

## **Table of Contents**

**State/Territory Name: MT**

**State Plan Amendment (SPA) #: 24-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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

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July 15, 2025

Rebecca De Camara  
State Medicaid Director  
Montana Department of Public Health & Human Services  
P.O. Box 4210  
Helena, MT 59604  
Attention: Carla Rime

Re: Montana State Plan Amendment (SPA) – 24-0001

Dear Director De Camara:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0001. This amendment proposes to add provider types and to add certain supported employment services under the rehabilitative services benefit. The SPA also makes other minor changes to the state plan pages.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.130(d) and 42 CFR 447.203. This letter informs you that Montana's Medicaid SPA (TN) 24-0001 was approved on July 15, 2025, with an effective date of July 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Montana State Plan.

If you have any questions, please contact Dana Brown at (410) 786-0421 or via email at [Dana.Brown@cms.hhs.gov](mailto:Dana.Brown@cms.hhs.gov).

Sincerely,

Shantrina Roberts, Acting Director  
Division of Program Operations

Enclosures

cc: Carla Rime

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 24-0001	2. STATE Montana
		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 <del>October 1, 2024</del> July 1, 2024	
5. FEDERAL STATUTE/REGULATION CITATION <del>42 CFR 440</del> 42 CFR 440.130(d). 42 CFR 447.203 1902(a)(30)(A) of the Social Security Act SSA 1905(a)(13)		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY2024 \$ 2,096,605.00 b. FFY2025 \$ 8,386,423.00	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Other Rehab 4.19B pages 1,6,7,14,18 Other Rehab 3.1A pages <del>1-39</del> 1-41 Other Rehab 3.1B pages <del>1-39</del> 1-41		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Other Rehab 4.19B pages 1,6,7,14,18 Other Rehab 3.1A pages 1-39 Other Rehab 3.1B pages 1-39	
9. SUBJECT OF AMENDMENT  The Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health will require updates to include amendments to establish Medicaid rates of reimbursement. Additionally, the proposed amendments represent the state's commitment to further expand coverage and promote access to Mental health services for eligible Montanans by adding the Montana Assertive Community Treatment program and Community Maintenance Program.			
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		OTHER, AS SPECIFIED: <input checked="" type="checkbox"/> Single State Agency	
11. SIGNATURE OF STATE AGENCY OFFICIAL		15. RETURN TO: Montana Department of Public Health and Human Services Medicaid and Health Services Executive Director Attn: Carla Rime PO Box 4210, Helena, MT 59601	
12. TYPED NAME Rebecca de Camara			
13. TITLE Medicaid and Health Services Executive Director			
14. DATE SUBMITTED 12/31/2024			
FOR CMS USE ONLY			
16. DATE RECEIVED 12/31/2024		17. DATE APPROVED July 15, 2025	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL 7/1/2024		19. SIGNATURE OF APPROVING OFFICIAL	
20. TYPED NAME OF APPROVING OFFICIAL Shantrina Roberts		21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations	

22. REMARKS

The state authorized a pen & ink change for Box 4 to update the effective date, Box 5 updating the 42 CFR reference to 42 CFR 440.130(d), and for Box 7 to update the Other Rehab page numbers.



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**Definition of Rehabilitative Services**

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

**Definition of Other Rehabilitative Services**

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

Medicaid providers delivering services outside the bundled package may do so in accordance with section 1905(a) of the Social Security Act and Federal regulations of 42 CFR 440. Services must be provided by qualified practitioners within their scope of practice.

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

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

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

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

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

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



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Name of Services	Definition of Services	Licensed Agency
Illness Management and Recovery (IMR)	IMR is an evidenced-based service that offers a broad set of strategies designed to assist the adult with reducing disability and restoring functioning by giving the member information about mental illness and coping skills to help them manage their illness, develop goals, and make informed decisions about their treatment. The goals are reviewed on an ongoing basis by the provider, behavioral health aide, and member. Services can be provided in an individual and/or group format by a licensed or supervised in-training psychologist, licensed clinical social worker (LCSW), licensed marriage and family therapist (LMFT), or licensed clinical professional counselor (LCPC) who have been trained in IMR services.	Agencies Licensed to Operate as Mental Health Centers
Crisis Receiving and Stabilization Program	Crisis Receiving and Crisis Stabilization Programs are designated services for adults experiencing a behavioral health crisis related to a mental health disorder and/or a combination of mental health and substance use disorder (co-occurring). The Crisis Receiving and Crisis Stabilization Programs are designed to provide triage, crisis risk assessment, evaluation, and intervention to members whose crisis response needs are deemed to be urgent or emergent. Community-based crisis programs are designated as either: (1) Tier I: Crisis Receiving Program; (2) Tier II: Crisis Stabilization Program; or (3) Tier III: Crisis Receiving and Stabilization Program.	Agencies Licensed to Operate as Mental Health Centers

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Name of Services	Definition of Services	Licensed Agency
Crisis Receiving and Stabilization Program (continued)	<p>Crisis Receiving Program means a community-based outpatient program that provides evaluation, observation, intervention, and referral for members experiencing a crisis due to behavioral health (i.e., mental health or a co-occurring mental health and substance use disorder). Crisis Receiving is a short-term urgent or emergent treatment for crisis intervention and stabilization of no more than 23 hours and 59 minutes from the time the member is admitted to the program. Members receiving this service must be evaluated, then stabilized and/or referred to the most appropriate level of care. A Crisis Receiving Center is an alternative, but not a replacement, to a community hospital Emergency Department (ED); as such, it operates 24 hours a day, seven days a week, 365 days a year (24/7/365) and offers walk-in and first responder drop off options.</p> <p>Crisis Stabilization Program is short-term, 24-hours or more, of supervised residential treatment in a community-based facility of fewer than 16 beds for adults with a mental health and/or mental health and substance use (co-occurring) disorders. It is an emergency treatment for crisis intervention and stabilization that offers a treatment option as an alternative to Acute Inpatient Hospitalization. The service includes medically monitored residential services to provide psychiatric stabilization on a short-term basis and is designed to reduce disability and restore members to previous functional levels by promptly intervening and stabilizing when crisis situations occur. The focus is recovery, preventing continued exacerbation of symptoms, and decreasing risk of, or need for, higher levels of care, including hospitalization.</p>	Agencies Licensed to Operate as Mental Health Centers



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Name of Services	Definition of Services	Licensed Agency
Crisis Receiving and Stabilization Program (continued)	Crisis Receiving and Stabilization Programs must be provided and/or supervised by a licensed mental health professional as defined as a physician, LCPC, LCSW, LMFT or a psychologist. Direct care staff are behavioral health aides working under the direction/supervision of a licensed mental health professional.	Agencies Licensed to Operate as Mental Health Centers
Mobile Crisis Response Services - Mobile Crisis Team Services	Mobile Crisis Response Services: Mobile Crisis Services provide integrated, short-term crisis response, stabilization, and intervention for members experiencing a mental health or substance use crisis. Mobile crisis service providers must be able to be dispatched and respond without law enforcement. Services may be provided by a clinical mental health professional, qualified to provide a clinical assessment within their scope of practice, or by a mobile crisis team that includes a clinical mental health professional and a paraprofessional experienced in behavioral health interventions. Providers provide a mobile, on-site therapeutic response to a member experiencing a behavioral health crisis for the purpose of identifying, assessing, treating, and stabilizing the situation and reducing immediate risk of danger to the member or others. Mobile Crisis Services providers have the capability to make referrals to outpatient care and provide follow up care coordination to ensure that the member's crisis is resolved, or they have successfully been connected to ongoing services. When furnished by a mobile crisis team, the responding team must have at least one team member respond in-person (one team member may respond via telehealth and remain connected throughout the duration of the response). Services include screening and assessment; stabilization and de-escalation; and arrangement of mobile crisis care coordination services with referrals to health, social, other services and supports.	Agencies enrolled in Montana Medicaid and approved by the Department

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Name of Services	Definition of Services	Licensed Agency
Mobile Crisis Response Services - Mobile Crisis Team Services (continued)	<p>Additional information:</p> <p>In order to claim increased FMAP for mobile crisis intervention services, the requirements described in section 1947(b) of the Act must be met, including providing services to persons outside of a hospital or other facility setting, through a multidisciplinary team, trained in trauma-informed care, de-escalation strategies, and harm reduction that is able to respond 24 hours per day, every day of the year. The multidisciplinary team must include a clinical mental health professional, qualified to provide a clinical assessment within their scope of practice.</p>	
Mobile Crisis Care Coordination	<p>Crisis Care Coordination Services provide deliberate organization of member care activities for members who have recently experienced a behavioral health crisis and meet the medical necessity criteria. Crisis CC Services facilitate information sharing among all the participants concerned with a member's care to achieve safer and more effective care.</p> <p>Crisis CC Services must be provided by a provider that is approved by the department and enrolled in Montana Medicaid as a crisis provider.</p>	Agencies enrolled in Montana Medicaid and approved by the Department.

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



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Name of Service	Definition of Service	Licensed Agency
Adult Foster Care Support (AFC)	<p>Adult Foster Care Support are in-home supervised support services in a licensed foster home. The service can also be provided in another community-based setting on a trial therapeutic basis authorized by the department. The purpose of the service is to provide behavioral interventions to the member to reduce disability, restore previous functioning levels in one or more areas, and encourage recovery so the member can be successful in a home and community setting. Individual Placement Agreement is necessary and establishes the member placement agreement and describes the terms of the member's placement that includes the responsibilities of the adult foster care provider, the member, the mental health center, and the guardian when appropriate. Adult Foster Care Support services include the following components:</p> <ul style="list-style-type: none"> <li>• Clinical assessment: Clinical assessments must provide sufficient detail to create an individualized treatment plan, which includes goals and objectives and evaluates the member's degree of impairment due to the severe and disabling mental illness in day-to-day functioning. Clinical assessments are provided by a licensed mental health professional as defined as a physician, LCPC, LCSW, LMFT, or a psychologist.</li> </ul>	Agencies Licensed to Operate as Mental Health Centers



MONTANA

Name of Service	Definition of Service	Licensed Agency
Adult Foster Care Support (continued)	<ul style="list-style-type: none"> <li>• Crisis services: to include pre-crisis planning using a functional assessment for behaviors and/or emotions experienced by the member that have led to crisis in the past. Crisis services also include a range of 24-hour response, from telephonic to face-to-face, depending on the needs of the member. Crisis services are provided by an Adult Foster Care Specialist who has a bachelor's degree in a human services field with one year of full-time mental health experience and/or a program supervisor, who is a licensed mental health professional as defined as a physician, LCPC, LCSW, LMFT, or a psychologist.</li> <li>• Care Coordination: a service that includes the implementation, coordination, and management of mental health services provided to the member to promote rehabilitation and treatment activities to restore levels of independence. Care coordination includes a minimum of weekly contacts with the foster care parent and the member in the home to assess whether the supports and services are adequate to meet the member's needs. Care Coordination is provided by Adult Foster Care Specialist who has a bachelor's degree in a human services field with one year of full-time mental health experience supervised by a licensed mental health professional as defined as a physician, LCPC, LCSW, LMFT, or a psychologist.</li> </ul>	Agencies Licensed to Operate as Mental Health Centers

MONTANA

Name of Service	Definition of Service	Licensed Agency
Behavioral Health Group Home (BHGH)	<p>Behavioral Health Group Homes are licensed group homes that provide short-term supervision, stabilization, treatment, and behavioral modification for members with severe and disabling mental illness and require clinical support for daily direct care. The purpose of the service is to provide behavioral interventions, treatment, behavioral modification and management to reduce disability, restore previous functioning levels in one or more areas, and encourage recovery so the member is able to reside outside of a structured setting in an independent living situation.</p> <p>Behavioral Health Group Home include the following components:</p> <p>Community Based Psychiatric Rehabilitation Services (CBPRS): CBPRS are one-to-one, intensive behavior management and stabilization services in home settings for a specified period of time in which the problem or issue impeding recovery of full functioning is defined and treated. They are for members who meet severe disabling mental illness criteria and medical necessity criteria for the service. Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the member 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.-</p>	Agencies Licensed to Operate as Mental Health Centers

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Name of Service	Definition of Service	Licensed Agency
Behavioral Health Group Home (BHGH) (continued)	<p>CBPRS services are provided by a behavioral health aide. Through CBPRS, a behavioral health aide supports the member by augmenting life, behavioral, and social skills training needed to reach their identified treatment goals and function in normal life roles in the community. During skills training, the behavioral health aide clearly describes the skill and expectations of the member's behavior, models the skill and engages the member in practice of the skill, and provides feedback on skill performance. These aides may consult face-to-face with family members or other key individuals who are part of a member's treatment team to determine how to help the member be more successful in meeting treatment goals.</p> <ul style="list-style-type: none"> <li>• Individual Therapy: a service that utilizes one-to-one therapeutic interventions for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The adult and the therapist establish the overall objective (or outcome sought) and develop specific goals. The service reduces disability and develops or restores skills needed to function in normal life roles in the community. Services can be provided by a licensed or supervised in-training clinical psychologist, LCSW, LMFT, or LCPC.</li> <li>• Family Therapy: therapy and/or treatment to the member's family is for the direct benefit of the member, in accordance with the member's needs and treatment goals identified in the member's treatment plan, and for the purpose of assisting in the member's recovery. This is a service that utilizes the same strategy of developing goals and includes family members and other significant others to address identified issues. Services can be provided by a licensed or supervised in-training clinical psychologist, LCSW, LMFT, or LCPC.</li> </ul>	Agencies Licensed to Operate as Mental Health Centers

TN 24-0001  
Supersedes 23-0023

Approved: 7/15/2025

Effective: 7/01/2024



MONTANA

Name of Service	Definition of Service	Licensed Agency
Behavioral Health Group Home (BHGH) (continued)	<ul style="list-style-type: none"> <li>Group Therapy: a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the members by utilizing the group process and input of others in the group. Services can be provided by a licensed or supervised in-training clinical psychologist, LCSW, LMFT, or LCPC.</li> <li>Care Coordination: a service that works with each member to coordinate all services and referrals and track clinical outcomes. The care coordinator also works with member to identify social determinants of health that may impede their treatment and helps navigate the member and family toward community resources that can help address those factors. Services can be provided by a person with a bachelor's degree with one-year experience working in the mental health field.</li> </ul>	Agencies Licensed to Operate as Mental Health Centers



MONTANA

Name of Service	Definition of Service	Licensed Agency
Behavioral Health Group Home (BHGH) (continued)	<ul style="list-style-type: none"> <li>• Certified Behavioral Health Peer Support: Certified Peer Support is a service provided one-to-one to promote positive coping skills through mentoring and other activities that assist a member with a SDMI diagnosis and/or SUD diagnosis to achieve their goals for personal wellness and recovery. The purpose is to help members through a process of change to improve their health and wellness, live a self-directed life, and strive to reach their full potential. The direct services are provided by a Certified Peer Support Specialist. Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the member 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.</li> </ul>	Agencies Licensed to Operate as Mental Health Centers
*Program of Assertive Community Treatment (PACT)	<ul style="list-style-type: none"> <li>• PACT is a member-centered, recovery and resiliency-oriented rehabilitative mental health services delivery model for facilitating community living, psychosocial rehabilitation and recovery for members with severe disabling mental illness who have not benefited from traditional outpatient services. PACT is a multi-disciplinary, self-contained clinical team approach providing long-term intensive care and all mental health services in natural community settings. Interventions focus on achieving maximum reduction of physical and mental disability and restoration of the member to his/her best possible functional level. PACT is a 24 hour a day, 7 days a week, 365 days a year service in all settings except jails, detention centers, clinic settings, and inpatient hospital settings. PACT must be provided in the member's natural setting such as where the member lives, works, or interacts with other people at least 75% of the time.</li> </ul>	Agencies enrolled in Montana Medicaid and approved by the Department

\*Services effective on or after 10/1/2024

MONTANA

Name of Service	Definition of Service	Licensed Agency
*Program of Assertive Community Treatment (PACT) (continued)	<p>PACT multidisciplinary clinical staff are defined as the following:</p> <ul style="list-style-type: none"> <li>• Psychiatric Prescriber: must be licensed to practice medicine in the State of Montana as a psychiatrist; APRN specializing in mental health treatment; or a physician assistant specializing in mental health treatment who is supervised by the MHC psychiatrist or physician.</li> <li>• Team Lead: bachelor's degree public health services, human services, non-profit management, business management, or any other related field, one-year related management experience in administrative and program management, and experience in health-related field; preferably, in the mental illness and/or low-income populations.</li> <li>• Nursing staff: Provides medical assessment and services, as well as treatment and rehabilitation services. This position can be filled by a Registered Nurse (RN) and supervised Licensed Practical Nurses (LPN).</li> </ul>	Agencies enrolled in Montana Medicaid and approved by the Department

\*Services effective on or after 10/1/2024

MONTANA

Name of Service	Definition of Service	Licensed Agency
*Program of Assertive Community Treatment (PACT) (continued)	<ul style="list-style-type: none"> <li>• Co-Occurring Clinical Staff: are licensed Behavioral Health professionals with Mental Health and Substance Use treatment within their scope of practice who provide direct patient care. Must be a LCPC, LCSW, LMFT, or a licensed psychologist.</li> <li>• Vocational Specialist: Services include therapy, psychosocial rehabilitation, referrals to community-based resources, and other related activities to assist the member with managing their behavioral health symptoms and overcome symptoms that interfere with employment and/or other community activities. Services do not include job placement, job training, job creation, or any other services not directly related to assisting the member manage their behavioral health condition. Must have a high school diploma and have four years of advanced education or equivalent on-the-job experience in work-related services.</li> </ul>	Agencies enrolled in Montana Medicaid and approved by the Department

\*Services effective on or after 10/1/2024



MONTANA

Name of Service	Definition of Service	Licensed Agency
*Program of Assertive Community Treatment (PACT) (continued)	<ul style="list-style-type: none"> <li>• Certified Behavioral Health Peer Support Specialist: Certified Peer Support is a service provided one-to-one to promote positive coping skills through mentoring and other activities that assist a member with a SDMI diagnosis and/or SUD diagnosis to achieve their goals for personal wellness and recovery. The purpose is to help members through a process of change to improve their health and wellness, live a self-directed life, and strive to reach their full potential. The direct services are provided by a Certified Peer Support Specialist, with lived experience and certified by the State of Montana. A CBHPSS must be certified by the State of Montana, be supervised by a qualified professional, and subject to continuing education requirements.</li> <li>• PACT Specialist: Bachelor or Associate degree in related field and two years related mental health experience for a bachelors degree, or four years related mental health experience.</li> <li>• PACT Generalist: High school diploma and two year's experience in the mental health field.</li> </ul>	Agencies enrolled in Montana Medicaid and approved by the Department

\*Services effective on or after 10/1/2024

MONTANA

Name of Service	Definition of Service	Licensed Agency
*Program of Assertive Community Treatment (PACT) (continued)	<p>At minimum, PACT teams will be comprised of the following three team sizes and full-time equivalency requirements:</p> <ul style="list-style-type: none"> <li>• Large Teams: will consist of 75-100 members and require the following FTE: <ul style="list-style-type: none"> <li>o Psychiatric Prescriber - 1.0 FTE;</li> <li>o Team Lead - 1.0 FTE;</li> <li>o Nursing Staff - 2.0 FTE;</li> <li>o Co-occurring clinical staff - 2.0 FTE;</li> <li>o Vocational Specialist - 2.0 FTE; and</li> <li>o Certified Behavioral Health Peer Support Specialist (CBHPSS) - 1.0 FTE</li> </ul> </li> <li>• Medium Teams: will consist of 50-74 members and require the following FTE: <ul style="list-style-type: none"> <li>o Psychiatric Prescriber - 0.75 FTE;</li> <li>o Team Lead - 1.0 FTE;</li> <li>o Nursing Staff - 1.5 FTE;</li> <li>o Co-occurring clinical staff - 1.5 FTE;</li> <li>o Vocational Specialist - 1.5 FTE; and</li> <li>o CBHPSS - 1.0 FTE</li> </ul> </li> <li>• Small Teams: will consist of 50 members or less, and require the following FTE: <ul style="list-style-type: none"> <li>o Psychiatric Prescriber - 0.5 FTE;</li> <li>o Team Lead - 1.0 FTE;</li> <li>o Nursing Staff - 1.0 FTE;</li> <li>o Co-occurring clinical staff - 1.0 FTE;</li> <li>o Vocational Specialist - 1.0 FTE; and</li> <li>o CBHPSS - 1.0 FTE</li> </ul> </li> </ul> <p>The provision of PACT services must comply with the fidelity standards of the Substance Abuse and Mental Health Services Administration's Assertive Community Treatment, as demonstrated by PACT fidelity reviews. No PACT team shall have less than a 1:10 ratio of team members serving clients. To maintain this ratio, teams may choose to fill positions on the team with either a PACT Specialist, or a PACT Generalist.</p>	Agencies enrolled in Montana Medicaid and approved by the Department

\*Services effective on or after 10/1/2024

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Name of Service	Definition of Service	Licensed Agency
*Program of Assertive Community Treatment (PACT) (continued)	<p>PACT services include the following components:</p> <ul style="list-style-type: none"> <li>• Psychiatric/Medical Assessment/Evaluation: an ongoing service provided face-to-face to determine psychiatric and social history, as well as the course of care and treatment goals required for the physical, nutritional, and psychological issues to restore previous functioning levels. Psychiatric assessment and evaluations can be completed by a licensed psychologist, LCSW, LMFT, or LCPC.</li> <li>• Medication Management, administration, delivery/monitoring: a service to prescribe or administer medication in treating the primary symptoms of a member's psychiatric condition. This service is intended to include medication trials which are adequate in dose and duration, as well as assessments of the appropriateness of the adult's existing medication regimen through record review, and ongoing monitoring. Medication management may include providing members information concerning the effects, benefits, risks, and possible side effects of a proposed course of medication. Services can be provided by a RN, LPN, APRN, PA, or psychiatrist within the discipline's scope of practice.</li> <li>• Case/Care Management: a service that is an organized process of coordination among the multidisciplinary team to provide a full range of appropriate treatment, rehabilitation, and support services to a member in a planned, coordinated, efficient, and effective manner. Care Management also includes the linkage and referral to needed services. All team members are trained and expected to provide this service.</li> </ul>	Agencies enrolled in Montana Medicaid and approved by the Department

\*Services effective on or after 10/1/2024



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Name of Service	Definition of Service	Licensed Agency
*Program of Assertive Community Treatment (PACT) (continued)	<ul style="list-style-type: none"> <li>• Crisis Support, Intervention, and Stabilization: this service provides timely and appropriate crisis response and interventions 24/7, and may involve behavioral health therapy, peer support, care coordination, and/or medication management as determined by the members individualized treatment plan. This service may be provided by the appropriate member of the PACT team within the scope of their practice.</li> <li>• Psychosocial Rehabilitation: this service restores independent living skills and community reintegration. Includes side-by-side assistance with activities of daily living</li> <li>• Social and Interpersonal Skills Training: Services to support social/interpersonal relations through individual coaching and structured group activities.</li> </ul>	Agencies enrolled in Montana Medicaid and approved by the Department

\*Services effective on or after 10/1/2024

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Name of Service	Definition of Service	Licensed Agency
*Program of Assertive Community Treatment (PACT) (continued)	<ul style="list-style-type: none"> <li>• Substance Use Treatment: these services include SUD assessment, SUD Treatment planning, SUD service delivery, care coordination as needed, member and team SUD education, and drug testing. This includes group and individual interventions, as well as facilitating the use of self-help group and supportive recovery communities. Services can be provided by a licensed or supervised in-training LAC, psychologist, LCSW, or LCPC with SUD within their scope of practice.</li> <li>• Individual Therapy: a service that utilizes one-to-one therapeutic interventions for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The adult and the therapist establish the overall objective (or outcome sought) and develop specific goals. The service reduces disability and develops or restores skills needed to function in normal life roles in the community. Services can be provided by a licensed or supervised in-training psychologist, LCSW, LMFT, or LCPC.</li> <li>• Family Therapy: therapy and/or treatment to the member's family is for the direct benefit of the member, in accordance with the member's needs and treatment goals identified in the member's treatment plan, and for the purpose of assisting in the member's recovery. This is a service that utilizes the same strategy of developing goals and includes family members and other significant others to address identified issues. Services can be provided by a licensed or supervised in-training psychologist, LCSW, LMFT, or LCPC.</li> </ul>	Agencies enrolled in Montana Medicaid and approved by the Department

\*Services effective on or after 10/1/2024

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Name of Service	Definition of Service	Licensed Agency
*Program of Assertive Community Treatment (PACT) (continued)	<ul style="list-style-type: none"> <li>Group Therapy: a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the members by utilizing the group process and input of others in the group. Group therapy for rehabilitation of members who have a mental illness involves direct/indirect teaching by the therapist and the guided or facilitated group interaction with one another to bring about changes in functioning of all the group members. Group therapy is effective when focusing on the development of goals which can be reinforced by other group members and when social skills and social connections will assist the member in reaching their therapeutic goals. Services can be provided by a licensed or supervised in-training psychologist, LCSW, LMFT, or LCPC.</li> <li>Certified Peer Support: a service provided one-to-one to promote positive coping skills through mentoring and other activities that assist a member with a SDMI diagnosis and/or SUD diagnosis to achieve their goals for personal wellness and recovery. The purpose is to help members through a process of change to improve their health and wellness, live a self-directed life, and strive to reach their full potential. The direct services are provided by a Certified Peer Support Specialist, with lived experience and certified by the State of Montana.</li> </ul> <p>Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the member 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.</p>	

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Name of Service	Definition of Service	Licensed Agency
*Montana Community Treatment (MCT)	<p>MCT is a service provided in Montana's rural areas where a full PACT team is not feasible. MCT is for members who need supports to maintain independently in the community. Members must need weekly contact and at least three of the core service components listed below. The member must also be able and willing to actively engage in services. This service requires a minimum of TWO staff meetings per week to discuss the member's needs as documented in the member's individualized treatment plan.</p> <p>This is a multi-disciplinary, self-contained clinical team approach, 24 hours a day, 7 days a week, 365 days a year that includes (See PACT for descriptions):</p> <ul style="list-style-type: none"> <li>(a) medication management, administration, delivery, and monitoring;</li> <li>(b) Case/care management;</li> <li>(c) 24-hour crisis services;</li> <li>(d) psychosocial rehabilitation to promote community reintegration;</li> <li>(e) coordination and referrals to community-based support services;</li> <li>(f) vocational rehabilitation;</li> <li>(g) Substance Use Disorder treatment;</li> <li>(h) individual, family, and group therapy; and</li> <li>(i) peer support</li> </ul> <p>MCT Staffing requirements include the following (See PACT for descriptions):</p> <ul style="list-style-type: none"> <li>(a) psychiatric prescriber;</li> <li>(b) Team Leader;</li> <li>(c) Nurse;</li> <li>(d) Co-occurring clinical staff;</li> <li>(e) MCT Generalist; and</li> <li>(f) Certified Behavioral Health Peer Support specialists.</li> </ul>	Agencies enrolled in Montana Medicaid and approved by the Department

\*Services effective on or after 10/1/2024

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Name of Service	Definition of Service	Licensed Agency
*Community Maintenance Program (CMP)	<p>CMP is intended to provide medication and community support for members who require long-term, ongoing support, at a higher level than traditional outpatient services to be maintained successfully in the community and remain out of higher levels of care.</p> <p>CMP includes the following components:</p> <ul style="list-style-type: none"> <li>• Medication management, administration, delivery, and monitoring;</li> <li>• Case/care management;</li> <li>• 24-hour crisis services;</li> <li>• Psychosocial rehabilitation to promote community reintegration;</li> <li>• Coordination and referrals to community-based support services;</li> <li>• Integrated treatment for co-occurring disorders including substance use disorder treatment</li> <li>• Individual, family, and/or group therapy; and</li> <li>• Peer support</li> </ul> <p>CMP must be provided by a Montana Medicaid provider's PACT/MCT team, that has been approved by the department to provide CMP services.</p> <p>See PACT for definitions.</p> <p>Each day that the member receives a component of service, qualifies as a billable day and can be billed at the daily rate, up to 3 days per week. Additional units may be authorized based on medical necessity, documented in the file of the member.</p>	Agencies enrolled in Montana Medicaid and approved by the Department

\*Services effective on or after 10/1/2024

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



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Name of Service	Definition of Service	Licensed Agency
Dialectical Behavior Therapy (DBT)	<p>Group therapy is effective when focusing on the development of goals which can be reinforced by other group members and when social skills and social connections will assist the member in reaching their therapeutic goals. Services must be provided by a licensed or supervised in-training psychologist, LCSW, LMFT, or LCPC who have had training in DBT.</p> <ul style="list-style-type: none"> <li>Skills Development and Training: a service that utilizes four core areas of skill development and training that includes mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness. Services must be provided by a licensed or supervised in-training psychologist, LCSW, LMFT, or LCPC who have had training in DBT.</li> </ul>	Agencies Licensed to Operate as Mental Health Centers and Certified in DBT
Certified Behavioral Health Peer Support Services	<p>Certified Behavioral Health Peer Support Services is a service provided one-to-one to promote positive coping skills through mentoring and other activities that assist a member with a SDMI diagnosis and/or SUD diagnosis to achieve their goals for personal wellness and recovery. The purpose is to help members through a process of change to improve their health and wellness, live a self-directed life, and strive to reach their full potential. Services do not include medication delivery and compliance. The direct services are provided by a Certified Behavioral Health Peer Support Specialist, with lived experience and certified by the State of Montana, and supervised by: LCSW, LCPC, LMFT, LAC, physician, psychologist, or an advanced practice registered nurse with a clinical specialty in psychiatric mental health nursing. Continued education is required. Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the member 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.</p>	Agencies Licensed to Operate as Mental Health Centers; and Agencies who are both State Approved and licensed as a SUD Residential or Outpatient Facility

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Name of Service	Definition of Service	Licensed Agency
Brief Intervention and Referral to Treatment (SBIRT)	SBIRT involves the use of a structured screening to determine risk factors related to substance use, a brief intervention and possible referral for treatment. Services can be provided by a LAC; LAC licensure candidate or supervised unlicensed staff employed by a State Approved SUD Treatment Program; licensed or in-training psychologist, LCSW, LMFT, or LCPC; supervised unlicensed staff employed by a MHC; or a physician, a physician assistant, a nurse practitioner, or an advanced practice registered nurse within all discipline's scope of practice.	Agencies who are State Approved SUD Treatment Programs and Licensed to Operate as Mental Health Centers
SUD Family Therapy	Family Therapy is a service that utilizes the same strategy of developing goals and includes family members and other significant others to address identified issues. Services can be provided by a LAC; LAC licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.	Agencies who are State Approved SUD Treatment Programs
SUD Assessment	Assessment utilizes appropriate instruments to provide a comprehensive and multidimensional biopsychosocial assessment that includes drug use, medical, physical, psychological, and social histories; and collateral information to provide a SUD diagnosis and appropriate treatment needs or referrals. Services can be provided by a LAC; LAC licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.	Agencies who are State Approved SUD Treatment Programs
SUD Individual Therapy	Individual Therapy is a service that utilizes one-to-one therapeutic interventions for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The member and the therapist establish the overall objective (or outcome sought) and develop specific goals. Services can be provided by a LAC; LAC licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.	Agencies who are State Approved SUD Treatment Programs



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



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Name of Service	Definition of Service	Licensed Agency
SUD Crisis Psychotherapy	Psychotherapy for crisis is an urgent assessment and history of a crisis state, a mental status exam, and a disposition. Treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. This service also includes after-hours crisis assessments. Services can be provided by a LAC; LAC licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.	Agencies who are State Approved SUD Treatment Programs
SUD Intensive Outpatient Services American Society of Addiction Medicine (ASAM Level 2.1)	SUD Intensive Outpatient (ASAM Level 2.1) SUD Intensive Outpatient Services generally provide 9-19 hours of structured programming per week for adults and 6-19 hours for adolescents, consisting primarily of counseling, education, and educational groups about addiction-related and mental health problems. The members' need for psychiatric and medical services are addressed through consultation and referral arrangements if the patient is stable and requiring only maintenance monitoring. The purpose of the therapeutic and behavioral interventions is to improve the member's functioning in one or more areas for successful functioning in the home, school, and community setting, as well as to address the SUD in the structured setting. Admission to these services requires the licensed State Approved SUD Treatment Program to implement the ASAM criteria for determining medical necessity and continued stay reviews are required for continued reimbursement.	Agencies who are both State Approved and licensed as an SUD Outpatient facility

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Name of Service	Definition of Service	Licensed Agency
SUD Intensive Outpatient Services American Society of Addiction Medicine (ASAM Level 2.1) (continued)	<p>SUD Intensive Outpatient Services include the following components:</p> <ul style="list-style-type: none"> <li>• Individual Therapy: a service that utilizes one-to-one therapeutic interventions for a specified period in which the problem or issue impeding recovery or full functioning is defined and treated. The member and the therapist establish the overall objective or outcome sought) and develop specific goals. Services can be provided by a LAC; LAC licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.</li> <li>• Group Therapy: a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group setting.</li> <li>• Family Therapy: a service that utilizes the same strategy of developing goals and includes family members and other significant others to address identified issues. Services can be provided by a LAC; LAC licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.</li> <li>• Community based psychiatric rehabilitation support services: a service that includes assisting members with restoring skills related to exhibiting appropriate behavior and living with greater independence and personal choice. Services maximize the skills needed to function in the home, workplace, and community setting. Services can be provided by a behavioral health aide.</li> </ul>	<p>Agencies who are both State Approved and licensed as an SUD Outpatient facility.</p>



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Name of Service	Definition of Service	Licensed Agency
SUD Intensive Outpatient Services American Society of Addiction Medicine (ASAM Level 2.1) (continued)	<ul style="list-style-type: none"> <li>• Crisis services: to include pre-crisis planning using a functional assessment for behaviors and/or emotions experienced by the member that have led to crisis in the past. Crisis services also include a range of 24-hour response, from telephonic to face-to-face, depending on the needs of the member. Provider must arrange for 24-hour, 7 days per week crisis services.</li> <li>• Care Management: a service that is an organized process of coordination among the interdisciplinary team to provide a full range of treatment, rehabilitation, and support services to a member in a planned, coordinated, efficient, and effective manner. Care management also includes the linkage and referral to needed services.</li> <li>• Educational Groups: a service designed to educate clients about substance abuse, and related behaviors and consequences to help members incorporate information and maintain abstinence. Services can be provided by a LAC; LAC licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.</li> </ul>	Agencies who are both State Approved and licensed as an SUD Outpatient facility
SUD Partial Hospitalization (ASAM) Level 2.5)	Services are provided to members living in a community setting while engaged in treatment services delivered in a Non-Hospital Inpatient setting with 24-hour access to medical and emergency services. Services are focused on both medication management and reducing psychological and behavioral symptoms including behaviors that interfere with the member's functioning and participating in daily living activities at home, work, and vocational settings. The purpose of the service is to minimize the need for more restrictive levels of care and to support a return to functioning in the community as soon as possible.	Agencies who are both State Approved SUD Treatment Programs and licensed as a SUD Partial Hospitalization (ASAM 2.5) facility



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Name of Service	Definition of Service	Licensed Agency
SUD Partial Hospitalization (ASAM) Level 2.5) (continued)	<p>SUD Partial Hospitalization services include the following components (See ASAM 2.1 for descriptions):</p> <ul style="list-style-type: none"> <li>• Individual Therapy;</li> <li>• Group therapy;</li> <li>• Family therapy;</li> <li>• Community based psychiatric rehabilitation support services;</li> <li>• Care management; and</li> <li>• Educational groups.</li> </ul>	
SUD Clinically Managed Low Intensity Residential Services (ASAM Level 3.1)	<p>Clinically Managed Low Intensity Residential Services is a licensed community-based residential home that functions as a supportive, structure living environment. Members are provided stability and skills building to help prevent or minimize continued substance use. ASAM 3.1 includes a minimum of 5 hours per week of professionally directed treatment services. Clinically Managed Low Intensity Residential Services include the following service components (See ASAM 2.1 for descriptions):</p> <ul style="list-style-type: none"> <li>• Individual Therapy;</li> <li>• Group therapy;</li> <li>• Family therapy;</li> <li>• Community based psychiatric rehabilitation support services;</li> <li>• Care management; and</li> <li>• Educational groups</li> </ul>	Agencies who are both State Approved SUD Treatment Programs and licensed as a SUD Low Intensity Residential (ASAM 3.1) facility

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Name of Service	Definition of Service	Licensed Agency
SUD Clinically Managed Residential Withdrawal Management Services (ASAM Level 3.2-WM) Adult	<p>Clinically Managed Residential Withdrawal Management provides 24-hours structure and support. Members are provided a 24-hour supervision, observation, and support in addition to daily clinical services. Services are provided to members diagnosed with a moderate to severe SUD and whose intoxication/withdrawal signs and symptoms are significant enough to require 24-hour structure and support. Services focus on social support to safely assist members through withdrawal without the need for medical and nursing services. Clinically Managed Residential Withdrawal Management Services include the following components: (See ASAM 2.1 for descriptions):</p> <ul style="list-style-type: none"> <li>• Individual Therapy;</li> <li>• Group therapy;</li> <li>• Family therapy;</li> <li>• Community based psychiatric rehabilitation support services;</li> <li>• Care management; and</li> <li>• Educational groups.</li> </ul>	Agencies who are both State Approved SUD Treatment Programs and licensed as a SUD Clinically Managed Residential Withdrawal Management (ASAM 3.2-WM) facility

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Name of Service	Definition of Service	Licensed Agency
SUD Clinically Managed Population-specific High-Intensity Residential Services (ASAM Level 3.3) Adult	<p>Clinically Managed Population-Specific Residential treatment programs providing 24-hour structured residential treatment to members receiving daily clinical services. These services are provided to members diagnosed with a moderate or severe SUD whose substance related problems have resulted in temporary or permanent cognitive deficits and are unlikely to benefit from other residential levels of care. Services are slower paced, repetitive, and designed to address significant cognitive deficits. Clinically Managed Population-specific High Intensity Residential Services include the following components (See ASAM 2.1 for descriptions):</p> <ul style="list-style-type: none"> <li>• Individual Therapy;</li> <li>• Group therapy;</li> <li>• Family therapy;</li> <li>• Community based psychiatric rehabilitation support services;</li> <li>• Care management; and</li> <li>• Educational groups</li> </ul>	Agencies who are both State Approved SUD Treatment Programs and licensed as a SUD Clinically Managed Population-specific High Intensity Residential (ASAM 3.3) facility
SUD Medically Monitored Intensive Inpatient Services (ASAM Level 3.7)	<p>Medically Monitored Intensive Inpatient Services are medically monitored inpatient treatment services provided in facilities of fewer than 16 beds. Members are provided a planned regimen of 24-hour professionally directed evaluation, observation, medical monitoring, and SUD treatment. These services are provided to members diagnosed with a SUD and whose subacute biomedical and substance related problems are so severe they require inpatient treatment, but who do not need the full resources of an acute care general hospital. Services focus on the stabilization of the member for a transition to a high intensity residential home, recovery home, partial hospitalization, or outpatient services. Admission to these services requires the licensed State Approved SUD Treatment Program to implement the ASAM criteria for determining medical necessity and continued stay reviews are required for continued reimbursement.</p>	Agencies who are both State Approved SUD Treatment Programs and licensed as a SUD Medically Monitored Intensive Inpatient (ASAM 3.7) facility



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Name of Service	Definition of Service	Licensed Agency
SUD Medically Monitored Intensive Inpatient Services (ASAM Level 3.7) (continued)	<p>Inpatient Services include the following components (See ASAM 2.1 for descriptions):</p> <ul style="list-style-type: none"> <li>• Individual therapy;</li> <li>• Group therapy;</li> <li>• Family therapy;</li> <li>• Community based psychiatric rehabilitation support services;</li> <li>• Care management;</li> <li>• Educational groups; and</li> <li>• Nurse intervention and monitoring: these services are accessible and provided by a 24-hour, 7-day a week RN who can assess and address the individual's immediate medical needs in conjunction with the SUD treatment. Nursing services can be provided by an APRN, RN, and LPN.</li> </ul>	Agencies who are both State Approved SUD Treatment Programs and licensed as a SUD Medically Monitored Intensive Inpatient (ASAM 3.7) facility
SUD Clinically Managed High-Intensity(adult) / Medium - Intensity (adolescent) Residential Services (ASAM Level 3.5)	<p>Clinically Managed High-Intensity Residential Services are clinically managed residential treatment programs providing 24-hour supportive housing, 24-hour staff on-site, and 24-hour access to medical and emergency services. Members are provided a planned regimen of 24-hour professionally directed SUD treatment. These services are provided to members diagnosed with a SUD and whose emotional, behavioral, or cognitive problems are so significant they require 24-hour regimented therapeutic treatment, but who do not need the full resources of an acute care general hospital or a non-hospital inpatient setting. Services focus on stabilizing the member to transition to a recovery home, Day Treatment, or outpatient services. Admission to these services requires the licensed State Approved SUD Treatment Program to implement the ASAM criteria for determining medical necessity and continued stay reviews are required for continued reimbursement.</p>	Agencies who are both State Approved SUD Treatment Programs and licensed as a SUD Clinically Managed High-Intensity(adult) / Medium - Intensity (adolescent) Residential Services (ASAM Level 3.5) facility

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Name of Service	Definition of Service	Licensed Agency
SUD Clinically Managed High-Intensity (adult) Medium - Intensity (adolescent) Residential Services (ASAM Level 3.5) (continued)	<p>Clinically Managed High-Intensity Residential Services include the following components (See ASAM 2.1 for descriptions):</p> <ul style="list-style-type: none"> <li>• Individual therapy;</li> <li>• Group therapy;</li> <li>• Family therapy;</li> <li>• Community based psychiatric rehabilitation support services;</li> <li>• Care management; and</li> <li>• Educational groups.</li> </ul>	Agencies who are both State Approved SUD Treatment Programs and licensed as a SUD Clinically Managed High-Intensity(adult)/ Medium - Intensity (adolescent) Residential Services (ASAM Level 3.5) facility

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PROVIDER QUALIFICATIONS

Provider Type	Licensure/Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/N
Licensed Mental Health Centers	Department of Public Health and Human Services, Office of Inspector General	N/A	N/A
Licensed Substance Use Disorder Facilities	Department of Public Health and Human Services, Office of Inspector General	N/A	N/A
Licensed Clinical Social Worker	Montana Board of Behavioral Health, Social Workers and Professional Counselors Section	N	Y - May supervise licensure candidates (in-training) for Licensed Clinical Social Workers, other social workers, Licensed Marriage and Family Therapists, vocational specialists, certified peer specialists, behavioral health aides
Licensure Candidates (in-training) - Licensed Clinical Social Worker	Montana Board of Behavioral Health	Y - Must be supervised by a LCSW	N
Licensed Clinical Professional Counselor	Montana Board of Behavioral Health, Social Workers and Professional Counselors Section	N	Y - May supervise licensure candidates (in-training) for Licensed Clinical Social Workers, Licensed Clinical Professional Counselors, other social workers, Licensed Marriage and Family Therapists, vocational specialists, certified peer specialists, behavioral health aides

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Provider Type	Licensure/Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/N
Licensure Candidates (in-training) Licensed Clinical Professional Counselor	Montana Board of Behavioral Health	Y - Must be supervised by a physician or LCPC within the scope of their license.	N
Licensed Marriage and Family Therapist	Montana Board of Behavioral Health	N	Y - May supervise licensure candidates (in-training) for LMFT, and vocational specialists, certified peer specialists, behavioral health aides
Licensure Candidates (in-training) - Licensed Marriage and Family Therapist	Montana Board of Behavioral Health	Y - must be supervised by a LMFT	N
Licensed Psychologist	Montana Board of Psychologists	N	Y - May supervise licensure candidates (in-training) for psychologists, as well as other social workers, Licensed Clinical Professional Counselors, psychologists, Licensed Marriage and Family Therapists, vocational specialists, certified peer specialists, behavioral health aides

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Provider Type	Licensure/Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/N
Licensure Candidates (in-training) - Psychologist	Montana Board of Psychologists	Y - Must be supervised by a psychologist	N
Psychiatrist	American Board of Psychiatry and Neurology	N	Y - May supervise RN; LPN; licensure candidates and Licensed Clinical Social Worker, Licensed Clinical Professional Counselor, Licensed Marriage and Family Therapist, and psychologists; vocational specialists; behavioral health aides
Advanced Practice Registered Nurse	Montana Board of Nursing	N	Y - May supervise RN; LPN; licensure candidates and Licensed Clinical Social Worker, Licensed Clinical Professional Counselor, Licensed Marriage and Family Therapist, and psychologists; vocational specialists; behavioral health aides

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Provider Type	Licensure/Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/N
Program Supervisor	Montana Board of Behavioral Health	N	Y - May supervise RN; LPN; licensure candidates and Licensed Clinical Social Worker, Licensed Clinical Professional Counselor, Licensed Marriage and Family Therapist, and psychologists; vocational specialists; behavioral health aides
Licensed Practical Nurse	Montana Board of Nursing	Y - Must be supervised by a Registered Nurse.	N
Physician Assistant	Montana Board of Medical Examiners	Y - Must be supervised by a Physician.	N
Adult Foster Care Specialist	None	Y - Must be supervised by physician, LCPC, LCSW, LMFT, or a psychologist	N
Behavioral Health Aide	None	Y - Must be supervised by a physician, LCPC, LCSW, LMFT, or a psychologist	N



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Provider Type	Licensure/Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/N
Vocational Specialist	none	Y - Must be supervised by a physician, LCPC, LCSW, LMFT, or a psychologist	
Certified Behavioral Health Peer Support Specialist	Montana Board of Behavioral Health- Certified Behavioral Health Peer Support Continuing education and lived experience required	Y - Must be supervised by a LCSW, LCPC, LMFT, LAC, physician, psychologist, or an advanced practice registered nurse with a clinical specialty in psychiatric mental health nursing.	N
Care Manager	None	Y - Must be supervised by a physician, LAC, LCPC, LCSW, LMFT, or a psychologist	N
Licensed Addictions Counselor	Montana Board Behavioral Health - Licensed Addiction Counselors	N	Y- May supervise licensure candidates (in-training) for addiction counselors, other addiction counselors, certified peer specialists, case managers, and behavioral health aides

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Provider Type	Licensure/Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/N
Addiction Counselor Licensure Candidates	Montana Board of Behavioral Health - Licensed Addiction Counselors (after completion of supervised experience requirement for licensure)	Y - Must be supervised by a LAC, Psychologist, LCPC, LMFT, or LCSW.	N
State Approved Substance Use Disorder Treatment Program	Department of Public Health and Human Services, Behavioral Health and Developmental Disabilities Division	N/A	N/A
Crisis Provider	Department of Public Health and Human Services, Behavioral Health, and Developmental Disabilities Division	N/A	N/A
PACT/MCT Specialist	None	Y - Must be supervised by a physician, LCPC, LCSW, LMFT, or a psychologist	N
PACT/MCT Generalist	None	Y - Must be supervised by a physician, LCPC, LCSW, LMFT, or a psychologist	N

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**Definition of Rehabilitative Services**

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

**Definition of Other Rehabilitative Services**

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

Medicaid providers delivering services outside the bundled package may do so in accordance with section 1905(a) of the Social Security Act and Federal regulations of 42 CFR 440. Services must be provided by qualified practitioners within their scope of practice.

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

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

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

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

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



MONTANA

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

MONTANA

Name of Services	Definition of Services	Licensed Agency
Illness Management and Recovery (IMR)	IMR is an evidenced-based service that offers a broad set of strategies designed to assist the adult with reducing disability and restoring functioning by giving the member information about mental illness and coping skills to help them manage their illness, develop goals, and make informed decisions about their treatment. The goals are reviewed on an ongoing basis by the provider, behavioral health aide, and member. Services can be provided in an individual and/or group format by a licensed or supervised in-training psychologist, licensed clinical social worker (LCSW), licensed marriage and family therapist (LMFT), or licensed clinical professional counselor (LCPC) who have been trained in IMR services.	Agencies Licensed to Operate as Mental Health Centers
Crisis Receiving and Stabilization Program	Crisis Receiving and Crisis Stabilization Programs are designated services for adults experiencing a behavioral health crisis related to a mental health disorder and/or a combination of mental health and substance use disorder (co-occurring). The Crisis Receiving and Crisis Stabilization Programs are designed to provide triage, crisis risk assessment, evaluation, and intervention to members whose crisis response needs are deemed to be urgent or emergent. Community-based crisis programs are designated as either: (1) Tier I: Crisis Receiving Program; (2) Tier II: Crisis Stabilization Program; or (3) Tier III: Crisis Receiving and Stabilization Program.	Agencies Licensed to Operate as Mental Health Centers



MONTANA

Name of Services	Definition of Services	Licensed Agency
Crisis Receiving and Stabilization Program (continued)	<p>Crisis Receiving Program means a community-based outpatient program that provides evaluation, observation, intervention, and referral for members experiencing a crisis due to behavioral health (i.e., mental health or a co-occurring mental health and substance use disorder). Crisis Receiving is a short-term urgent or emergent treatment for crisis intervention and stabilization of no more than 23 hours and 59 minutes from the time the member is admitted to the program. Members receiving this service must be evaluated, then stabilized and/or referred to the most appropriate level of care. A Crisis Receiving Center is an alternative, but not a replacement, to a community hospital Emergency Department (ED); as such, it operates 24 hours a day, seven days a week, 365 days a year (24/7/365) and offers walk-in and first responder drop off options.</p> <p>Crisis Stabilization Program is short-term, 24-hours or more, of supervised residential treatment in a community-based facility of fewer than 16 beds for adults with a mental health and/or mental health and substance use (co-occurring) disorders. It is an emergency treatment for crisis intervention and stabilization that offers a treatment option as an alternative to Acute Inpatient Hospitalization. The service includes medically monitored residential services to provide psychiatric stabilization on a short-term basis and is designed to reduce disability and restore members to previous functional levels by promptly intervening and stabilizing when crisis situations occur. The focus is recovery, preventing continued exacerbation of symptoms, and decreasing risk of, or need for, higher levels of care, including hospitalization.</p>	Agencies Licensed to Operate as Mental Health Centers



MONTANA

Name of Services	Definition of Services	Licensed Agency
Crisis Receiving and Stabilization Program (continued)	Crisis Receiving and Stabilization Programs must be provided and/or supervised by a licensed mental health professional as defined as a physician, LCPC, LCSW, LMFT or a psychologist. Direct care staff are behavioral health aides working under the direction/supervision of a licensed mental health professional.	Agencies Licensed to Operate as Mental Health Centers
Mobile Crisis Response Services - Mobile Crisis Team Services	Mobile Crisis Response Services: Mobile Crisis Services provide integrated, short-term crisis response, stabilization, and intervention for members experiencing a mental health or substance use crisis. Mobile crisis service providers must be able to be dispatched and respond without law enforcement. Services may be provided by a clinical mental health professional, qualified to provide a clinical assessment within their scope of practice, or by a mobile crisis team that includes a clinical mental health professional and a paraprofessional experienced in behavioral health interventions. Providers provide a mobile, on-site therapeutic response to a member experiencing a behavioral health crisis for the purpose of identifying, assessing, treating, and stabilizing the situation and reducing immediate risk of danger to the member or others. Mobile Crisis Services providers have the capability to make referrals to outpatient care and provide follow up care coordination to ensure that the member's crisis is resolved, or they have successfully been connected to ongoing services. When furnished by a mobile crisis team, the responding team must have at least one team member respond in-person (one team member may respond via telehealth and remain connected throughout the duration of the response). Services include screening and assessment; stabilization and de-escalation; and arrangement of mobile crisis care coordination services with referrals to health, social, other services and supports.	Agencies enrolled in Montana Medicaid and approved by the Department

MONTANA

Name of Services	Definition of Services	Licensed Agency
Mobile Crisis Response Services - Mobile Crisis Team Services (continued)	<p>Additional information:</p> <p>In order to claim increased FMAP for mobile crisis intervention services, the requirements described in section 1947(b) of the Act must be met, including providing services to persons outside of a hospital or other facility setting, through a multidisciplinary team, trained in trauma-informed care, de-escalation strategies, and harm reduction that is able to respond 24 hours per day, every day of the year. The multidisciplinary team must include a clinical mental health professional, qualified to provide a clinical assessment within their scope of practice.</p>	
Mobile Crisis Care Coordination	<p>Crisis Care Coordination Services provide deliberate organization of member care activities for members who have recently experienced a behavioral health crisis and meet the medical necessity criteria. Crisis CC Services facilitate information sharing among all the participants concerned with a member's care to achieve safer and more effective care.</p> <p>Crisis CC Services must be provided by a provider that is approved by the department and enrolled in Montana Medicaid as a crisis provider.</p>	Agencies enrolled in Montana Medicaid and approved by the Department.

MONTANA

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



MONTANA

Name of Service	Definition of Service	Licensed Agency
Adult Foster Care Support (AFC)	<p>Adult Foster Care Support are in-home supervised support services in a licensed foster home. The service can also be provided in another community-based setting on a trial therapeutic basis authorized by the department. The purpose of the service is to provide behavioral interventions to the member to reduce disability, restore previous functioning levels in one or more areas, and encourage recovery so the member can be successful in a home and community setting. Individual Placement Agreement is necessary and establishes the member placement agreement and describes the terms of the member's placement that includes the responsibilities of the adult foster care provider, the member, the mental health center, and the guardian when appropriate. Adult Foster Care Support services include the following components:</p> <ul style="list-style-type: none"> <li>• Clinical assessment: Clinical assessments must provide sufficient detail to create an individualized treatment plan, which includes goals and objectives and evaluates the member's degree of impairment due to the severe and disabling mental illness in day-to-day functioning. Clinical assessments are provided by a licensed mental health professional as defined as a physician, LCPC, LCSW, LMFT, or a psychologist.</li> </ul>	Agencies Licensed to Operate as Mental Health Centers

MONTANA

Name of Service	Definition of Service	Licensed Agency
Adult Foster Care Support (continued)	<ul style="list-style-type: none"> <li>• Crisis services: to include pre-crisis planning using a functional assessment for behaviors and/or emotions experienced by the member that have led to crisis in the past. Crisis services also include a range of 24-hour response, from telephonic to face-to-face, depending on the needs of the member. Crisis services are provided by an Adult Foster Care Specialist who has a bachelor's degree in a human services field with one year of full-time mental health experience and/or a program supervisor, who is a licensed mental health professional as defined as a physician, LCPC, LCSW, LMFT, or a psychologist.</li> <li>• Care Coordination: a service that includes the implementation, coordination, and management of mental health services provided to the member to promote rehabilitation and treatment activities to restore levels of independence. Care coordination includes a minimum of weekly contacts with the foster care parent and the member in the home to assess whether the supports and services are adequate to meet the member's needs. Care Coordination is provided by Adult Foster Care Specialist who has a bachelor's degree in a human services field with one year of full-time mental health experience supervised by a licensed mental health professional as defined as a physician, LCPC, LCSW, LMFT, or a psychologist.</li> </ul>	Agencies Licensed to Operate as Mental Health Centers

MONTANA

Name of Service	Definition of Service	Licensed Agency
Behavioral Health Group Home (BHGH)	<p>Behavioral Health Group Homes are licensed group homes that provide short-term supervision, stabilization, treatment, and behavioral modification for members with severe and disabling mental illness and require clinical support for daily direct care. The purpose of the service is to provide behavioral interventions, treatment, behavioral modification and management to reduce disability, restore previous functioning levels in one or more areas, and encourage recovery so the member is able to reside outside of a structured setting in an independent living situation.</p> <p>Behavioral Health Group Home include the following components:</p> <p>Community Based Psychiatric Rehabilitation Services (CBPRS): CBPRS are one-to-one, intensive behavior management and stabilization services in home settings for a specified period of time in which the problem or issue impeding recovery of full functioning is defined and treated. They are for members who meet severe disabling mental illness criteria and medical necessity criteria for the service. Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the member 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.-</p>	Agencies Licensed to Operate as Mental Health Centers



MONTANA

Name of Service	Definition of Service	Licensed Agency
Behavioral Health Group Home (BHGH) (continued)	<p>CBPRS services are provided by a behavioral health aide. Through CBPRS, a behavioral health aide supports the member by augmenting life, behavioral, and social skills training needed to reach their identified treatment goals and function in normal life roles in the community. During skills training, the behavioral health aide clearly describes the skill and expectations of the member's behavior, models the skill and engages the member in practice of the skill, and provides feedback on skill performance. These aides may consult face-to-face with family members or other key individuals who are part of a member's treatment team to determine how to help the member be more successful in meeting treatment goals.</p> <ul style="list-style-type: none"> <li>• Individual Therapy: a service that utilizes one-to-one therapeutic interventions for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The adult and the therapist establish the overall objective (or outcome sought) and develop specific goals. The service reduces disability and develops or restores skills needed to function in normal life roles in the community. Services can be provided by a licensed or supervised in-training clinical psychologist, LCSW, LMFT, or LCPC.</li> <li>• Family Therapy: therapy and/or treatment to the member's family is for the direct benefit of the member, in accordance with the member's needs and treatment goals identified in the member's treatment plan, and for the purpose of assisting in the member's recovery. This is a service that utilizes the same strategy of developing goals and includes family members and other significant others to address identified issues. Services can be provided by a licensed or supervised in-training clinical psychologist, LCSW, LMFT, or LCPC.</li> </ul>	Agencies Licensed to Operate as Mental Health Centers

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MONTANA

Name of Service	Definition of Service	Licensed Agency
Behavioral Health Group Home (BHGH) (continued)	<ul style="list-style-type: none"> <li>• Group Therapy: a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the members by utilizing the group process and input of others in the group. Services can be provided by a licensed or supervised in-training clinical psychologist, LCSW, LMFT, or LCPC.</li> <li>• Care Coordination: a service that works with each member to coordinate all services and referrals and track clinical outcomes. The care coordinator also works with member to identify social determinants of health that may impede their treatment and helps navigate the member and family toward community resources that can help address those factors. Services can be provided by a person with a bachelor's degree with one-year experience working in the mental health field.</li> </ul>	Agencies Licensed to Operate as Mental Health Centers



MONTANA

Name of Service	Definition of Service	Licensed Agency
Behavioral Health Group Home (BHGH) (continued)	<ul style="list-style-type: none"> <li>• Certified Behavioral Health Peer Support: Certified Peer Support is a service provided one-to-one to promote positive coping skills through mentoring and other activities that assist a member with a SDMI diagnosis and/or SUD diagnosis to achieve their goals for personal wellness and recovery. The purpose is to help members through a process of change to improve their health and wellness, live a self-directed life, and strive to reach their full potential. The direct services are provided by a Certified Peer Support Specialist. Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the member 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.</li> </ul>	Agencies Licensed to Operate as Mental Health Centers
*Program of Assertive Community Treatment (PACT)	<ul style="list-style-type: none"> <li>• PACT is a member-centered, recovery and resiliency-oriented rehabilitative mental health services delivery model for facilitating community living, psychosocial rehabilitation and recovery for members with severe disabling mental illness who have not benefited from traditional outpatient services. PACT is a multi-disciplinary, self-contained clinical team approach providing long-term intensive care and all mental health services in natural community settings. Interventions focus on achieving maximum reduction of physical and mental disability and restoration of the member to his/her best possible functional level. PACT is a 24 hour a day, 7 days a week, 365 days a year service in all settings except jails, detention centers, clinic settings, and inpatient hospital settings. PACT must be provided in the member's natural setting such as where the member lives, works, or interacts with other people at least 75% of the time.</li> </ul>	Agencies enrolled in Montana Medicaid and approved by the Department

\*Services effective on or after 10/1/2024



MONTANA

Name of Service	Definition of Service	Licensed Agency
*Program of Assertive Community Treatment (PACT) (continued)	<p>PACT multidisciplinary clinical staff are defined as the following:</p> <ul style="list-style-type: none"> <li>• Psychiatric Prescriber: must be licensed to practice medicine in the State of Montana as a psychiatrist; APRN specializing in mental health treatment; or a physician assistant specializing in mental health treatment who is supervised by the MHC psychiatrist or physician.</li> <li>• Team Lead: bachelor's degree public health services, human services, non-profit management, business management, or any other related field, one-year related management experience in administrative and program management, and experience in health-related field; preferably, in the mental illness and/or low-income populations.</li> <li>• Nursing staff: Provides medical assessment and services, as well as treatment and rehabilitation services. This position can be filled by a Registered Nurse (RN) and supervised Licensed Practical Nurses (LPN).</li> </ul>	Agencies enrolled in Montana Medicaid and approved by the Department

\*Services effective on or after 10/1/2024

MONTANA

Name of Service	Definition of Service	Licensed Agency
*Program of Assertive Community Treatment (PACT) (continued)	<ul style="list-style-type: none"> <li>Co-Occurring Clinical Staff: are licensed Behavioral Health professionals with Mental Health and Substance Use treatment within their scope of practice who provide direct patient care. Must be a LCPC, LCSW, LMFT, or a licensed psychologist.</li> <li>Vocational Specialist: Services include therapy, psychosocial rehabilitation, referrals to community-based resources, and other related activities to assist the member with managing their behavioral health symptoms and overcome symptoms that interfere with employment and/or other community activities. Services do not include job placement, job training, job creation, or any other services not directly related to assisting the member manage their behavioral health condition. Must have a high school diploma and have four years of advanced education or equivalent on-the-job experience in work-related services.</li> </ul>	Agencies enrolled in Montana Medicaid and approved by the Department

\*Services effective on or after 10/1/2024

MONTANA

Name of Service	Definition of Service	Licensed Agency
*Program of Assertive Community Treatment (PACT) (continued)	<ul style="list-style-type: none"> <li>• Certified Behavioral Health Peer Support Specialist: Certified Peer Support is a service provided one-to-one to promote positive coping skills through mentoring and other activities that assist a member with a SDMI diagnosis and/or SUD diagnosis to achieve their goals for personal wellness and recovery. The purpose is to help members through a process of change to improve their health and wellness, live a self-directed life, and strive to reach their full potential. The direct services are provided by a Certified Peer Support Specialist, with lived experience and certified by the State of Montana. A CBHPSS must be certified by the State of Montana, be supervised by a qualified professional, and subject to continuing education requirements.</li> <li>• PACT Specialist: Bachelor or Associate degree in related field and two years related mental health experience for a bachelors degree, or four years related mental health experience.</li> <li>• PACT Generalist: High school diploma and two year's experience in the mental health field.</li> </ul>	Agencies enrolled in Montana Medicaid and approved by the Department

\*Services effective on or after 10/1/2024



MONTANA

Name of Service	Definition of Service	Licensed Agency
*Program of Assertive Community Treatment (PACT) (continued)	<p>At minimum, PACT teams will be comprised of the following three team sizes and full-time equivalency requirements:</p> <ul style="list-style-type: none"> <li>• Large Teams: will consist of 75-100 members and require the following FTE: <ul style="list-style-type: none"> <li>o Psychiatric Prescriber - 1.0 FTE;</li> <li>o Team Lead - 1.0 FTE;</li> <li>o Nursing Staff - 2.0 FTE;</li> <li>o Co-occurring clinical staff - 2.0 FTE;</li> <li>o Vocational Specialist - 2.0 FTE; and</li> <li>o Certified Behavioral Health Peer Support Specialist (CBHPSS) - 1.0 FTE</li> </ul> </li> <li>• Medium Teams: will consist of 50-74 members and require the following FTE: <ul style="list-style-type: none"> <li>o Psychiatric Prescriber - 0.75 FTE;</li> <li>o Team Lead - 1.0 FTE;</li> <li>o Nursing Staff - 1.5 FTE;</li> <li>o Co-occurring clinical staff - 1.5 FTE;</li> <li>o Vocational Specialist - 1.5 FTE; and</li> <li>o CBHPSS - 1.0 FTE</li> </ul> </li> <li>• Small Teams: will consist of 50 members or less, and require the following FTE: <ul style="list-style-type: none"> <li>o Psychiatric Prescriber - 0.5 FTE;</li> <li>o Team Lead - 1.0 FTE;</li> <li>o Nursing Staff - 1.0 FTE;</li> <li>o Co-occurring clinical staff - 1.0 FTE;</li> <li>o Vocational Specialist - 1.0 FTE; and</li> <li>o CBHPSS - 1.0 FTE</li> </ul> </li> </ul> <p>The provision of PACT services must comply with the fidelity standards of the Substance Abuse and Mental Health Services Administration's Assertive Community Treatment, as demonstrated by PACT fidelity reviews. No PACT team shall have less than a 1:10 ratio of team members serving clients. To maintain this ratio, teams may choose to fill positions on the team with either a PACT Specialist, or a PACT Generalist.</p>	Agencies enrolled in Montana Medicaid and approved by the Department

\*Services effective on or after 10/1/2024

MONTANA

Name of Service	Definition of Service	Licensed Agency
*Program of Assertive Community Treatment (PACT) (continued)	<p>PACT services include the following components:</p> <ul style="list-style-type: none"> <li>• Psychiatric/Medical Assessment/Evaluation: an ongoing service provided face-to-face to determine psychiatric and social history, as well as the course of care and treatment goals required for the physical, nutritional, and psychological issues to restore previous functioning levels. Psychiatric assessment and evaluations can be completed by a licensed psychologist, LCSW, LMFT, or LCPC.</li> <li>• Medication Management, administration, delivery/monitoring: a service to prescribe or administer medication in treating the primary symptoms of a member's psychiatric condition. This service is intended to include medication trials which are adequate in dose and duration, as well as assessments of the appropriateness of the adult's existing medication regimen through record review, and ongoing monitoring. Medication management may include providing members information concerning the effects, benefits, risks, and possible side effects of a proposed course of medication. Services can be provided by a RN, LPN, APRN, PA, or psychiatrist within the discipline's scope of practice.</li> <li>• Case/Care Management: a service that is an organized process of coordination among the multidisciplinary team to provide a full range of appropriate treatment, rehabilitation, and support services to a member in a planned, coordinated, efficient, and effective manner. Care Management also includes the linkage and referral to needed services. All team members are trained and expected to provide this service.</li> </ul>	Agencies enrolled in Montana Medicaid and approved by the Department

\*Services effective on or after 10/1/2024

MONTANA

Name of Service	Definition of Service	Licensed Agency
*Program of Assertive Community Treatment (PACT) (continued)	<ul style="list-style-type: none"> <li>• Crisis Support, Intervention, and Stabilization: this service provides timely and appropriate crisis response and interventions 24/7, and may involve behavioral health therapy, peer support, care coordination, and/or medication management as determined by the members individualized treatment plan. This service may be provided by the appropriate member of the PACT team within the scope of their practice.</li> <li>• Psychosocial Rehabilitation: this service restores independent living skills and community reintegration. Includes side-by-side assistance with activities of daily living</li> <li>• Social and Interpersonal Skills Training: Services to support social/interpersonal relations through individual coaching and structured group activities.</li> </ul>	Agencies enrolled in Montana Medicaid and approved by the Department

\*Services effective on or after 10/1/2024



MONTANA

Name of Service	Definition of Service	Licensed Agency
*Program of Assertive Community Treatment (PACT) (continued)	<ul style="list-style-type: none"> <li>• Substance Use Treatment: these services include SUD assessment, SUD Treatment planning, SUD service delivery, care coordination as needed, member and team SUD education, and drug testing. This includes group and individual interventions, as well as facilitating the use of self-help group and supportive recovery communities. Services can be provided by a licensed or supervised in-training LAC, psychologist, LCSW, or LCPC with SUD within their scope of practice.</li> <li>• Individual Therapy: a service that utilizes one-to-one therapeutic interventions for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The adult and the therapist establish the overall objective (or outcome sought) and develop specific goals. The service reduces disability and develops or restores skills needed to function in normal life roles in the community. Services can be provided by a licensed or supervised in-training psychologist, LCSW, LMFT, or LCPC.</li> <li>• Family Therapy: therapy and/or treatment to the member's family is for the direct benefit of the member, in accordance with the member's needs and treatment goals identified in the member's treatment plan, and for the purpose of assisting in the member's recovery. This is a service that utilizes the same strategy of developing goals and includes family members and other significant others to address identified issues. Services can be provided by a licensed or supervised in-training psychologist, LCSW, LMFT, or LCPC.</li> </ul>	Agencies enrolled in Montana Medicaid and approved by the Department

\*Services effective on or after 10/1/2024

MONTANA

Name of Service	Definition of Service	Licensed Agency
*Program of Assertive Community Treatment (PACT) (continued)	<ul style="list-style-type: none"> <li>Group Therapy: a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the members by utilizing the group process and input of others in the group. Group therapy for rehabilitation of members who have a mental illness involves direct/indirect teaching by the therapist and the guided or facilitated group interaction with one another to bring about changes in functioning of all the group members. Group therapy is effective when focusing on the development of goals which can be reinforced by other group members and when social skills and social connections will assist the member in reaching their therapeutic goals. Services can be provided by a licensed or supervised in-training psychologist, LCSW, LMFT, or LCPC.</li> <li>Certified Peer Support: a service provided one-to-one to promote positive coping skills through mentoring and other activities that assist a member with a SDMI diagnosis and/or SUD diagnosis to achieve their goals for personal wellness and recovery. The purpose is to help members through a process of change to improve their health and wellness, live a self-directed life, and strive to reach their full potential. The direct services are provided by a Certified Peer Support Specialist, with lived experience and certified by the State of Montana.</li> </ul> <p>Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the member 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.</p>	

\*Services effective on or after 10/1/2024

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MONTANA

Name of Service	Definition of Service	Licensed Agency
*Montana Community Treatment (MCT)	<p>MCT is a service provided in Montana's rural areas where a full PACT team is not feasible. MCT is for members who need supports to maintain independently in the community. Members must need weekly contact and at least three of the core service components listed below. The member must also be able and willing to actively engage in services. This service requires a minimum of TWO staff meetings per week to discuss the member's needs as documented in the member's individualized treatment plan.</p> <p>This is a multi-disciplinary, self-contained clinical team approach, 24 hours a day, 7 days a week, 365 days a year that includes (See PACT for descriptions):</p> <ul style="list-style-type: none"> <li>(a) medication management, administration, delivery, and monitoring;</li> <li>(b) Case/care management;</li> <li>(c) 24-hour crisis services;</li> <li>(d) psychosocial rehabilitation to promote community reintegration;</li> <li>(e) coordination and referrals to community-based support services;</li> <li>(f) vocational rehabilitation;</li> <li>(g) Substance Use Disorder treatment;</li> <li>(h) individual, family, and group therapy; and</li> <li>(i) peer support</li> </ul> <p>MCT Staffing requirements include the following (See PACT for descriptions):</p> <ul style="list-style-type: none"> <li>(a) psychiatric prescriber;</li> <li>(b) Team Leader;</li> <li>(c) Nurse;</li> <li>(d) Co-occurring clinical staff;</li> <li>(e) MCT Generalist; and</li> <li>(f) Certified Behavioral Health Peer Support specialists.</li> </ul>	Agencies enrolled in Montana Medicaid and approved by the Department

\*Services effective on or after 10/1/2024



MONTANA

Name of Service	Definition of Service	Licensed Agency
*Community Maintenance Program (CMP)	<p>CMP is intended to provide medication and community support for members who require long-term, ongoing support, at a higher level than traditional outpatient services to be maintained successfully in the community and remain out of higher levels of care.</p> <p>CMP includes the following components:</p> <ul style="list-style-type: none"> <li>• Medication management, administration, delivery, and monitoring;</li> <li>• Case/care management;</li> <li>• 24-hour crisis services;</li> <li>• Psychosocial rehabilitation to promote community reintegration;</li> <li>• Coordination and referrals to community-based support services;</li> <li>• Integrated treatment for co-occurring disorders including substance use disorder treatment</li> <li>• Individual, family, and/or group therapy; and</li> <li>• Peer support</li> </ul> <p>CMP must be provided by a Montana Medicaid provider's PACT/MCT team, that has been approved by the department to provide CMP services.</p> <p>See PACT for definitions.</p> <p>Each day that the member receives a component of service, qualifies as a billable day and can be billed at the daily rate, up to 3 days per week. Additional units may be authorized based on medical necessity, documented in the file of the member.</p>	Agencies enrolled in Montana Medicaid and approved by the Department

\*Services effective on or after 10/1/2024

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



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Name of Service	Definition of Service	Licensed Agency
Dialectical Behavior Therapy (DBT)	<p>Group therapy is effective when focusing on the development of goals which can be reinforced by other group members and when social skills and social connections will assist the member in reaching their therapeutic goals. Services must be provided by a licensed or supervised in-training psychologist, LCSW, LMFT, or LCPC who have had training in DBT.</p> <ul style="list-style-type: none"> <li>Skills Development and Training: a service that utilizes four core areas of skill development and training that includes mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness. Services must be provided by a licensed or supervised in-training psychologist, LCSW, LMFT, or LCPC who have had training in DBT.</li> </ul>	Agencies Licensed to Operate as Mental Health Centers and Certified in DBT
Certified Behavioral Health Peer Support Services	<p>Certified Behavioral Health Peer Support Services is a service provided one-to-one to promote positive coping skills through mentoring and other activities that assist a member with a SDMI diagnosis and/or SUD diagnosis to achieve their goals for personal wellness and recovery. The purpose is to help members through a process of change to improve their health and wellness, live a self-directed life, and strive to reach their full potential. Services do not include medication delivery and compliance. The direct services are provided by a Certified Behavioral Health Peer Support Specialist, with lived experience and certified by the State of Montana, and supervised by: LCSW, LCPC, LMFT, LAC, physician, psychologist, or an advanced practice registered nurse with a clinical specialty in psychiatric mental health nursing. Continued education is required. Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the member 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.</p>	Agencies Licensed to Operate as Mental Health Centers; and Agencies who are both State Approved and licensed as a SUD Residential or Outpatient Facility

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Name of Service	Definition of Service	Licensed Agency
Brief Intervention and Referral to Treatment (SBIRT)	SBIRT involves the use of a structured screening to determine risk factors related to substance use, a brief intervention and possible referral for treatment. Services can be provided by a LAC; LAC licensure candidate or supervised unlicensed staff employed by a State Approved SUD Treatment Program; licensed or in-training psychologist, LCSW, LMFT, or LCPC; supervised unlicensed staff employed by a MHC; or a physician, a physician assistant, a nurse practitioner, or an advanced practice registered nurse within all discipline's scope of practice.	Agencies who are State Approved SUD Treatment Programs and Licensed to Operate as Mental Health Centers
SUD Family Therapy	Family Therapy is a service that utilizes the same strategy of developing goals and includes family members and other significant others to address identified issues. Services can be provided by a LAC; LAC licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.	Agencies who are State Approved SUD Treatment Programs
SUD Assessment	Assessment utilizes appropriate instruments to provide a comprehensive and multidimensional biopsychosocial assessment that includes drug use, medical, physical, psychological, and social histories; and collateral information to provide a SUD diagnosis and appropriate treatment needs or referrals. Services can be provided by a LAC; LAC licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.	Agencies who are State Approved SUD Treatment Programs
SUD Individual Therapy	Individual Therapy is a service that utilizes one-to-one therapeutic interventions for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The member and the therapist establish the overall objective (or outcome sought) and develop specific goals. Services can be provided by a LAC; LAC licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.	Agencies who are State Approved SUD Treatment Programs

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



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Name of Service	Definition of Service	Licensed Agency
SUD Crisis Psychotherapy	Psychotherapy for crisis is an urgent assessment and history of a crisis state, a mental status exam, and a disposition. Treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. This service also includes after-hours crisis assessments. Services can be provided by a LAC; LAC licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.	Agencies who are State Approved SUD Treatment Programs
SUD Intensive Outpatient Services American Society of Addiction Medicine (ASAM Level 2.1)	SUD Intensive Outpatient (ASAM Level 2.1) SUD Intensive Outpatient Services generally provide 9-19 hours of structured programming per week for adults and 6-19 hours for adolescents, consisting primarily of counseling, education, and educational groups about addiction-related and mental health problems. The members' need for psychiatric and medical services are addressed through consultation and referral arrangements if the patient is stable and requiring only maintenance monitoring. The purpose of the therapeutic and behavioral interventions is to improve the member's functioning in one or more areas for successful functioning in the home, school, and community setting, as well as to address the SUD in the structured setting. Admission to these services requires the licensed State Approved SUD Treatment Program to implement the ASAM criteria for determining medical necessity and continued stay reviews are required for continued reimbursement.	Agencies who are both State Approved and licensed as an SUD Outpatient facility



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Name of Service	Definition of Service	Licensed Agency
SUD Intensive Outpatient Services American Society of Addiction Medicine (ASAM Level 2.1) (continued)	<p>SUD Intensive Outpatient Services include the following components:</p> <ul style="list-style-type: none"> <li>• Individual Therapy: a service that utilizes one-to-one therapeutic interventions for a specified period in which the problem or issue impeding recovery or full functioning is defined and treated. The member and the therapist establish the overall objective or outcome sought) and develop specific goals. Services can be provided by a LAC; LAC licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.</li> <li>• Group Therapy: a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group setting.</li> <li>• Family Therapy: a service that utilizes the same strategy of developing goals and includes family members and other significant others to address identified issues. Services can be provided by a LAC; LAC licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.</li> <li>• Community based psychiatric rehabilitation support services: a service that includes assisting members with restoring skills related to exhibiting appropriate behavior and living with greater independence and personal choice. Services maximize the skills needed to function in the home, workplace, and community setting. Services can be provided by a behavioral health aide.</li> </ul>	<p>Agencies who are both State Approved and licensed as an SUD Outpatient facility.</p>

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Name of Service	Definition of Service	Licensed Agency
SUD Intensive Outpatient Services American Society of Addiction Medicine (ASAM Level 2.1) (continued)	<ul style="list-style-type: none"> <li>• Crisis services: to include pre-crisis planning using a functional assessment for behaviors and/or emotions experienced by the member that have led to crisis in the past. Crisis services also include a range of 24-hour response, from telephonic to face-to-face, depending on the needs of the member. Provider must arrange for 24-hour, 7 days per week crisis services.</li> <li>• Care Management: a service that is an organized process of coordination among the interdisciplinary team to provide a full range of treatment, rehabilitation, and support services to a member in a planned, coordinated, efficient, and effective manner. Care management also includes the linkage and referral to needed services.</li> <li>• Educational Groups: a service designed to educate clients about substance abuse, and related behaviors and consequences to help members incorporate information and maintain abstinence. Services can be provided by a LAC; LAC licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.</li> </ul>	Agencies who are both State Approved and licensed as an SUD Outpatient facility
SUD Partial Hospitalization (ASAM) Level 2.5)	Services are provided to members living in a community setting while engaged in treatment services delivered in a Non-Hospital Inpatient setting with 24-hour access to medical and emergency services. Services are focused on both medication management and reducing psychological and behavioral symptoms including behaviors that interfere with the member's functioning and participating in daily living activities at home, work, and vocational settings. The purpose of the service is to minimize the need for more restrictive levels of care and to support a return to functioning in the community as soon as possible.	Agencies who are both State Approved SUD Treatment Programs and licensed as a SUD Partial Hospitalization (ASAM 2.5) facility

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Name of Service	Definition of Service	Licensed Agency
SUD Partial Hospitalization (ASAM) Level 2.5) (continued)	<p>SUD Partial Hospitalization services include the following components (See ASAM 2.1 for descriptions):</p> <ul style="list-style-type: none"> <li>• Individual Therapy;</li> <li>• Group therapy;</li> <li>• Family therapy;</li> <li>• Community based psychiatric rehabilitation support services;</li> <li>• Care management; and</li> <li>• Educational groups.</li> </ul>	
SUD Clinically Managed Low Intensity Residential Services (ASAM Level 3.1)	<p>Clinically Managed Low Intensity Residential Services is a licensed community-based residential home that functions as a supportive, structure living environment. Members are provided stability and skills building to help prevent or minimize continued substance use. ASAM 3.1 includes a minimum of 5 hours per week of professionally directed treatment services. Clinically Managed Low Intensity Residential Services include the following service components (See ASAM 2.1 for descriptions):</p> <ul style="list-style-type: none"> <li>• Individual Therapy;</li> <li>• Group therapy;</li> <li>• Family therapy;</li> <li>• Community based psychiatric rehabilitation support services;</li> <li>• Care management; and</li> <li>• Educational groups</li> </ul>	Agencies who are both State Approved SUD Treatment Programs and licensed as a SUD Low Intensity Residential (ASAM 3.1) facility



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Name of Service	Definition of Service	Licensed Agency
SUD Clinically Managed Residential Withdrawal Management Services (ASAM Level 3.2-WM) Adult	<p>Clinically Managed Residential Withdrawal Management provides 24-hours structure and support. Members are provided a 24-hour supervision, observation, and support in addition to daily clinical services. Services are provided to members diagnosed with a moderate to severe SUD and whose intoxication/withdrawal signs and symptoms are significant enough to require 24-hour structure and support. Services focus on social support to safely assist members through withdrawal without the need for medical and nursing services. Clinically Managed Residential Withdrawal Management Services include the following components: (See ASAM 2.1 for descriptions):</p> <ul style="list-style-type: none"> <li>• Individual Therapy;</li> <li>• Group therapy;</li> <li>• Family therapy;</li> <li>• Community based psychiatric rehabilitation support services;</li> <li>• Care management; and</li> <li>• Educational groups.</li> </ul>	Agencies who are both State Approved SUD Treatment Programs and licensed as a SUD Clinically Managed Residential Withdrawal Management (ASAM 3.2-WM) facility

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Name of Service	Definition of Service	Licensed Agency
SUD Clinically Managed Population-specific High-Intensity Residential Services (ASAM Level 3.3) Adult	<p>Clinically Managed Population-Specific Residential treatment programs providing 24-hour structured residential treatment to members receiving daily clinical services. These services are provided to members diagnosed with a moderate or severe SUD whose substance related problems have resulted in temporary or permanent cognitive deficits and are unlikely to benefit from other residential levels of care. Services are slower paced, repetitive, and designed to address significant cognitive deficits. Clinically Managed Population-specific High Intensity Residential Services include the following components (See ASAM 2.1 for descriptions):</p> <ul style="list-style-type: none"> <li>• Individual Therapy;</li> <li>• Group therapy;</li> <li>• Family therapy;</li> <li>• Community based psychiatric rehabilitation support services;</li> <li>• Care management; and</li> <li>• Educational groups</li> </ul>	Agencies who are both State Approved SUD Treatment Programs and licensed as a SUD Clinically Managed Population-specific High Intensity Residential (ASAM 3.3) facility
SUD Medically Monitored Intensive Inpatient Services (ASAM Level 3.7)	<p>Medically Monitored Intensive Inpatient Services are medically monitored inpatient treatment services provided in facilities of fewer than 16 beds. Members are provided a planned regimen of 24-hour professionally directed evaluation, observation, medical monitoring, and SUD treatment. These services are provided to members diagnosed with a SUD and whose subacute biomedical and substance related problems are so severe they require inpatient treatment, but who do not need the full resources of an acute care general hospital. Services focus on the stabilization of the member for a transition to a high intensity residential home, recovery home, partial hospitalization, or outpatient services. Admission to these services requires the licensed State Approved SUD Treatment Program to implement the ASAM criteria for determining medical necessity and continued stay reviews are required for continued reimbursement.</p>	Agencies who are both State Approved SUD Treatment Programs and licensed as a SUD Medically Monitored Intensive Inpatient (ASAM 3.7) facility



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Name of Service	Definition of Service	Licensed Agency
SUD Medically Monitored Intensive Inpatient Services (ASAM Level 3.7) (continued)	<p>Inpatient Services include the following components (See ASAM 2.1 for descriptions):</p> <ul style="list-style-type: none"> <li>• Individual therapy;</li> <li>• Group therapy;</li> <li>• Family therapy;</li> <li>• Community based psychiatric rehabilitation support services;</li> <li>• Care management;</li> <li>• Educational groups; and</li> <li>• Nurse intervention and monitoring: these services are accessible and provided by a 24-hour, 7-day a week RN who can assess and address the individual's immediate medical needs in conjunction with the SUD treatment. Nursing services can be provided by an APRN, RN, and LPN.</li> </ul>	Agencies who are both State Approved SUD Treatment Programs and licensed as a SUD Medically Monitored Intensive Inpatient (ASAM 3.7) facility
SUD Clinically Managed High-Intensity(adult) / Medium - Intensity (adolescent) Residential Services (ASAM Level 3.5)	<p>Clinically Managed High-Intensity Residential Services are clinically managed residential treatment programs providing 24-hour supportive housing, 24-hour staff on-site, and 24-hour access to medical and emergency services. Members are provided a planned regimen of 24-hour professionally directed SUD treatment. These services are provided to members diagnosed with a SUD and whose emotional, behavioral, or cognitive problems are so significant they require 24-hour regimented therapeutic treatment, but who do not need the full resources of an acute care general hospital or a non-hospital inpatient setting. Services focus on stabilizing the member to transition to a recovery home, Day Treatment, or outpatient services. Admission to these services requires the licensed State Approved SUD Treatment Program to implement the ASAM criteria for determining medical necessity and continued stay reviews are required for continued reimbursement.</p>	Agencies who are both State Approved SUD Treatment Programs and licensed as a SUD Clinically Managed High-Intensity(adult) / Medium - Intensity (adolescent) Residential Services (ASAM Level 3.5) facility



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Name of Service	Definition of Service	Licensed Agency
SUD Clinically Managed High-Intensity (adult) Medium - Intensity (adolescent) Residential Services (ASAM Level 3.5) (continued)	<p>Clinically Managed High-Intensity Residential Services include the following components (See ASAM 2.1 for descriptions):</p> <ul style="list-style-type: none"> <li>• Individual therapy;</li> <li>• Group therapy;</li> <li>• Family therapy;</li> <li>• Community based psychiatric rehabilitation support services;</li> <li>• Care management; and</li> <li>• Educational groups.</li> </ul>	Agencies who are both State Approved SUD Treatment Programs and licensed as a SUD Clinically Managed High-Intensity(adult)/ Medium - Intensity (adolescent) Residential Services (ASAM Level 3.5) facility

MONTANA  
PROVIDER QUALIFICATIONS

Provider Type	Licensure/Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/N
Licensed Mental Health Centers	Department of Public Health and Human Services, Office of Inspector General	N/A	N/A
Licensed Substance Use Disorder Facilities	Department of Public Health and Human Services, Office of Inspector General	N/A	N/A
Licensed Clinical Social Worker	Montana Board of Behavioral Health, Social Workers and Professional Counselors Section	N	Y - May supervise licensure candidates (in-training) for Licensed Clinical Social Workers, other social workers, Licensed Marriage and Family Therapists, vocational specialists, certified peer specialists, behavioral health aides
Licensure Candidates (in-training) - Licensed Clinical Social Worker	Montana Board of Behavioral Health	Y - Must be supervised by a LCSW	N
Licensed Clinical Professional Counselor	Montana Board of Behavioral Health, Social Workers and Professional Counselors Section	N	Y - May supervise licensure candidates (in-training) for Licensed Clinical Social Workers, Licensed Clinical Professional Counselors, other social workers, Licensed Marriage and Family Therapists, vocational specialists, certified peer specialists, behavioral health aides

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Provider Type	Licensure/Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/N
Licensure Candidates (in-training) Licensed Clinical Professional Counselor	Montana Board of Behavioral Health	Y - Must be supervised by a physician or LCPC within the scope of their license.	N
Licensed Marriage and Family Therapist	Montana Board of Behavioral Health	N	Y - May supervise licensure candidates (in-training) for LMFT, and vocational specialists, certified peer specialists, behavioral health aides
Licensure Candidates (in-training) - Licensed Marriage and Family Therapist	Montana Board of Behavioral Health	Y - must be supervised by a LMFT	N
Licensed Psychologist	Montana Board of Psychologists	N	Y - May supervise licensure candidates (in-training) for psychologists, as well as other social workers, Licensed Clinical Professional Counselors, psychologists, Licensed Marriage and Family Therapists, vocational specialists, certified peer specialists, behavioral health aides



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Provider Type	Licensure/Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/N
Licensure Candidates (in-training) - Psychologist	Montana Board of Psychologists	Y - Must be supervised by a psychologist	N
Psychiatrist	American Board of Psychiatry and Neurology	N	Y - May supervise RN; LPN; licensure candidates and Licensed Clinical Social Worker, Licensed Clinical Professional Counselor, Licensed Marriage and Family Therapist, and psychologists; vocational specialists; behavioral health aides
Advanced Practice Registered Nurse	Montana Board of Nursing	N	Y - May supervise RN; LPN; licensure candidates and Licensed Clinical Social Worker, Licensed Clinical Professional Counselor, Licensed Marriage and Family Therapist, and psychologists; vocational specialists; behavioral health aides

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Provider Type	Licensure/Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/N
Program Supervisor	Montana Board of Behavioral Health	N	Y - May supervise RN; LPN; licensure candidates and Licensed Clinical Social Worker, Licensed Clinical Professional Counselor, Licensed Marriage and Family Therapist, and psychologists; vocational specialists; behavioral health aides
Licensed Practical Nurse	Montana Board of Nursing	Y - Must be supervised by a Registered Nurse.	N
Physician Assistant	Montana Board of Medical Examiners	Y - Must be supervised by a Physician.	N
Adult Foster Care Specialist	None	Y - Must be supervised by physician, LCPC, LCSW, LMFT, or a psychologist	N
Behavioral Health Aide	None	Y - Must be supervised by a physician, LCPC, LCSW, LMFT, or a psychologist	N

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Provider Type	Licensure/Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/N
Vocational Specialist	none	Y - Must be supervised by a physician, LCPC, LCSW, LMFT, or a psychologist	
Certified Behavioral Health Peer Support Specialist	Montana Board of Behavioral Health- Certified Behavioral Health Peer Support Continuing education and lived experience required	Y - Must be supervised by a LCSW, LCPC, LMFT, LAC, physician, psychologist, or an advanced practice registered nurse with a clinical specialty in psychiatric mental health nursing.	N
Care Manager	None	Y - Must be supervised by a physician, LAC, LCPC, LCSW, LMFT, or a psychologist	N
Licensed Addictions Counselor	Montana Board Behavioral Health - Licensed Addiction Counselors	N	Y- May supervise licensure candidates (in-training) for addiction counselors, other addiction counselors, certified peer specialists, case managers, and behavioral health aides



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Provider Type	Licensure/Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/N
Addiction Counselor Licensure Candidates	Montana Board of Behavioral Health - Licensed Addiction Counselors (after completion of supervised experience requirement for licensure)	Y - Must be supervised by a LAC, Psychologist, LCPC, LMFT, or LCSW.	N
State Approved Substance Use Disorder Treatment Program	Department of Public Health and Human Services, Behavioral Health and Developmental Disabilities Division	N/A	N/A
Crisis Provider	Department of Public Health and Human Services, Behavioral Health, and Developmental Disabilities Division	N/A	N/A
PACT/MCT Specialist	None	Y - Must be supervised by a physician, LCPC, LCSW, LMFT, or a psychologist	N
PACT/MCT Generalist	None	Y - Must be supervised by a physician, LCPC, LCSW, LMFT, or a psychologist	N

MONTANA

Reimbursement for Other Rehabilitative Services

- I. The Department will reimburse Medicaid providers for Other Rehabilitative Services the lower of:
  - A. The provider's usual and customary (billed) charge for the service.
  - B. The Department's fee schedule published on the agency's website at <https://medicaidprovider.mt.gov/enduserproviders>. The rate for each Other Rehabilitative Services is a set fee per unit of service. Unless otherwise specified in this state plan, reimbursement rates are the same for governmental and non-governmental providers. The reimbursement rates on the fee schedules are provided in accordance with the methodology described in this state plan.
    1. The Department's fee schedule rates were set as of, July 1, 2024, and are effective for services provided on or after that date. Rates on Fee Schedules will reflect an increase to the bundled rates for the new and some existing services. On July 1, 2024, providers of Other Rehabilitative Services received a legislatively approved increase.
- II. In accordance with the Social Security Act, the Department provides medically necessary Other Rehabilitative Services.
- III. For services not included in the RBRVS methodology, the Department's fee schedule for Other Rehabilitation Services is determined as follows:
  - A Rate-Setting Method:

Montana has a prospective Medicaid rate-setting method that was developed to reflect service definitions, provider requirements, operational service delivery, and administrative considerations.

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Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
*Program for Assertive Community Treatment (PACT)	<ul style="list-style-type: none"> <li>• Medication Administration, Management, Delivery, and Monitoring</li> <li>• Individual Therapy</li> <li>• Family Therapy</li> <li>• Group Therapy</li> <li>• 24-hour Crisis assessment and intervention</li> <li>• Case/Care Management</li> <li>• Social and Interpersonal Skills Training</li> <li>• Substance Use Treatment</li> <li>• Community Reintegration</li> <li>• Peer Support Services</li> <li>• Vocational Rehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>• Direct staff wages</li> <li>• Employee benefit costs</li> <li>• Direct supervision</li> <li>• Program support costs</li> <li>• Administrative overhead/Indirect costs</li> <li>• Auxiliary operational expenditures</li> <li>• Medicaid offsets</li> <li>• CPI adjustment</li> <li>• Other inflationary adjustments</li> </ul> Policy adjustor	Weekly

\*Services Effective on or after 10/1/2024



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Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
*Montana Community Treatment (MCT)	<ul style="list-style-type: none"> <li>• Medication Administration, Management, Delivery, and Monitoring</li> <li>• Case/Care Management</li> <li>• Individual therapy</li> <li>• Family therapy</li> <li>• Group therapy</li> <li>• Psychosocial Rehabilitation</li> <li>• Peer Support</li> <li>• 24-hour Crisis assessment and intervention</li> </ul>	<ul style="list-style-type: none"> <li>• Direct staff wages</li> <li>• Employee benefit costs</li> <li>• Direct Supervision</li> <li>• Program Support Costs</li> <li>• Administrative overhead/Indirect costs</li> <li>• Auxiliary operational expenditures</li> <li>• Medicaid offsets</li> <li>• CPI adjustment</li> <li>• Other inflationary adjustments</li> <li>• Policy adjustor</li> </ul>	Weekly
*Community Maintenance Program (CMP)	<ul style="list-style-type: none"> <li>• Medication Administration, Management, administration, delivery, and monitoring</li> <li>• Care/Case management</li> <li>• 24-hour crisis assessment and intervention</li> <li>• Individual therapy</li> <li>• Family therapy</li> <li>• Group therapy</li> <li>• Psychosocial Rehabilitation</li> <li>• Peer support</li> </ul>	<ul style="list-style-type: none"> <li>• Direct staff wages</li> <li>• Employee benefit costs</li> <li>• Direct Supervision</li> <li>• Program Support Costs</li> <li>• Administrative overhead/Indirect costs</li> <li>• Auxiliary operational expenditures</li> <li>• Medicaid offsets</li> <li>• CPI adjustment</li> <li>• Other inflationary adjustments</li> <li>• Policy adjustor</li> </ul>	Per Diem

\*Services Effective on or after 10/1/2024

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5. In the Behavioral Health Group Home, and Adult Foster Care Support, rate calculation, licensed therapies and/or 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 Behavioral Health Group Home, and Adult Foster Care Support rate.

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

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

Adult Foster Care Support Services Rate = (((Provider Direct Costs + Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ Medicaid Bed Days or Units of Service) x Calculation Adjustors).

6. CMP 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) Services Effective on or after 10/1/2024
7. PACT and MCT Rate = (((Hourly Provider Direct Costs and Auxiliary Operational Expenditures) ÷ Productivity Adjustment Factor or Billable Hours) X Productive FTE Hours) = Weekly Rate) x Calculation Adjustors) Services Effective on or after 10/1/2024
8. DBT Rate = Intensive Individual Psychotherapy rate = (((Hourly Provider Direct Costs + Hourly Provider Indirect Costs + Auxiliary Operational Expenditures) ÷ (Productivity Adjustment Factor or Billable Hours) x Calculation Adjustors) x 0.83 to convert to 50-minute units)



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Payments will be made quarterly in the amount calculated by the methodology described in Section IV. Direct Care Wage Add-on Reimbursement. The following table represents the amounts that Montana has paid to mental health centers during the specified timeframes as a result of the payment methodology for the direct care wage add on reimbursement in Section IV. Direct Care Wage Add-on Reimbursement.

Quarter Start	Quarter End	Quarter Name	Amount Paid
1/1/2017	3/31/2017	March-17	\$12,529
4/1/2017	6/30/2017	June-17	\$11,919.18
7/1/2017	9/30/2017	September-17	\$9,290.24
10/1/2017	12/31/2017	December-17	\$10,954.75
1/1/2018	3/31/2018	March-18	\$7,864.46
4/1/2018	6/30/2018	June-18	\$7,314.57
7/1/2018	9/30/2018	September-18	\$4,663.69
10/1/2018	12/31/2018	December-18	\$4,970.50
1/1/2019	3/31/2019	March-19	\$4,803.19
4/1/2019	6/30/2019	June-19	\$5,422.65
7/1/2019	9/30/2019	September-19	\$3,638.82
10/1/2019	12/31/2019	December-19	\$3,934.91
1/1/2020	3/31/2020	March-20	\$3,145.41
4/1/2020	6/30/2020	June-20	\$4,329.11
7/1/2020	9/30/2020	September-20	\$2,364.16
10/1/2020	12/31/2020	December-20	\$2,675.27
1/1/2021	3/31/2021	March-21	\$2,539.81
4/1/2021	6/30/2021	June-21	\$2,483.60
7/1/2021	9/30/2021	September-21	\$3,302.05
10/1/2021	12/31/2021	December-21	\$2,675.27
1/1/2022	3/31/2022	March-22	\$19,412.42
4/1/2022	6/30/2022	June-22	\$23,808.87
7/1/2022	9/30/2022	September-22	\$23,824.88
10/1/2022	12/31/2022	December-22	\$18,369.21
1/1/2023	3/31/2023	March-23	\$20,918.45
4/1/2023	6/30/2023	June-23	\$17,946.51
7/1/2023	9/30/2023	September-23	\$20,869.95
10/1/2023	12/31/2023	December-23	\$17,683.48
1/1/2024	3/31/2024	March-24	\$21,300.80

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