainment. • Family Therapy: Therapy and/or treatment that involves the participation of a family member/collateral and/or other non-Medicaid eligible individual(s) 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. The general expectation is that the member would be present for the service with the non-member; however, there may be some treatment session(s) where the practitioner’s judgment is not to include the member.

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Name of Service	Definition of Services
<p>CBHT Comprehensive Behavioral Health Treatment (CBHT) (continued)</p>	<ul style="list-style-type: none"> • CBPRS are one-to-one intensive behavior management and stabilization services in home, school, 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 member who meet serious emotional disturbance criteria and medical necessity criteria for the service. The purpose of CBPRS services is to “reduce disability” and “restore function.” 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 skill training, the behavioral aide clearly describes the skill and expectations of member’s behavior, models the skill and engages the member in practice of the skill, and provides feedback on skill performance. The ability to acquire and apply these skills helps prevent relapse and strengthens goal attainment. These aides may consult with family members, teachers 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. Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the youth does not have access to face-to-face services. Case notes must include reason, including documentation of attempts to identify local supports, if related to access. • Member-Centered Treatment Planning is provided face-to-face or via telephone. The purpose of the service is maximum reduction of physical or mental disability and restoration of a member to the members best possible functional level. The service is provided in home, at school, or in the community. Care coordination includes activities such as treatment plan meetings, IEP meetings, referrals, advocacy with school staff and phone calls. • Crisis services 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 and family. • Comparable services to those provided through CBHT (Individual Therapy, Group Therapy, Family Therapy, CBPRS, Member Centered Treatment Planning, and Crisis Services) are available to eligible individuals under age 21 who are not enrolled in a public school. • This service is provided through Public School Districts licensed as Mental Health Centers or Public School Districts who contract with agencies licensed as Mental Health Centers.

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Name of Service	Definition of Services
<p>Therapeutic Group Home (TGH)</p>	<p>TGH provides therapy and rehabilitation and support services in a structured group home environment for member. The purpose of the therapeutic and behavioral interventions is to improve the member’s functioning in one or more areas so that s/he can be successful in a home setting and to encourage personal growth and development.</p> <p>TGH services include the following components:</p> <ul style="list-style-type: none"> • Individual Therapy: the use of a one-to-one therapeutic intervention 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 develops or restores skills needed to function in normal life roles in the community. The ability to acquire and apply these skills helps prevent relapse and strengthen goal attainment. Group Therapy: 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. The service reduces disability by facilitating development of skills needed for functioning in normal life roles in the community. The ability to acquire and apply these skills helps to prevent relapse and strengthen goal attainment. • Family Therapy: Therapy and/or treatment that involves the participation of a family member/collateral and/or other non-Medicaid eligible individual(s) 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. The general expectation is that the member would be present for the service with the non-member; however, there may be some treatment session(s) where the practitioner’s judgment is not to include the member. • CBPRS are one-to-one intensive behavior management and stabilization services in home, school, 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 serious emotional disturbance criteria and medical necessity criteria for the service. The purpose of CBPRS services is to “reduce disability” and “restore function.” CBPRS are provided by a behavioral aide. Through CBPRS, a behavioral aide supports the member by augmenting life, behavioral, and social skills

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Name of Service	Definition of Services
Therapeutic Group Home (TGH) (continued)	<p>training needed to reach their identified treatment goals and function in normal life roles in the community. During skill training, the behavioral aide clearly describes the skill and expectations of member’s behavior, models the skill and engages the member in practice of the skill, and provides feedback on skill performance. The ability to acquire and apply these skills helps prevent relapse and strengthens goal attainment. These aides may consult with family members, teachers 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.</p> <ul style="list-style-type: none"> • Within a TGH, additional CBPRS may be provided as a medically necessary add-on service. This service is referred to as Extraordinary Needs Aide (ENA) when provided one-on-one and CBPRS Group when provided in group setting. • ENA and Group CBPRS within a TGH are delivered face-to-face. • This service is provided by agencies licensed to operate as Mental Health Centers and Therapeutic Group Homes.
Home Support Services	<p>Home Support Services are in-home services for member living in biological, adoptive, temporary guardianship, or kinship families.</p> <p>Home Support Services are delivered under a treatment plan that includes the following components:</p> <ul style="list-style-type: none"> • Functional assessment to evaluate the degree of impairment due to serious emotional disturbance in day-to-day functioning and provide specific behavioral information that leads to treatment planning to address those impairments. • Crisis services 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 and family. • Family support services include skill development, training, and integration designed to serve members with significant impairment due to their mental illnesses. The services assist to improve the interaction between the member and his or her peers and family and to improve skills related to exhibiting appropriate behavior in a variety of settings including the home, school, and community setting. Therapy and/or treatment that involves the participation of a family member/collateral and/or other non-Medicaid eligible individual(s) 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. The general expectation is that the member would be present for the service with the non-member; however, there may be some treatment session(s) where the practitioner’s judgment is not to include the member. • This service is provided by agencies licensed to operate as Mental Health Centers.

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Name of Service	Definition of Services
Therapeutic Foster Care (TFC)	<p>TFC services are in-home therapeutic and caregiver support services for member living in a licensed therapeutic foster home.</p> <p>The key difference between Home Support services and TFC services is the license requirement because the services must be provided in licensed therapeutic foster homes. Medicaid does not pay for foster care licensing.</p> <p>TFC services are delivered under a treatment plan that include the following components as needed:</p> <ul style="list-style-type: none"> • Functional assessment to evaluate the degree of impairment due to serious emotional disturbance in day-to-day functioning and provide specific behavioral information that leads to treatment planning to address those impairments. • Crisis services 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 and family. Family support services include skill development, training, and integration designed to serve members with significant impairment due to their mental illnesses. The services assist to improve the interaction between the member and his or her peers and family and to improve skills related to exhibiting appropriate behavior in a variety of settings including the home, school, and community setting. Therapy and/or treatment that involves the participation of a family member/collateral and/or other non-Medicaid eligible individual(s) 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. The general expectation is that the member would be present for the service with the non-member; however, there may be some treatment session(s) where the practitioner's judgment is not to include the member. • This service is provided by agencies licensed to operate as Mental Health Centers.

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Name of Service	Definition of Service
<p>Therapeutic Foster Care Permanency (TFC-P)</p>	<p>TFC-P services are an intensive level of treatment for member in a pre-adoptive or permanent legal placement whose therapeutic needs are higher than those in a traditional therapeutic foster placement.</p> <p>TFC-P requires that the services must be provided in licensed therapeutic foster homes. Medicaid does not pay for foster care licensing.</p> <p>TFC-P services are delivered under a treatment plan that includes the following components as needed:</p> <ul style="list-style-type: none"> • Functional assessment to evaluate the degree of impairment due to serious emotional disturbance in day-to-day functioning and provide specific behavioral information that leads to treatment planning to address those impairments. • Crisis services 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 and family. Crisis services are provided by a Family Support Specialist. <p>Family support services include skill development, training, and integration designed to serve members with significant impairment due to their mental illnesses. The services assist to improve the interaction between the member and his or her peers and family and to improve skills related to exhibiting appropriate behavior in a variety of settings including the home, school, and community setting.</p> <ul style="list-style-type: none"> • Individual Therapy: the use of a one-to-one therapeutic intervention 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 develops or restores skills needed to function in normal life roles in the community. The ability to acquire and apply these skills helps prevent relapse and strengthen goal attainment. • Group Therapy: 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

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Name of Service	Definition of Services
<p>Therapeutic Foster Care Permanency (TFC-P) (continued)</p>	<p>reinforced by other group members and when social skills and social connections will assist the member in reaching their therapeutic goals. The service reduces disability by facilitating development of skills needed for functioning in normal life roles in the community. The ability to acquire and apply these skills helps to prevent relapse and strengthen goal attainment.</p> <ul style="list-style-type: none"> • Family Therapy: Therapy and/or treatment that involves the participation of a family member/collateral and/or other non-Medicaid eligible individual(s) 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. The general expectation is that the member would be present for the service with the non-member; however, there may be some treatment session(s) where the practitioner’s judgment is not to include the member.. • CBPRS are one-to-one intensive behavior management and stabilization services in home, school, 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 member who meet serious emotional disturbance criteria and medical necessity criteria for the service. The purpose of CBPRS services is to “reduce disability” and “restore function.” 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 skill training, the behavioral aide clearly describes the skill and expectations of member’s behavior, models the skill and engages the member in practice of the skill, and provides feedback on skill performance. The ability to acquire and apply these skills helps prevent relapse and strengthens goal attainment. These aides may consult with family members, teachers 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. Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the youth does not have access to face-to-face services. Case notes must include reason, including documentation of attempts to identify local supports, if related to access. • This service is provided by agencies licensed to operate as Mental Health Centers.

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Name of Service	Definition of Services
<p>Member Day Treatment Services</p>	<p>Member Day Treatment services are provided by a mental health center for children whose mental health needs are severe enough that they cannot be served in a public school setting. Member day treatment is a community-based alternative to PRTF or hospitalization that is provided in a specialized classroom setting that is not co-located in a public school. The educational component of the program is not paid for by Medicaid and must be provided through full collaboration with a public school district.</p> <p>A licensed or in-training therapist provides services at a ratio of no more than one to twelve members. The services are focused on building skills for adaptive school and community functioning and reducing symptoms and behaviors that interfere with a member's ability to participate in their education at a public school, to minimize need for more restrictive levels of care and to support return to a public school setting as soon as possible.</p> <p>Day Treatment services include the following components:</p> <ul style="list-style-type: none"> • Individual therapy: the use of a one-to-one therapeutic intervention 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 develops or restores skills needed to function in normal life roles in the community. The ability to acquire and apply these skills helps prevent relapse and strengthen goal attainment. • Group Therapy: 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. The service reduces disability by facilitating development of skills needed for functioning in normal life roles in the community. The ability to acquire and apply these skills helps to prevent relapse and strengthen goal attainment. <p>Family Therapy: Therapy and/or treatment that involves the participation of a family member/collateral and/or other non-Medicaid eligible individual(s) 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. The general expectation is that the member would be present for the service with the non-member; however, there may be some treatment session(s) where the practitioner's judgment is not to include the member.</p>

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Name of Service	Definition of Service
Member Day Treatment Services (continued)	<ul style="list-style-type: none"> • CBPRS are one-to-one intensive behavior management and stabilization services in home, school, 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 member who meet serious emotional disturbance criteria and medical necessity criteria for the service. The purpose of CBPRS services is to “reduce disability” and “restore function.” 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 skill training, the behavioral aide clearly describes the skill and expectations of member’s behavior, models the skill and engages the member in practice of the skill, and provides feedback on skill performance. The ability to acquire and apply these skills helps prevent relapse and strengthens goal attainment. These aides may consult with family members, teachers 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. • Within Day Treatment, CBPRS is delivered face-to-face. • This service is provided by agencies licensed to operate as Mental Health Centers.
Mental Health Intensive Outpatient Therapy (IOP)	<p>IOP services provide weekly structured intensive mental health care to youth with serious emotional disturbance (SED) while allowing youth to safely remain in school, in the home, and in their community. This is an intensive service provided by agencies licensed to operate as Mental Health Centers. Providers must provide 6 hours of core services to the youth per week to be eligible for this service. Youth must receive all medically necessary services indicated and each service must be documented in the individualized treatment plan (ITP).</p> <p>To be eligible for services youth must:</p> <ul style="list-style-type: none"> • Have a valid SED. • Have documented need for six or more hours of structured programming per week. • Require three or more core services per week, core services include: <ul style="list-style-type: none"> ○ Individual psychotherapy: services are provided by a licensed or supervised in-training psychologist, clinical social worker, professional counselor, or marriage and family therapist. ○ Group psychotherapy: services are provided by a licensed or supervised in-training psychologist, clinical social worker, professional counselor, or marriage and family therapist.

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Name of Service	Definition of Service
<p>Mental Health Intensive Outpatient Therapy (IOP) (continued)</p>	<ul style="list-style-type: none"> ○ Family psychotherapy: Therapy and/or treatment that involves the participation of a family member/collateral and/or other non-Medicaid eligible individual(s) 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. The general expectation is that the member would be present for the service with the non-member; however, there may be some treatment session(s) where the practitioner’s judgment is not to include the member. Services are provided by a licensed or supervised in-training psychologist, clinical social worker, professional counselor, or marriage and family therapist. ○ Community-based psychiatric rehabilitation and support (CBPRS): are one-to-one, intensive behavior management and stabilization for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The purpose of CBPRS services is to “reduce disability” and “restore function.” CBPRS are provided by a behavioral aide. Through CBPRS, a behavioral aide supports the youth 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 skill training, the behavioral aide clearly describes the skill and expectations of youth’s behavior, models the skill and engages the youth in practice of the skill, and provides feedback on skill performance. The ability to acquire and apply these skills helps prevent relapse and strengthens goal attainment. These aides may consult with family members, teachers or other key individuals that are part of a youth’s treatment team in order to determine how to help the youth be more successful in meeting treatment goals. Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the youth does not have access to face-to-face services. Case notes must include reason, including documentation of attempts to identify local supports, if related to access. ○ Crisis services: services include pre-crisis planning using a functional assessment for behaviors and/or emotions experienced by the youth 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 youth and family. Crisis services are provided by a behavioral aid and/or licensed or supervised in-training psychologist, clinical social worker, professional counselor, or marriage and family therapist. ○ Care coordination: a service designed to facilitate advocacy and collaboration in relation to the treatment of the youth as a means to reach treatment goals and increase functioning. Care coordination includes activities such as treatment plan meetings, IEP meetings, referrals, advocacy with school staff and phone calls. Care Coordination is provided by a behavioral aide and/or a licensed or supervised in-training psychologist, clinical social worker, professional counselor, or marriage and family therapist. <p>Services are provided for up to eight weeks per youth. Additional services may be authorized if determined medically necessary by the state.</p>

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PROVIDER QUALIFICATIONS

Provider Type	Licensure/Certification/Educational Requirements	Position Requires Supervision Y/N	Position Supervises Others	Services
Licensed Psychologist		N	Y May supervise In-Training Psychologists, Licensed Clinical Social Workers, Licensed Clinical Professional Counselors, or Licensed Marriage and Family Therapists, Family Support Specialists, and Behavioral Aides.	Individual Therapy, Group Therapy, Family Therapy, Member-Centered Treatment Planning, Crisis, CBPRS, Functional Assessment, Family Support.
Licensed Clinical Social Worker		N	Y May supervise In-Training or Licensed Clinical Social Workers or In-Training or Licensed Clinical Professional Counselors, or In-Training or Licensed Marriage and Family Therapists, Family Support Specialists, and Behavioral Aides.	Individual Therapy, Group Therapy, Family Therapy, Member-Centered Treatment Planning, Crisis, CBPRS, Functional Assessment, Family Support.

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Licensed Clinical Professional Counselor		N	Y May supervise In-Training or Licensed Clinical Social Workers or In-Training or Licensed Clinical Professional Counselors, or In-Training or Licensed Marriage and Family Therapists, Family Support Specialists, and Behavioral Aides.	Individual Therapy, Group Therapy, Family Therapy, Member-Centered Treatment Planning, Crisis, CBPRS, Functional Assessment, Family Support.
Licensed Marriage and Family Therapist		N	Y May supervise In-Training or Licensed Clinical Social Workers or In-Training or Licensed Clinical Professional Counselors, or In-Training or Licensed Marriage and Family Therapists, Family Support Specialists, and Behavioral Aides	Individual Therapy, Group Therapy, Family Therapy, Member-Centered Treatment Planning, Crisis, CBPRS, Functional Assessment, Family Support.
In-Training Psychologist	Montana Board of Psychologists (after completion of supervised experience requirement for licensure)	Y	Y May supervise Behavioral Aides	Individual Therapy, Group Therapy, Family Therapy, Member-Centered Treatment Planning, Crisis, CBPRS, Functional Assessment, Family Support.
In-Training Clinical Social Worker	Montana Board of Behavioral Health	Y	Y May supervise Behavioral Aides	Individual Therapy, Group Therapy, Family Therapy, Member-Centered Treatment Planning, Crisis, CBPRS, Functional Assessment, Family Support.

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In-Training Clinical Professional Counselor	Montana Board of Behavioral Health	Y	Y May supervise Behavioral Aides	Individual Therapy, Group Therapy, Family Therapy, Member-Centered Treatment Planning, Crisis, CBPRS, Functional Assessment, Family Support.
In-Training Marriage and Family Therapist	Montana Board of Behavioral Health	Y	Y May supervise Behavioral Aides	Individual Therapy, Group Therapy, Family Therapy, Member-Centered Treatment Planning, Crisis, CBPRS, Functional Assessment, Family Support.
Program Manager	Bachelor's degree in a human services field or experience and education equivalent to a bachelor's degree. Six years of human services experience equates to a bachelor's degree. Each year of post-secondary education in human services equates to one year of experience.	Y	Y May Supervise Behavioral Aides	CBPRS, Crisis

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Family Support Specialist	Bachelor's degree in a human services field or combined experience and education equivalent to a bachelor's degree. Six years of human services experience equates to a bachelor's degree. Each year of post-secondary education in human services equates to one year of experience.	Y	N	Crisis, Functional Assessment, Family Support.
Behavioral Aide	High school diploma or GED plus 2 years related work experience or related secondary education.	Y	N	CBPRS, Crisis, Member-Centered Treatment Planning
Orientation and Mobility Specialist	1. Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP); or 2. National Blindness Professionals and Mobility Certification Board (NBPCB).	N	N	Orientation and Mobility

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Definition of EPSDT Services

The Montana Medicaid Program meets the requirements of the Social Security Act to provide medically necessary Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services. All EPSDT services require that a member meet criteria for medical necessity.

Definition of EPSDT Rehabilitative Services

Services are provided in accordance with 42 CFR 440.130(d). Rehabilitative EPSDT services include medical, behavioral 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 member to his best possible functional level.

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

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

All services provided in accordance with the 1905(a)(4)(b) EPSDT Benefit are available to all children and members under 21 in the home, school, or community if determined medically necessary by the state. They may be provided by any willing provider who meets the necessary qualifications. Provider qualifications are the same for services provided in school, home, and community settings. Licensed agencies provide mental health EPSDT rehabilitative services. The State of Montana licenses these agencies to ensure that minimum qualifications and standards are met.

The following limitations apply to Early and Periodic Screening, Diagnosis and Treatment Services. Services considered experimental are not a benefit of the Montana Medicaid Program.

Limitations to EPSDT 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 EPSDT.

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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.

Orientation and Mobility Services

Name of Service	Definition of Services
Orientation and Mobility Services	Orientation and Mobility Specialist services, effective July 1, 2013, are provided to member to address low vision or blindness. The services include: 1) assessment of the member’s visual status, which may include sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands; and 2) self-care/home management training in activities of daily living (ADL’s), which may include instruction in use of assistive/adaptive equipment.

EPSDT Rehabilitation Services

Name of Service	Definition of Services
Community-Based Psychiatric Rehabilitation and Support (CBPRS)	CBPRS are one-to-one intensive behavior management and stabilization services in home, school, 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 serious emotional disturbance criteria and medical necessity criteria for the service. The purpose of this service is to “reduce disability” and “restore function.” 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 skill training, the behavioral aide clearly describes the skill and expectations of member’s behavior, models the skill and engages the member in practice of the skill, and provides feedback on skill performance. The ability to acquire and apply these skills helps prevent relapse and strengthens goal attainment. These aides may consult with family members, teachers 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. This service is provided by agencies licensed to operate as Mental Health Centers. Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the youth does not have access to face-to-face services. Case notes must include reason, including documentation of attempts to identify local supports, if related to access.

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Name of Service	Definition of Services
<p>CBHT Comprehensive Behavioral Health Treatment (CBHT)</p>	<p>CBHT is a service provided by a public school district. A CBHT team includes: 1) a licensed or supervised in-training psychologist, clinical social worker, professional counselor, or marriage and family therapist; and 2) up to two behavioral aides. A member may receive services in school, home, or community settings. CBHT improves the member’s functional level by facilitating the development of skills related to exhibiting appropriate behaviors. Member served typically require support through cueing or modeling of appropriate behavioral and life skills to utilize and apply learned skills in normalized settings.</p> <p>CBHT includes the following components:</p> <ul style="list-style-type: none"> • Individual Therapy: the use of a one-to-one therapeutic intervention 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 develops or restores skills needed to function in normal life roles in the community. The ability to acquire and apply these skills helps prevent relapse and strengthen goal attainment. • Group Therapy: 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 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. The service reduces disability by facilitating development of skills needed for functioning in normal life roles in the community. The ability to acquire and apply these skills helps to prevent relapse and strengthen goal attainment. • Family Therapy: Therapy and/or treatment that involves the participation of a family member/collateral and/or other non-Medicaid eligible individual(s) 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. The general expectation is that the member would be present for the service with the non-member; however, there may be some treatment session(s) where the practitioner’s judgment is not to include the member.

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Name of Service	Definition of Services
<p>CBHT Comprehensive Behavioral Health Treatment (CBHT) (continued)</p>	<ul style="list-style-type: none"> • CBPRS are one-to-one intensive behavior management and stabilization services in home, school, 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 member who meet serious emotional disturbance criteria and medical necessity criteria for the service. The purpose of CBPRS services is to “reduce disability” and “restore function.” 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 skill training, the behavioral aide clearly describes the skill and expectations of member’s behavior, models the skill and engages the member in practice of the skill, and provides feedback on skill performance. The ability to acquire and apply these skills helps prevent relapse and strengthens goal attainment. These aides may consult with family members, teachers 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. Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the youth does not have access to face-to-face services. Case notes must include reason, including documentation of attempts to identify local supports, if related to access. • Member-Centered Treatment Planning is provided face-to-face or via telephone. The purpose of the service is maximum reduction of physical or mental disability and restoration of a member to the members best possible functional level. The service is provided in home, at school, or in the community. Care coordination includes activities such as treatment plan meetings, IEP meetings, referrals, advocacy with school staff and phone calls. • Crisis services 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 and family. • Comparable services to those provided through CBHT (Individual Therapy, Group Therapy, Family Therapy, CBPRS, Member Centered Treatment Planning, and Crisis Services) are available to eligible individuals under age 21 who are not enrolled in a public school. • This service is provided through Public School Districts licensed as Mental Health Centers or Public School Districts who contract with agencies licensed as Mental Health Centers.

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Name of Service	Definition of Services
Therapeutic Group Home (TGH)	<p>TGH provides therapy and rehabilitation and support services in a structured group home environment for member. The purpose of the therapeutic and behavioral interventions is to improve the member’s functioning in one or more areas so that s/he can be successful in a home setting and to encourage personal growth and development.</p> <p>TGH services include the following components:</p> <ul style="list-style-type: none"> • Individual Therapy: the use of a one-to-one therapeutic intervention 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 develops or restores skills needed to function in normal life roles in the community. The ability to acquire and apply these skills helps prevent relapse and strengthen goal attainment. <p>Group Therapy: 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. The service reduces disability by facilitating development of skills needed for functioning in normal life roles in the community. The ability to acquire and apply these skills helps to prevent relapse and strengthen goal attainment.</p> <ul style="list-style-type: none"> • Family Therapy: Therapy and/or treatment that involves the participation of a family member/collateral and/or other non-Medicaid eligible individual(s) 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. The general expectation is that the member would be present for the service with the non-member; however, there may be some treatment session(s) where the practitioner’s judgment is not to include the member. • CBPRS are one-to-one intensive behavior management and stabilization services in home, school, 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 serious emotional disturbance criteria and medical necessity criteria for the service. The purpose of CBPRS services is to “reduce disability” and “restore function.” CBPRS are provided by a behavioral aide. Through CBPRS, a behavioral aide supports the member by augmenting life, behavioral, and social skills

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Name of Service	Definition of Services
Therapeutic Group Home (TGH) (continued)	<p>training needed to reach their identified treatment goals and function in normal life roles in the community. During skill training, the behavioral aide clearly describes the skill and expectations of member’s behavior, models the skill and engages the member in practice of the skill, and provides feedback on skill performance. The ability to acquire and apply these skills helps prevent relapse and strengthens goal attainment. These aides may consult with family members, teachers 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.</p> <ul style="list-style-type: none"> • Within a TGH, additional CBPRS may be provided as a medically necessary add-on service. This service is referred to as Extraordinary Needs Aide (ENA) when provided one-on-one and CBPRS Group when provided in group setting. • ENA and Group CBPRS within a TGH are delivered face-to-face. • This service is provided by agencies licensed to operate as Mental Health Centers and Therapeutic Group Homes.
Home Support Services	<p>Home Support Services are in-home services for member living in biological, adoptive, temporary guardianship, or kinship families.</p> <p>Home Support Services are delivered under a treatment plan that includes the following components:</p> <ul style="list-style-type: none"> • Functional assessment to evaluate the degree of impairment due to serious emotional disturbance in day-to-day functioning and provide specific behavioral information that leads to treatment planning to address those impairments. • Crisis services 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 and family. • Family support services include skill development, training, and integration designed to serve members with significant impairment due to their mental illnesses. The services assist to improve the interaction between the member and his or her peers and family and to improve skills related to exhibiting appropriate behavior in a variety of settings including the home, school, and community setting. Therapy and/or treatment that involves the participation of a family member/collateral and/or other non-Medicaid eligible individual(s) 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. The general expectation is that the member would be present for the service with the non-member; however, there may be some treatment session(s) where the practitioner’s judgment is not to include the member. • This service is provided by agencies licensed to operate as Mental Health Centers.

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Name of Service	Definition of Services
Therapeutic Foster Care (TFC)	<p>TFC services are in-home therapeutic and caregiver support services for member living in a licensed therapeutic foster home.</p> <p>The key difference between Home Support services and TFC services is the license requirement because the services must be provided in licensed therapeutic foster homes. Medicaid does not pay for foster care licensing.</p> <p>TFC services are delivered under a treatment plan that include the following components as needed:</p> <ul style="list-style-type: none"> • Functional assessment to evaluate the degree of impairment due to serious emotional disturbance in day-to-day functioning and provide specific behavioral information that leads to treatment planning to address those impairments. • Crisis services 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 and family. Family support services include skill development, training, and integration designed to serve members with significant impairment due to their mental illnesses. The services assist to improve the interaction between the member and his or her peers and family and to improve skills related to exhibiting appropriate behavior in a variety of settings including the home, school, and community setting. Therapy and/or treatment that involves the participation of a family member/collateral and/or other non-Medicaid eligible individual(s) 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. The general expectation is that the member would be present for the service with the non-member; however, there may be some treatment session(s) where the practitioner’s judgment is not to include the member. • This service is provided by agencies licensed to operate as Mental Health Centers.

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Name of Service	Definition of Service
<p>Therapeutic Foster Care Permanency (TFC-P)</p>	<p>TFC-P services are an intensive level of treatment for member in a pre-adoptive or permanent legal placement whose therapeutic needs are higher than those in a traditional therapeutic foster placement.</p> <p>TFC-P requires that the services must be provided in licensed therapeutic foster homes. Medicaid does not pay for foster care licensing.</p> <p>TFC-P services are delivered under a treatment plan that includes the following components as needed:</p> <ul style="list-style-type: none"> • Functional assessment to evaluate the degree of impairment due to serious emotional disturbance in day-to-day functioning and provide specific behavioral information that leads to treatment planning to address those impairments. • Crisis services 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 and family. Crisis services are provided by a Family Support Specialist. <p>Family support services include skill development, training, and integration designed to serve members with significant impairment due to their mental illnesses. The services assist to improve the interaction between the member and his or her peers and family and to improve skills related to exhibiting appropriate behavior in a variety of settings including the home, school, and community setting.</p> <ul style="list-style-type: none"> • Individual Therapy: the use of a one-to-one therapeutic intervention 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 develops or restores skills needed to function in normal life roles in the community. The ability to acquire and apply these skills helps prevent relapse and strengthen goal attainment. • Group Therapy: 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

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Name of Service	Definition of Services
<p>Therapeutic Foster Care Permanency (TFC-P) (continued)</p>	<p>reinforced by other group members and when social skills and social connections will assist the member in reaching their therapeutic goals. The service reduces disability by facilitating development of skills needed for functioning in normal life roles in the community. The ability to acquire and apply these skills helps to prevent relapse and strengthen goal attainment.</p> <ul style="list-style-type: none"> • Family Therapy: Therapy and/or treatment that involves the participation of a family member/collateral and/or other non-Medicaid eligible individual(s) 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. The general expectation is that the member would be present for the service with the non-member; however, there may be some treatment session(s) where the practitioner’s judgment is not to include the member.. • CBPRS are one-to-one intensive behavior management and stabilization services in home, school, 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 member who meet serious emotional disturbance criteria and medical necessity criteria for the service. The purpose of CBPRS services is to “reduce disability” and “restore function.” 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 skill training, the behavioral aide clearly describes the skill and expectations of member’s behavior, models the skill and engages the member in practice of the skill, and provides feedback on skill performance. The ability to acquire and apply these skills helps prevent relapse and strengthens goal attainment. These aides may consult with family members, teachers 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. Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the youth does not have access to face-to-face services. Case notes must include reason, including documentation of attempts to identify local supports, if related to access. • This service is provided by agencies licensed to operate as Mental Health Centers.

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Name of Service	Definition of Services
<p>Member Day Treatment Services</p>	<p>Member Day Treatment services are provided by a mental health center for children whose mental health needs are severe enough that they cannot be served in a public school setting. Member day treatment is a community-based alternative to PRTF or hospitalization that is provided in a specialized classroom setting that is not co-located in a public school. The educational component of the program is not paid for by Medicaid and must be provided through full collaboration with a public school district.</p> <p>A licensed or in-training therapist provides services at a ratio of no more than one to twelve members. The services are focused on building skills for adaptive school and community functioning and reducing symptoms and behaviors that interfere with a member’s ability to participate in their education at a public school, to minimize need for more restrictive levels of care and to support return to a public school setting as soon as possible.</p> <p>Day Treatment services include the following components:</p> <ul style="list-style-type: none"> • Individual therapy: the use of a one-to-one therapeutic intervention 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 develops or restores skills needed to function in normal life roles in the community. The ability to acquire and apply these skills helps prevent relapse and strengthen goal attainment. • Group Therapy: 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. The service reduces disability by facilitating development of skills needed for functioning in normal life roles in the community. The ability to acquire and apply these skills helps to prevent relapse and strengthen goal attainment. <p>Family Therapy: Therapy and/or treatment that involves the participation of a family member/collateral and/or other non-Medicaid eligible individual(s) 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. The general expectation is that the member would be present for the service with the non-member; however, there may be some treatment session(s) where the practitioner’s judgment is not to include the member.</p>

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Name of Service	Definition of Service
Member Day Treatment Services (continued)	<ul style="list-style-type: none"> • CBPRS are one-to-one intensive behavior management and stabilization services in home, school, 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 member who meet serious emotional disturbance criteria and medical necessity criteria for the service. The purpose of CBPRS services is to “reduce disability” and “restore function.” 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 skill training, the behavioral aide clearly describes the skill and expectations of member’s behavior, models the skill and engages the member in practice of the skill, and provides feedback on skill performance. The ability to acquire and apply these skills helps prevent relapse and strengthens goal attainment. These aides may consult with family members, teachers 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. • Within Day Treatment, CBPRS is delivered face-to-face. • This service is provided by agencies licensed to operate as Mental Health Centers.
Mental Health Intensive Outpatient Therapy (IOP)	<p>IOP services provide weekly structured intensive mental health care to youth with serious emotional disturbance (SED) while allowing youth to safely remain in school, in the home, and in their community. This is an intensive service provided by agencies licensed to operate as Mental Health Centers. Providers must provide 6 hours of core services to the youth per week to be eligible for this service. Youth must receive all medically necessary services indicated and each service must be documented in the individualized treatment plan (ITP).</p> <p>To be eligible for services youth must:</p> <ul style="list-style-type: none"> • Have a valid SED. • Have documented need for six or more hours of structured programming per week. • Require three or more core services per week, core services include: <ul style="list-style-type: none"> ○ Individual psychotherapy: services are provided by a licensed or supervised in-training psychologist, clinical social worker, professional counselor, or marriage and family therapist. ○ Group psychotherapy: services are provided by a licensed or supervised in-training psychologist, clinical social worker, professional counselor, or marriage and family therapist.

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Name of Service	Definition of Service
<p>Mental Health Intensive Outpatient Therapy (IOP) (continued)</p>	<ul style="list-style-type: none"> ○ Family psychotherapy: Therapy and/or treatment that involves the participation of a family member/collateral and/or other non-Medicaid eligible individual(s) 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. The general expectation is that the member would be present for the service with the non-member; however, there may be some treatment session(s) where the practitioner’s judgment is not to include the member. Services are provided by a licensed or supervised in-training psychologist, clinical social worker, professional counselor, or marriage and family therapist. ○ Community-based psychiatric rehabilitation and support (CBPRS): are one-to-one, intensive behavior management and stabilization for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The purpose of CBPRS services is to “reduce disability” and “restore function.” CBPRS are provided by a behavioral aide. Through CBPRS, a behavioral aide supports the youth 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 skill training, the behavioral aide clearly describes the skill and expectations of youth’s behavior, models the skill and engages the youth in practice of the skill, and provides feedback on skill performance. The ability to acquire and apply these skills helps prevent relapse and strengthens goal attainment. These aides may consult with family members, teachers or other key individuals that are part of a youth’s treatment team in order to determine how to help the youth be more successful in meeting treatment goals. Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the youth does not have access to face-to-face services. Case notes must include reason, including documentation of attempts to identify local supports, if related to access. ○ Crisis services: services include pre-crisis planning using a functional assessment for behaviors and/or emotions experienced by the youth 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 youth and family. Crisis services are provided by a behavioral aid and/or licensed or supervised in-training psychologist, clinical social worker, professional counselor, or marriage and family therapist. ○ Care coordination: a service designed to facilitate advocacy and collaboration in relation to the treatment of the youth as a means to reach treatment goals and increase functioning. Care coordination includes activities such as treatment plan meetings, IEP meetings, referrals, advocacy with school staff and phone calls. Care Coordination is provided by a behavioral aide and/or a licensed or supervised in-training psychologist, clinical social worker, professional counselor, or marriage and family therapist. <p>Services are provided for up to eight weeks per youth. Additional services may be authorized if determined medically necessary by the state.</p>

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PROVIDER QUALIFICATIONS

Provider Type	Licensure/Certification/Educational Requirements	Position Requires Supervision Y/N	Position Supervises Others	Services
Licensed Psychologist		N	Y May supervise In-Training Psychologists, Licensed Clinical Social Workers, Licensed Clinical Professional Counselors, or Licensed Marriage and Family Therapists, Family Support Specialists, and Behavioral Aides.	Individual Therapy, Group Therapy, Family Therapy, Member-Centered Treatment Planning, Crisis, CBPRS, Functional Assessment, Family Support.
Licensed Clinical Social Worker		N	Y May supervise In-Training or Licensed Clinical Social Workers or In-Training or Licensed Clinical Professional Counselors, or In-Training or Licensed Marriage and Family Therapists, Family Support Specialists, and Behavioral Aides.	Individual Therapy, Group Therapy, Family Therapy, Member-Centered Treatment Planning, Crisis, CBPRS, Functional Assessment, Family Support.

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Licensed Clinical Professional Counselor		N	Y May supervise In-Training or Licensed Clinical Social Workers or In-Training or Licensed Clinical Professional Counselors, or In-Training or Licensed Marriage and Family Therapists, Family Support Specialists, and Behavioral Aides.	Individual Therapy, Group Therapy, Family Therapy, Member-Centered Treatment Planning, Crisis, CBPRS, Functional Assessment, Family Support.
Licensed Marriage and Family Therapist		N	Y May supervise In-Training or Licensed Clinical Social Workers or In-Training or Licensed Clinical Professional Counselors, or In-Training or Licensed Marriage and Family Therapists, Family Support Specialists, and Behavioral Aides	Individual Therapy, Group Therapy, Family Therapy, Member-Centered Treatment Planning, Crisis, CBPRS, Functional Assessment, Family Support.
In-Training Psychologist	Montana Board of Psychologists (after completion of supervised experience requirement for licensure)	Y	Y May supervise Behavioral Aides	Individual Therapy, Group Therapy, Family Therapy, Member-Centered Treatment Planning, Crisis, CBPRS, Functional Assessment, Family Support.
In-Training Clinical Social Worker	Montana Board of Behavioral Health	Y	Y May supervise Behavioral Aides	Individual Therapy, Group Therapy, Family Therapy, Member-Centered Treatment Planning, Crisis, CBPRS, Functional Assessment, Family Support.

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In-Training Clinical Professional Counselor	Montana Board of Behavioral Health	Y	Y May supervise Behavioral Aides	Individual Therapy, Group Therapy, Family Therapy, Member-Centered Treatment Planning, Crisis, CBPRS, Functional Assessment, Family Support.
In-Training Marriage and Family Therapist	Montana Board of Behavioral Health	Y	Y May supervise Behavioral Aides	Individual Therapy, Group Therapy, Family Therapy, Member-Centered Treatment Planning, Crisis, CBPRS, Functional Assessment, Family Support.
Program Manager	Bachelor's degree in a human services field or experience and education equivalent to a bachelor's degree. Six years of human services experience equates to a bachelor's degree. Each year of post-secondary education in human services equates to one year of experience.	Y	Y May Supervise Behavioral Aides	CBPRS, Crisis

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Family Support Specialist	Bachelor's degree in a human services field or combined experience and education equivalent to a bachelor's degree. Six years of human services experience equates to a bachelor's degree. Each year of post-secondary education in human services equates to one year of experience.	Y	N	Crisis, Functional Assessment, Family Support.
Behavioral Aide	High school diploma or GED plus 2 years related work experience or related secondary education.	Y	N	CBPRS, Crisis, Member-Centered Treatment Planning
Orientation and Mobility Specialist	1. Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP); or 2. National Blindness Professionals and Mobility Certification Board (NBPCB).	N	N	Orientation and Mobility

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- I. The Department will reimburse Medicaid providers for EPSDT 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 EPSDT service is a set fee per unit of service and set as of the date on the Attachment 4.19B Introduction Page. 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.

- II. In accordance with the Social Security Act, the Department provides medically necessary EPSDT services. When the Department has not established a fee schedule for a service required by an individual covered under EPSDT, a rate is negotiated with the provider. This rate is set at a comparable rate to a service similar in scope.

- III. The Department's fee schedule for all EPSDT rehabilitative 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. Increases after that point in time calculation are based on legislative appropriations.

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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 and support services (CBPRS) are costed independently and then added into the unit rate as a direct service expenditure. The following elements are used to determine the rate, based on estimated reasonable costs, at a certain point in time, 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
- Travel costs

2. *Administrative Overhead / Indirect Costs*

3. *Auxiliary Operational Expenditures*

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).
- 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.
- Frontier Differential. A rate adjustment may be applied to services for youth residing in a Montana county with a per capita population of fewer than 6 people per square mile.

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C. Bundle-specific rate setting.

EPSDT 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. CBPRS is included in this table but is not a bundle. CBPRS is the sole unbundled service whose rate calculation is part of this State Plan Amendment. All other unbundled EPSDT 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 regularly review responses from Medicaid beneficiaries related to the types, quantity and intensity of Montana's behavioral health service array, and will review utilization of services every two years. If utilization falls significantly or beneficiary surveys identify gaps in access to care, 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 and to ensure that the rates remain economic and efficient based on the services that are actually provided as part of the bundle. Room and board or other unallowable facility costs are excluded from all rates.

Any provider delivering services through a bundle will be paid through that bundle's payment rate and cannot bill separately. Providers delivering separate services outside of the bundle may bill for those separate services in accordance with the Montana's Medicaid billing procedures.

At least one of the services included in the bundle must be provided within the service payment unit in order for providers to bill the bundled rate.

Pursuant to Administrative Rules of the State of Montana, Medicaid providers must maintain records which fully demonstrate the extent, nature and medical necessity of services and items provided to Montana Medicaid recipients.

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Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
Community-Based Psychiatric Rehabilitation and Support (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 • Travel costs • Administrative overhead/Indirect costs • Auxiliary Operational Expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Per 15 minutes
Comprehensive Behavioral Health Treatment (CBHT)	<ul style="list-style-type: none"> • Individual Therapy • Group Therapy • Family Therapy • CBPRS • Care Coordination • Crisis Services 	<ul style="list-style-type: none"> • Usual and Customary Market Rate • Historical Utilization • CPI • Frontier Differential 	Per diem

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Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
Therapeutic Group Home (TGH)	<ul style="list-style-type: none"> • Individual Therapy • Group Therapy • Family Therapy • CBPRS <p>Within a TGH, additional CBPRS may be provided when medically necessary. This service is referred to as Extraordinary Needs Aide (ENA) when provided one-to-one and CBPRS Group when provided in group setting.</p>	<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 	<p>Per diem (TGH)</p> <p>Per 15 minutes (CBPRS)</p>
Home Support Services	<ul style="list-style-type: none"> • Functional assessment • Crisis Services • Family Support Services 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • On-call differential (crisis services) • Program support costs • Travel costs • Administrative overhead/Indirect costs • Auxiliary Operational Expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor • Frontier Differential 	Per 15 minutes

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Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
Therapeutic Foster Care (TFC)	<ul style="list-style-type: none"> • Functional assessment • Crisis Services • Family Support Services 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • On-call differential (crisis services) • Program support costs • Travel costs • Administrative overhead/Indirect costs • Auxiliary Operational Expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Per diem
Therapeutic Foster Care Permanency (TFC-P)	<ul style="list-style-type: none"> • Functional assessment • Crisis Services • Family Support Services • Individual Therapy • Group Therapy • Family Therapy • CBPRS 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • On-call differential (crisis services) • Program support costs • Travel costs • Administrative <u>o</u>verhead/ Indirect costs • Auxiliary Operational Expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Per diem

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Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
Youth Day Treatment Services	<ul style="list-style-type: none"> • Individual Therapy • Group Therapy • Family Therapy • CBPRS 	<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
Mental Health Intensive Outpatient Therapy (IOP)	<ul style="list-style-type: none"> • Individual Therapy • Group Therapy • Family Therapy • CBPRS • Crisis Services • Care Coordination 	<ul style="list-style-type: none"> • Direct Service Expenditures • Direct Staff Wages • Employee Benefit Costs • Direct Supervision • Program Support Costs • On-call differential for services that require 24-hour per day, 7-day a week on-call for crisis and response 	Per day

D. Rate Notes and Formula

1. Community-Based Psychiatric Rehabilitation and Support (CBPRS) services is the only unbundled EPSDT rehabilitative service whose rate calculation is part of this State Plan Amendment. All other unbundled EPSDT rehabilitative services are covered by other state plans or their rates are included in the State's Resource Based Relative Value System (RBRVS).

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Group therapy for Community-Based Psychiatric Rehabilitation and Support (CBPRS) has a maximum staff to member ratio of one to four. The rate for CBPRS group therapy is set at 30% of the individual rate.

There is a separate rate for Community-Based Psychiatric Rehabilitation and Support (CBPRS) when CBPRS is provided within a Therapeutic Group Home (TGH). The separate rate calculation for CBPRS provided within a TGH excludes the mileage component.

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)

2. Therapeutic Group Home (TGH)

In the Therapeutic Group Home 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 Therapeutic Group Home 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 Therapeutic Group Home 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 unit rate.

TGH Rate = (((Provider Direct Costs + Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ Medicaid Bed Days or Units of Service) x Calculation Adjustors)

3. Home Support Services (HSS)

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

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4. Therapeutic Foster Care (TFC)

TFC Rate = (((Hourly Provider Direct Costs + Hourly Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ (Productivity Adjustment Factor or Billable Hours) x Productive FTE Hours) ÷ Daily Units) x Calculation Adjustors)

5. Therapeutic Foster Care Permanency (TFC-P)

A minimum of ten hours per week of community-based psychiatric and supports (CBPRS) is required for each member under Therapeutic Foster Care Permanency (TFC-P). Community-based psychiatric and supports (CBPRS) is reimbursed per 15-minute increment on the basis of a separate departmental fee schedule rate. The estimated average service time for behavioral aide services per member, is multiplied by the current fee schedule rate for CBPRS. This amount is then added into direct service costs for the TFC-P daily rate.

The Therapeutic Foster Care Permanency (TFC-P) bundled rate includes individual, family, and group therapy services. The estimated average number of services necessary for individual, family, and group therapies per member is multiplied by the current rate schedule under RBRVS methodology. This component is then added into direct service costs for the TFC-P daily rate.

TFC-P Rate = (((Hourly Provider Direct Costs + Hourly Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ (Productivity Adjustment Factor or Billable Hours x Productive FTE Hours)) ÷ (Daily Units x Calculation Adjustors))

6. Youth Day Treatment

All educational components are excluded from the Youth Day Treatment Medicaid rate. The Youth Day Treatment rate is based on caseload assumptions for Full Time Equivalents (FTE) necessary to provide day treatment for one classroom of twelve members. The rates are divided into hourly time increments for billing purposes.

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

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7. Comprehensive Behavioral Health Treatment (CBHT)

CBHT services are provided by Medicaid-enrolled public school districts. To provide CBHT, public school districts must be licensed as, or contract with, a mental health center with an endorsement to provide CBHT. Contracted service costs are considered under Provider Direct and Indirect Costs and Auxiliary Operational Expenditures.

CBHT services are reimbursed according to a per-diem rate of \$96.96 for services delivered in a non-frontier differential county, and \$111.50 for services delivered in a frontier differential county, based on historical program utilization and expenditures with adjustments for inflation.

One CBHT team with up to three employees will not be reimbursed for more than 360 service days per team per month. The CBHT team is reimbursed once per service day, per youth, even if multiple CBHT team members provide services to the same youth. A service day is a minimum of 30 total minutes of service provided by the CBHT team. The licensed or licensure candidate mental health professional must provide a minimum of three core services per month to each youth enrolled in the CBHT team. There is no limit on the number of youth that may be served.

For youth who are referred to CBHT services but upon assessment do not meet admissions criteria; up to ten service days per youth, per state fiscal year, may be billed for an intervention, assessment, and if necessary, referral to other services. These service days must be billed as part of the 360 service days monthly team total.

8. Mental Health Intensive Outpatient Therapy (IOP)

The bundled all-inclusive daily rate includes the following services:

- (a) individual psychotherapy
- (b) group psychotherapy
- (c) family psychotherapy
- (d) community-based psychiatric rehabilitation and support (CBPRS)
- (e) crisis services
- (f) care coordination

The Mental Health Center will bill for the bundled services. Any provider delivering services through a bundle will be paid through that bundle's payment rate and cannot bill separately.

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Providers must provide 6 hours of core services to the youth per week to be eligible to bill the bundled rate. When weekly requirements are not met the provider may unbundle and bill in accordance with Medicaid Youth Mental Health Fee Schedule and Montana Department of Public Health RBRVS Fee Schedule. It is not required that each member receive every service listed but all medically necessary services must be provided and documented. A billable day must be a minimum of 45 minutes of core services provided to the youth by the IOP provider(s). Care coordination services can account for a maximum of one hour per week. Medicaid providers delivering separate services outside of the bundle may bill for those services in accordance with Montana's Medicaid billing procedures.

The all-inclusive bundled daily rate does not include costs related to room and board or other unallowable facility costs if the rate is paid in residential settings.

IV. The Department's methodology for all other, non- rehabilitative EPSDT services is determined as follows.

Provider-Orientation and Mobility Specialist (Provider, Service, Unit, Limits)

Service	Unit	Reimbursement	Limits
Sensory Integration	15 min units	Fee schedule referenced in I.B.	none
Self-Care Management	Per occurrence	Fee schedule referenced in I.B.	none

Provider-Department approved Cleft/Craniofacial Interdisciplinary Teams *

Service	Unit	Reimbursement	Limits
Cleft/Craniofacial Interdisciplinary Teams	Day	Fee schedule referenced in I.B.	N/A

Provider-Department approved Metabolic Interdisciplinary Teams *

Service	Unit	Reimbursement	Limits
Metabolic Interdisciplinary Teams	Day	Fee schedule referenced in I.B.	N/A

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Provider-Department approved Cystic Fibrosis Interdisciplinary Teams *

Service	Unit	Reimbursement	Limits
Cystic Fibrosis Interdisciplinary Teams	Day	Fee schedule referenced in I.B.	N/A

*The bundled rates for the three interdisciplinary teams providing EPSDT Services through the Public Health and Safety Division of the Department (Provider, Service, Unit, Limits) are arrived at using a prospective Medicaid rate-setting method that was developed to reflect service definitions, provider requirements, operational service delivery, and administrative considerations at a certain point in time. Each service provided by individual team members is included in the bundled Medicaid rate with an applied efficiency factor. The efficiency factor is set considering service configuration, team composition, scale of operation, expected costs, volume of service and overall caseload.

V. Direct Care Wage Add-on Reimbursement

Effective February 15, 2013, additional direct care wage reimbursement payments will be made to providers that employ direct-care workers (DCW).

These funds will be distributed proportionally in an annual payment to participating EPSDT rehab service providers based on the number of units of Medicaid EPSDT rehab direct care services provided by each provider during the most recent twelve months for which claims data is available.

The amount of direct care wage reimbursement payments allocated to each direct care service type for distribution is based on legislative appropriation, historical direct-care wage fund allocations from the most recent survey of providers, and the proportion of Medicaid expenditures each direct care service is in relation to all direct care services in a **provider type** allocation.

Direct care worker (DCW) for EPSDT rehabilitative services means a non-professional employee of a Medicaid-enrolled provider who is assigned to work directly with youth or in youth-specific rehab service activities for no less than 75% of their hours of employment. A DCW is primarily responsible for the implementation of the treatment goals of the youth. The term "Direct Care Worker" includes Community Based Psychiatric Rehabilitation Services aides, Home Support Services or Therapeutic Foster Care Treatment staff and aides, Day Treatment aides, Therapeutic Group Home nonprofessional staff and Extraordinary Needs Aides. Wage add-on payments are made to direct care workers providing the following services: Community Based Psychiatric Rehabilitation services, family support services, and crisis services.

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Distribution to each participating provider is calculated in the following manner:

Step 1: Total amount appropriated / historical direct care wage allocation = amount direct care wage per participating provider type.

Step 2: Amount of direct care wage per participating provider type / all participating provider units (standardized) in the provider type = amount direct care wage per standardized unit of service.

Step 3: Amount of direct care wage per standardized unit of service × amount of direct care wage per unit = amount of individual provider direct care wage reimbursement.

Total amount appropriated per year for all EPSDT rehabilitation direct care wage reimbursement is \$2,337,109 per state fiscal year.

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Applied Behavior Analysis (ABA) Services

- I. Reimbursement for Applied Behavior Analysis (ABA) services will be the lower of:
- A. The provider's usual and customary (billed) charge for the service; or
 - B. The Department's fee schedule which is based on a resource based relative value scale (RBRVS) methodology. In accordance with RBRVS methodology, a Relative Value Unit (RVU), which is numeric, is multiplied 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. Current Procedural Terminology (CPT) Category I codes are being utilized for adaptive behavior assessment/intervention services for the assessment and treatment of a Serious Emotional Disturbance (SED) including Autism Spectrum Disorder, or Developmental Disability diagnosis, that meets Functional Impairment Criteria. For Behavior Identification Assessments 97151 and Adaptive Treatment with Protocol 97155, the Department fee is based on a service provided by a Board Certified Behavior Analyst, the fee is reduced approximately 26% when provided by a Board Certified Assistant Behavior Analyst or a student enrolled in an accredited ECBA graduate level education program.