

Table of Contents

State/Territory Name: Montana

State Plan Amendment (SPA) #: 23-0006

This file contains the following documents in the order listed:

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

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



Medicaid and CHIP Operations Group

October 17, 2023

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

Dear Michael Randol:

We have completed our review of the enclosed State Plan Amendment (SPA) Transmittal Number MT-23-0006. This amendment was submitted on July 21, 2023, to add mobile crisis response services and mobile crisis care coordination, plus corresponding rate methodologies.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR 440.130 and 42 CFR Part 447.

Please be informed that MT SPA 23-0006 was approved on October 17, 2023, with an effective date of July 1, 2023. Enclosed is a copy of the CMS 179 summary page and the approved pages for incorporation into the Montana State Plan.

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



Sincerely,

A black rectangular box redacts the signature of James G. Scott. A blue ink scribble is visible to the left of the box.

Digitally signed by
James G. Scott -S
Date: 2023.10.17
08:46:34 -05'00'

James G. Scott, Director
Division of Program Operations

cc: Mary Eve Kulawik

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 23- 0006	2. STATE Montana
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <div style="text-align: right;">✓ XIX XXI</div>	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 07/01/2023	
5. FEDERAL STATUTE/REGULATION CITATION Social Security Act 1905(a)(13) 42 CFR 440.130(d)		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2023 \$ 2,104,381 b. FFY 2024 \$ 8,417,899	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Other Rehab 3.1A pages 1-39 of 39 Other Rehab 3.1B pages 1-39 of 39 Other Rehab 4.19B pages 1-19 of 19		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Other Rehab 3.1A pages 1-36 of 36 Other Rehab 3.1B pages 1-36 of 36 Other Rehab 4.19B pages 1-18 of 18	
9. SUBJECT OF AMENDMENT The proposed amendment represents the state's commitment to further expand coverage and promote access to crisis services for eligible Montanans by adding mobile crisis services for the Medicaid 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 State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210, Helena, MT 59601	
12. TYPED NAME Mike Randol			
13. TITLE Medicaid and Health Services Executive Director/ State Medicaid Director			
14. DATE SUBMITTED Original submission 7/21/23 Resubmission 10/16/23			
FOR CMS USE ONLY			
16. DATE RECEIVED July 21, 2023		17. DATE APPROVED October 17, 2023	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2023		19. SIGNING OFFICIAL  Digitally signed by James G. Scott -S Date: 2023.10.17 08:47:01 -05'00'	
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott		21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations	
22. REMARKS			

MONTANA

Definition of Rehabilitative Services

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

Definition of Other Rehabilitative Services

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

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
<p>Community-Based Psychiatric Rehabilitation and Support Services (CBPRS)</p>	<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 health behavioral 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. 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.</p>	<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</p>

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), 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).</p> <p>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, 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.

THIS PAGE INTENTIONALLY LEFT BLANK

MONTANA

Name of Services	Definition of Services	Licensed Agency
Day Treatment	<ul style="list-style-type: none"> • 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. • 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. 	Agencies Licensed to Operate as Mental Health Centers

MONTANA

Name of Service	Definition of Service	Licensed Agency
Adult Foster Care Support	<p>Adult Foster Care Support are in-home supervised support services in a licensed foster home. The 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"> • 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 licensed mental health professional as defined as a physician, LCPC, LCSW, or a psychologist. 	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"> • 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 licensed mental health professional as defined as a physician, LCPC, LCSW, or a psychologist. • 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, or a psychologist. 	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: 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"> • 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, or LCPC. • 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, or LCPC. 	Agencies Licensed to Operate as Mental Health Centers

TN 23-0006

Approval Date: 10/17/2023

Effective Date: 7/1/2023

Supersedes TN 23-0005

MONTANA

Name of Service	Definition of Service	Licensed Agency
Behavioral Health Group Home (BHG) (continued)	<ul style="list-style-type: none"> • Group Therapy: a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the members by utilizing the group process and input of others in the group. Services can be provided by a licensed or supervised in-training clinical psychologist, LCSW, or LCPC. • 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. 	Agencies Licensed to Operate as Mental Health Centers

MONTANA

Name of Service	Definition of Service	Licensed Agency
Behavioral Health Group Home (BHG) (continued)	<ul style="list-style-type: none"> • 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. 	Agencies Licensed to Operate as Mental Health Centers
Program of Assertive Community Treatment (PACT)- Tiered System	<p>PACT is a member-centered, recovery oriented mental health services delivery model for facilitating community living, psychosocial rehabilitation and recovery for members with severe disabling mental illness who have not benefited from traditional outpatient services. 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 60% of the time.</p>	Agencies enrolled in Montana Medicaid and approved by the Department

MONTANA

Name of Service	Definition of Service	Licensed Agency
Program of Assertive Community Treatment (PACT)-Tiered System (continued)	<p>The Montana PACT program has three tiers:</p> <p>1. The highest tier is Intensive PACT (INPACT) which is an intensive transitional PACT service within a residential setting that provides short-term supervision, stabilization, and behavioral modification for a member who is discharging from an inpatient treatment or crisis setting, to be able to reside outside of a structured setting or as a diversion from inpatient settings. This PACT service requires four team meetings per week to discuss the member in order to address the member's needs. This service is for members discharging from acute or crisis services or as approved by the Department.</p> <p>2. The middle PACT tier is PACT. This service is for members who need intensive supports to learn to maintain independently within the community. Members must have at least three contacts per week. The member must also be able and willing to actively engage in services. For reimbursement, this PACT service requires four team meetings per week to discuss the member in order to address the member's needs.</p> <p>3. The lowest PACT tier is Community Maintenance Program (CMP) which is for members who need continued supports to maintain successfully in the community but no longer need substantial rehabilitative supports provided in PACT. This PACT service requires up to two staff meetings per month to discuss the member and up to four contacts monthly.</p>	Agencies enrolled in Montana Medicaid and approved by the Department

MONTANA

Name of Service	Definition of Service	Licensed Agency
Program of Assertive Community Treatment (PACT)-Tiered System (continued)	<p>The team consists of the following staff:</p> <ul style="list-style-type: none"> • Practitioner: 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. • Team Lead: bachelor's degree in 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. • Nursing staff: Two nurses per team is required. At least one nurse must be a registered nurse (RN). An LPN must be supervised by the RN. • Professional staff: Two professional staff per team is required. At least one must be a LCPC, LCSW, or a licensed psychologist. The second professional must have at minimum a bachelor's degree in social work, rehabilitation counseling, or psychology. • Care coordinators: Bachelor's degree with one-year experience working in the mental health field. • Paraprofessionals: Must have a high school diploma. 	Agencies enrolled in Montana Medicaid and approved by the Department

MONTANA

Name of Service	Definition of Service	Licensed Agency
Program of Assertive Community Treatment (PACT)- Tiered System (continued)	<ul style="list-style-type: none"> • Licensed Addiction Counselor: Consists of one full-time, dedicated staff who is licensed in the State of Montana as an addiction counselor who assumes responsibility to provide and coordinate substance use treatment including assessment, treatment planning, service delivery, client and team education, drug testing, and care coordination as needed. • Vocational Specialist: must have a high school diploma and have four years of advanced education or equivalent on-the-job experience in work-related services • Certified Behavioral Health Peer Support Specialist: Consists of two full-time, dedicated staff and must be certified by the State of Montana. • Tenancy Support Specialist: must have a high school diploma and have one year of advanced education or equivalent on-the-job experience in tenancy-related services and be trained in SSI/SSDI Outreach Access and Recovery (SOAR). <p>PACT services include the following components:</p> <ul style="list-style-type: none"> • Psychiatric/Medical Assessment/Evaluation: an ongoing service provided face-to-face to determine psychiatric and social history, as well as the course of care and treatment goals required for the physical, nutritional, and psychological issues to restore previous functioning levels. Psychiatric assessment and evaluations can be completed by a licensed psychologist, LCSW, or LCPC. 	Agencies enrolled in Montana Medicaid and approved by the Department

MONTANA

Name of Service	Definition of Service	Licensed Agency
Program of Assertive Community Treatment (PACT)- Tiered System (continued)	<ul style="list-style-type: none"> • Medication Management: 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. • Individual Therapy: a service that utilizes one-to-one therapeutic interventions for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The adult and the therapist establish the overall objective (or outcome sought) and develop specific goals. The service reduces disability and develops or restores skills needed to function in normal life roles in the community. Services can be provided by a licensed or supervised in-training psychologist, LCSW, or LCPC. 	Agencies enrolled in Montana Medicaid and approved by the Department

MONTANA

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

MONTANA

Name of Service	Definition of Service	Licensed Agency
Program of Assertive Community Treatment (PACT) - Tiered System (continued)	<ul style="list-style-type: none"> • 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. • 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. • Social and Interpersonal Skills Training: Services to support social/interpersonal relations through individual coaching and structured group activities. • 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 LAC. 	Agencies enrolled in Montana Medicaid and approved by the Department

MONTANA

Name of Service	Definition of Service	Licensed Agency
Program of Assertive Community Treatment (PACT) - Tiered System (continued)	<ul style="list-style-type: none"> • Psychosocial Rehabilitation: this service restores independent living skills and community reintegration. 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.	
Montana Assertive Community Treatment (MACT)	<p>MACT is a service provided in Montana's rural areas where a full PACT team is not feasible.</p> <p>MACT 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 four 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"> (a) medication management; (b) care management; (c) psychosocial rehabilitation; (d) individual, family, and group therapy; (e) peer support; and (f) crisis support, intervention, and stabilization. 	Agencies enrolled in Montana Medicaid and approved by the Department

MONTANA

Name of Service	Definition of Service	Licensed Agency
Montana Assertive Community Treatment (MACT) (continued)	<p>MACT Staffing requirements include the following (See PACT for descriptions):</p> <ul style="list-style-type: none"> (a) Practitioner; (b) Team Leader; (c) Nurse; (d) Masters Licensed MH Professional; (e) Care coordinator; (f) paraprofessional; and (g) Certified Behavioral Health Peer Support specialists. 	
Dialectical Behavior Therapy (DBT)	<p>DBT is an evidence-based service that is a comprehensive, cognitive-behavioral treatment for members with severe disabling mental illness. Members must meet diagnostic criteria and have ongoing difficulties in functioning due to mental illness for a period of at least six months or for an obviously predictable period over six months.</p> <p>DBT includes the following components:</p> <ul style="list-style-type: none"> • Individual Therapy: a service that utilizes one-to-one therapeutic interventions for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The member and the therapist establish the overall objective (or outcome sought) and develop specific goals. The service reduces disability and restores skills needed to function in normal life roles in the community. Services must be provided by a licensed or supervised in-training psychologist, LCSW, or LCPC who have had training in DBT. • 	Agencies Licensed to Operate as Mental Health Centers and Certified in DBT

MONTANA

Name of Service	Definition of Service	Licensed Agency
Dialectical Behavior Therapy (DBT) (continued)	<ul style="list-style-type: none"> • Group Therapy: a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the members by utilizing the group process and input of others in the group. Group therapy for rehabilitation of 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. • 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, or LCPC who have had training in DBT. • 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, or LCPC who have had training in DBT. 	Agencies Licensed to Operate as Mental Health Centers and Certified in DBT

MONTANA

Name of Service	Definition of Service	Licensed Agency
<p>Certified Behavioral Health Peer Support Services</p>	<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 supervised by: LCSW, LCPC, LMFT, LAC, physician, psychologist, or an advanced practice registered nurse with a clinical specialty in psychiatric mental health nursing. 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>	<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</p>
<p>Brief Intervention and Referral to Treatment (SBIRT)</p>	<p>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, 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.</p>	<p>Agencies who are State Approved SUD Treatment Programs and Agencies Licensed to Operate as Mental Health Centers</p>

MONTANA

Name of Service	Definition of Service	Licensed Agency
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
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

TN 23-0006 Approval Date: 10/17/2023 Effective Date: 7/1/2023
Supersedes TN 23-0005

MONTANA

Name of Service	Definition of Service	Licensed Agency
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
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

MONTANA

Name of Service	Definition of Service	Licensed Agency
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
SUD Intensive Outpatient Services American Society of Addiction Medicine (ASAM Level 2.1) (continued)	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.

MONTANA

Name of Service	Definition of Service	Licensed Agency
SUD Intensive Outpatient Services American Society of Addiction Medicine (ASAM Level 2.1) (continued)	SUD Intensive Outpatient Services include the following components: <ul style="list-style-type: none"> • 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. • 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. • 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. • 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. 	Agencies who are both State Approved and licensed as an SUD Outpatient facility.

MONTANA

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"> • 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. • 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. • 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. 	Agencies who are both State Approved and licensed as an SUD Outpatient facility

MONTANA

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"> • Individual Therapy; • Group therapy; • Family therapy; • Community based psychiatric rehabilitation support services; • Care management; and • Educational groups. 	
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"> • Individual Therapy; • Group therapy; • Family therapy; • Community based psychiatric rehabilitation support services; • Care management; and • Educational groups. 	Agencies who are both State Approved SUD Treatment Programs and licensed as a SUD Low Intensity Residential (ASAM 3.1) facility

MONTANA

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"> • Individual Therapy; • Group therapy; • Family therapy; • Community based psychiatric rehabilitation support services; • Care management; and • Educational groups. 	Agencies who are both State Approved SUD Treatment Programs and licensed as a SUD Clinically Managed Residential Withdrawal Management (ASAM 3.2-WM) facility

MONTANA

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"> • Individual Therapy; • Group therapy; • Family therapy; • Community based psychiatric rehabilitation support services; • Care management; and • Educational groups 	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

MONTANA

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"> • Individual therapy; • Group therapy; • Family therapy; • Community based psychiatric rehabilitation support services; • Care management; • Educational groups; and • 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. 	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>	

MONTANA

Name of Service	Definition of Service	Licensed Agency
SUD Clinically Managed High-Intensity (adult) Medium - Intensity (adolescent) Residential Services (ASAM Level 3.5) (continued)	Clinically Managed High-Intensity Residential Services include the following components (See ASAM 2.1 for descriptions): <ul style="list-style-type: none"> • Individual therapy; • Group therapy; • Family therapy; • Community based psychiatric rehabilitation support services; • Care management; and • Educational groups. 	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, psychologists, vocational specialists, certified peer specialists, behavioral health aides
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, psychologists, vocational specialists, certified peer specialists, behavioral health aides

MONTANA

Provider Type	Licensure/Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/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, vocational specialists, certified peer specialists, behavioral health aides
Licensure Candidates (in-training)	Montana Board of Behavioral Health, Social Workers and Professional Counselors Section or Montana Board of Psychologists (after completion of supervised experience requirement for licensure)	Y - Must be supervised by a physician, LCPC, LCSW, or a psychologist within the scope of their license.	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, and psychologists; vocational specialists; behavioral health aides

MONTANA

Provider Type	Licensure/Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/N
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, and psychologists; vocational specialists; behavioral health aides
Licensed Practical Nurse	Montana Board of Nursing	Y - Must be supervise by a Registered Nurse.	N
Physician Assistant	Montana Board of Medical Examiners	Y - Must be supervised by a Physician.	N
Program Supervisor	Montana Board of Behavioral Health, Social Workers and Professional Counselors Section	N	Y - May supervise RN; LPN; licensure candidates and Licensed Clinical Social Worker, Licensed Clinical Professional Counselor, and psychologists; vocational specialists; behavioral health aides

MONTANA

Provider Type	Licensure/Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/N
Adult Foster Care Specialist	None	Y - Must be supervised by physician, LCPC, LCSW, or a psychologist	N
Behavioral Health Aide	None	Y - Must be supervised by a physician, LCPC, LCSW, or a psychologist	N
Vocational Specialist	Certification in Rehabilitation Counseling	Y - Must be supervised by a physician, LCPC, LCSW, or a psychologist	N
Tenancy Specialist	None	Y - Must be supervised by a physician, LCPC, LCSW, or a psychologist	N
Certified Behavioral Health Peer Support Specialist	Montana Board of Behavioral Health- Certified Behavioral Health Peer Support Specialists 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

MONTANA

Provider Type	Licensure/Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/N
Care Manager	None	Y - physician, LAC, LCPC, LCSW, 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; behavioral health aides
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, 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

MONTANA

Definition of Rehabilitative Services

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

Definition of Other Rehabilitative Services

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

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
<p>Community-Based Psychiatric Rehabilitation and Support Services (CBPRS)</p>	<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 health behavioral 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. 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.</p>	<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</p>

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), 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).</p> <p>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, 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.

THIS PAGE INTENTIONALLY LEFT BLANK

MONTANA

Name of Services	Definition of Services	Licensed Agency
Day Treatment	<ul style="list-style-type: none"> • 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. • 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. 	Agencies Licensed to Operate as Mental Health Centers

MONTANA

Name of Service	Definition of Service	Licensed Agency
Adult Foster Care Support	<p>Adult Foster Care Support are in-home supervised support services in a licensed foster home. The 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"> • 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 licensed mental health professional as defined as a physician, LCPC, LCSW, or a psychologist. 	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"> • 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 licensed mental health professional as defined as a physician, LCPC, LCSW, or a psychologist. • 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, or a psychologist. 	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: 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"> • 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, or LCPC. • 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, or LCPC. 	Agencies Licensed to Operate as Mental Health Centers

TN 23-0006 Approval Date: 10/17/2023 Effective Date: 7/1/2023
Supersedes TN 23-0005

MONTANA

Name of Service	Definition of Service	Licensed Agency
Behavioral Health Group Home (BHG) (continued)	<ul style="list-style-type: none"> • Group Therapy: a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the members by utilizing the group process and input of others in the group. Services can be provided by a licensed or supervised in-training clinical psychologist, LCSW, or LCPC. • 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. 	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"> • 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. 	Agencies Licensed to Operate as Mental Health Centers
Program of Assertive Community Treatment (PACT)- Tiered System	<p>PACT is a member-centered, recovery oriented mental health services delivery model for facilitating community living, psychosocial rehabilitation and recovery for members with severe disabling mental illness who have not benefited from traditional outpatient services. 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 60% of the time.</p>	Agencies enrolled in Montana Medicaid and approved by the Department

MONTANA

Name of Service	Definition of Service	Licensed Agency
Program of Assertive Community Treatment (PACT)-Tiered System (continued)	<p>The Montana PACT program has three tiers:</p> <p>1. The highest tier is Intensive PACT (INPACT) which is an intensive transitional PACT service within a residential setting that provides short-term supervision, stabilization, and behavioral modification for a member who is discharging from an inpatient treatment or crisis setting, to be able to reside outside of a structured setting or as a diversion from inpatient settings. This PACT service requires four team meetings per week to discuss the member in order to address the member's needs. This service is for members discharging from acute or crisis services or as approved by the Department.</p> <p>2. The middle PACT tier is PACT. This service is for members who need intensive supports to learn to maintain independently within the community. Members must have at least three contacts per week. The member must also be able and willing to actively engage in services. For reimbursement, this PACT service requires four team meetings per week to discuss the member in order to address the member's needs.</p> <p>3. The lowest PACT tier is Community Maintenance Program (CMP) which is for members who need continued supports to maintain successfully in the community but no longer need substantial rehabilitative supports provided in PACT. This PACT service requires up to two staff meetings per month to discuss the member and up to four contacts monthly.</p>	Agencies enrolled in Montana Medicaid and approved by the Department

MONTANA

Name of Service	Definition of Service	Licensed Agency
Program of Assertive Community Treatment (PACT)-Tiered System (continued)	<p>The team consists of the following staff:</p> <ul style="list-style-type: none"> • Practitioner: 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. • Team Lead: bachelor's degree in 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. • Nursing staff: Two nurses per team is required. At least one nurse must be a registered nurse (RN). An LPN must be supervised by the RN. • Professional staff: Two professional staff per team is required. At least one must be a LCPC, LCSW, or a licensed psychologist. The second professional must have at minimum a bachelor's degree in social work, rehabilitation counseling, or psychology. • Care coordinators: Bachelor's degree with one-year experience working in the mental health field. • Paraprofessionals: Must have a high school diploma. 	Agencies enrolled in Montana Medicaid and approved by the Department

MONTANA

Name of Service	Definition of Service	Licensed Agency
Program of Assertive Community Treatment (PACT)- Tiered System (continued)	<ul style="list-style-type: none"> • Licensed Addiction Counselor: Consists of one full-time, dedicated staff who is licensed in the State of Montana as an addiction counselor who assumes responsibility to provide and coordinate substance use treatment including assessment, treatment planning, service delivery, client and team education, drug testing, and care coordination as needed. • Vocational Specialist: must have a high school diploma and have four years of advanced education or equivalent on-the-job experience in work-related services. • Certified Behavioral Health Peer Support Specialist: Consists of two full-time, dedicated staff and must be certified by the State of Montana. • Tenancy Support Specialist: must have a high school diploma and have one year of advanced education or equivalent on-the-job experience in tenancy-related services and be trained in SSI/SSDI Outreach Access and Recovery (SOAR). <p>PACT services include the following components:</p> <ul style="list-style-type: none"> • Psychiatric/Medical Assessment/Evaluation: an ongoing service provided face-to-face to determine psychiatric and social history, as well as the course of care and treatment goals required for the physical, nutritional, and psychological issues to restore previous functioning levels. Psychiatric assessment and evaluations can be completed by a licensed psychologist, LCSW, or LCPC. 	Agencies enrolled in Montana Medicaid and approved by the Department

MONTANA

Name of Service	Definition of Service	Licensed Agency
Program of Assertive Community Treatment (PACT)- Tiered System (continued)	<ul style="list-style-type: none"> • Medication Management: 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. • Individual Therapy: a service that utilizes one-to-one therapeutic interventions for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The adult and the therapist establish the overall objective (or outcome sought) and develop specific goals. The service reduces disability and develops or restores skills needed to function in normal life roles in the community. Services can be provided by a licensed or supervised in-training psychologist, LCSW, or LCPC. 	Agencies enrolled in Montana Medicaid and approved by the Department

MONTANA

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

MONTANA

Name of Service	Definition of Service	Licensed Agency
Program of Assertive Community Treatment (PACT) - Tiered System (continued)	<ul style="list-style-type: none"> • 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. • 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. • Social and Interpersonal Skills Training: Services to support social/interpersonal relations through individual coaching and structured group activities. • 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 LAC. 	Agencies enrolled in Montana Medicaid and approved by the Department

MONTANA

Name of Service	Definition of Service	Licensed Agency
Program of Assertive Community Treatment (PACT) - Tiered System (continued)	<ul style="list-style-type: none"> • Psychosocial Rehabilitation: this service restores independent living skills and community reintegration. 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.	
Montana Assertive Community Treatment (MACT)	<p>MACT is a service provided in Montana's rural areas where a full PACT team is not feasible.</p> <p>MACT 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 four 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"> (a) medication management; (b) care management; (c) psychosocial rehabilitation; (d) individual, family, and group therapy; (e) peer support; and (f) crisis support, intervention, and stabilization. 	Agencies enrolled in Montana Medicaid and approved by the Department

MONTANA

Name of Service	Definition of Service	Licensed Agency
Montana Assertive Community Treatment (MACT) (continued)	<p>MACT Staffing requirements include the following (See PACT for descriptions):</p> <ul style="list-style-type: none"> (a) Practitioner; (b) Team Leader; (c) Nurse; (d) Masters Licensed MH Professional; (e) Care coordinator; (f) paraprofessional; and (g) Certified Behavioral Health Peer Support specialists. 	
Dialectical Behavior Therapy (DBT)	<p>DBT is an evidence-based service that is a comprehensive, cognitive-behavioral treatment for members with severe disabling mental illness. Members must meet diagnostic criteria and have ongoing difficulties in functioning due to mental illness for a period of at least six months or for an obviously predictable period over six months.</p> <p>DBT includes the following components:</p> <ul style="list-style-type: none"> • Individual Therapy: a service that utilizes one-to-one therapeutic interventions for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The member and the therapist establish the overall objective (or outcome sought) and develop specific goals. The service reduces disability and restores skills needed to function in normal life roles in the community. Services must be provided by a licensed or supervised in-training psychologist, LCSW, or LCPC who have had training in DBT. • 	Agencies Licensed to Operate as Mental Health Centers and Certified in DBT

MONTANA

Name of Service	Definition of Service	Licensed Agency
Dialectical Behavior Therapy (DBT) (continued)	<ul style="list-style-type: none"> • Group Therapy: a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the members by utilizing the group process and input of others in the group. Group therapy for rehabilitation of 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. • 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, or LCPC who have had training in DBT. • 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, or LCPC who have had training in DBT. 	Agencies Licensed to Operate as Mental Health Centers and Certified in DBT

MONTANA

Name of Service	Definition of Service	Licensed Agency
Certified Behavioral Health Peer Support Services	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 supervised by: LCSW, LCPC, LMFT, LAC, physician, psychologist, or an advanced practice registered nurse with a clinical specialty in psychiatric mental health nursing. 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.	Agencies Licensed to Operate as Mental Health Centers; and Agencies who are both State Approved and licensed as a SUD Residential or Outpatient Facility
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, 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 Agencies Licensed to Operate as Mental Health Centers

MONTANA

Name of Service	Definition of Service	Licensed Agency
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
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

MONTANA

Name of Service	Definition of Service	Licensed Agency
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
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

MONTANA

Name of Service	Definition of Service	Licensed Agency
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
SUD Intensive Outpatient Services American Society of Addiction Medicine (ASAM Level 2.1) (continued)	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.

TN 23-0006 Approval Date: 10/17/2023 Effective Date: 7/1/2023
Supersedes TN 23-0005

MONTANA

Name of Service	Definition of Service	Licensed Agency
SUD Intensive Outpatient Services American Society of Addiction Medicine (ASAM Level 2.1) (continued)	SUD Intensive Outpatient Services include the following components: <ul style="list-style-type: none"> • 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. • 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. • 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. • 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. 	Agencies who are both State Approved and licensed as an SUD Outpatient facility.

MONTANA

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"> • 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. • 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. • 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. 	Agencies who are both State Approved and licensed as an SUD Outpatient facility

MONTANA

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"> • Individual Therapy; • Group therapy; • Family therapy; • Community based psychiatric rehabilitation support services; • Care management; and • Educational groups. 	
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"> • Individual Therapy; • Group therapy; • Family therapy; • Community based psychiatric rehabilitation support services; • Care management; and • Educational groups. 	Agencies who are both State Approved SUD Treatment Programs and licensed as a SUD Low Intensity Residential (ASAM 3.1) facility

MONTANA

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"> • Individual Therapy; • Group therapy; • Family therapy; • Community based psychiatric rehabilitation support services; • Care management; and • Educational groups. 	Agencies who are both State Approved SUD Treatment Programs and licensed as a SUD Clinically Managed Residential Withdrawal Management (ASAM 3.2-WM) facility

MONTANA

Name of Service	Definition of Service	Licensed Agency
<p>SUD Clinically Managed Population-specific High-Intensity Residential Services (ASAM Level 3.3) Adult</p>	<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"> • Individual Therapy; • Group therapy; • Family therapy; • Community based psychiatric rehabilitation support services; • Care management; and • Educational groups 	<p>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</p>
<p>SUD Medically Monitored Intensive Inpatient Services (ASAM Level 3.7)</p>	<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>	<p>Agencies who are both State Approved SUD Treatment Programs and licensed as a SUD Medically Monitored Intensive Inpatient (ASAM 3.7) facility</p>

MONTANA

Name of Service	Definition of Service	Licensed Agency
SUD Medically Monitored Intensive Inpatient Services (ASAM Level 3.7) (continued)	Inpatient Services include the following components (See ASAM 2.1 for descriptions): <ul style="list-style-type: none"> • Individual therapy; • Group therapy; • Family therapy; • Community based psychiatric rehabilitation support services; • Care management; • Educational groups; and • 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. 	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)	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.	

MONTANA

Name of Service	Definition of Service	Licensed Agency
SUD Clinically Managed High-Intensity (adult) Medium - Intensity (adolescent) Residential Services (ASAM Level 3.5) (continued)	Clinically Managed High-Intensity Residential Services include the following components (See ASAM 2.1 for descriptions): <ul style="list-style-type: none"> • Individual therapy; • Group therapy; • Family therapy; • Community based psychiatric rehabilitation support services; • Care management; and • Educational groups. 	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, psychologists, vocational specialists, certified peer specialists, behavioral health aides
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, psychologists, vocational specialists, certified peer specialists, behavioral health aides

MONTANA

Provider Type	Licensure/Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/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, vocational specialists, certified peer specialists, behavioral health aides
Licensure Candidates (in-training)	Montana Board of Behavioral Health, Social Workers and Professional Counselors Section or Montana Board of Psychologists (after completion of supervised experience requirement for licensure)	Y - Must be supervised by a physician, LCPC, LCSW, or a psychologist within the scope of their license.	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, and psychologists; vocational specialists; behavioral health aides

MONTANA

Provider Type	Licensure/Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/N
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, and psychologists; vocational specialists; behavioral health aides
Licensed Practical Nurse	Montana Board of Nursing	Y - Must be supervise by a Registered Nurse.	N
Physician Assistant	Montana Board of Medical Examiners	Y - Must be supervised by a Physician.	N
Program Supervisor	Montana Board of Behavioral Health, Social Workers and Professional Counselors Section	N	Y - May supervise RN; LPN; licensure candidates and Licensed Clinical Social Worker, Licensed Clinical Professional Counselor, and psychologists; vocational specialists; behavioral health aides

MONTANA

Provider Type	Licensure/Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/N
Adult Foster Care Specialist	None	Y - Must be supervised by physician, LCPC, LCSW, or a psychologist	N
Behavioral Health Aide	None	Y - Must be supervised by a physician, LCPC, LCSW, or a psychologist	N
Vocational Specialist	Certification in Rehabilitation Counseling	Y - Must be supervised by a physician, LCPC, LCSW, or a psychologist	N
Tenancy Specialist	None	Y - Must be supervised by a physician, LCPC, LCSW, or a psychologist	N
Certified Behavioral Health Peer Support Specialist	Montana Board of Behavioral Health- Certified Behavioral Health Peer Support Specialists 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

MONTANA

Provider Type	Licensure/Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/N
Care Manager	None	Y - physician, LAC, LCPC, LCSW, 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; behavioral health aides
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, 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

MONTANA

Reimbursement for Other Rehabilitative Services

- I. The Department will reimburse Medicaid providers for Other Rehabilitative Services the lower of:
- A. The provider's usual and customary (billed) charge for the service.
 - B. The Department's fee schedule published on the agency's website at <http://medicaidprovider.mt.gov/providertype>. 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, 2023, 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.
 - 2. Addition of new services. The department is implementing the addition of the new services for crisis services that ensure a more robust continuum of care by addressing existing service delivery gaps:
 - Mobile Crisis Response Services; and
 - Mobile Crisis Care Coordination.
- II. In accordance with the Social Security Act, the Department provides medically necessary Other Rehabilitative Services. When the Department has not established a fee schedule for a service required by a member covered under Other Rehabilitative Services, a rate is negotiated with the provider. This rate is set at a comparable rate to a service similar in scope.
- III. For services not included in the RBRVS methodology, the Department's fee schedule for Other Rehabilitation Services is determined as follows:
- A Rate-Setting Method:
- Montana has a prospective Medicaid rate-setting method that was developed to reflect service definitions, provider requirements, operational service delivery, and administrative considerations.

MONTANA

Each rate is calculated on a unit basis and set at an amount based on estimated reasonable and efficient cost at a certain point in time.

B. Rate Components:

The calculation separates out direct service components from indirect program components and overhead expenses essential to administer the service and program. In some rates individual, family, and group therapies, along with Community-Based Psychiatric Rehabilitation and Support Services (CBPRS) are costed independently and then added into the unit rate as direct service expenditure. The following elements are used to determine the rate, based on estimated reasonable costs, as applicable to each service:

1. Direct Service Expenditures:

- Direct staff wages
- Employee benefit costs
- Direct supervision
- On-call differential for services that require 24-hour per day, 7-day a week on call for crisis intervention and response.
- Program support costs
- Mileage allowance. Mileage is only applicable to community services that require travel to a member's home.

2. Administrative Overhead / Indirect Costs

3. Auxiliary Operational Expenditures

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

5. Calculation Adjustors

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

MONTANA

C. Bundle-Specific Rate Setting:

Other Rehabilitative Services include the following components, as noted in the Supplements to Attachments 3.1A and 3.1B and are calculated in the units as noted. Community-Based Psychiatric Rehabilitation and Support Services (CBPRS); Crisis Stabilization Program; Illness Management and Recovery Services (IMR); Screening, Brief Intervention and Referral to Treatment (SBIRT); Substance Use Disorders (SUD) Assessment; SUD Individual Therapy; SUD Group Therapy; SUD Family Therapy; SUD Multi-Family Group Therapy; and Certified Peer Support Services are included in this table but they are not bundled services. All other unbundled rehabilitative services are covered by other state plans or their rates are included in the State's Resource Based Relative Value System (RBRVS).

The state will review utilization of services every two years. If the utilization falls significantly, the state will review bundled rates for sufficiency to ensure beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs. Room and board costs are excluded from all rates.

Any provider delivering services through a bundle will be paid through that bundle's payment rate and cannot bill separately for the services in the bundle. Medicaid providers delivering separate services outside of the bundle may bill for those separate services in accordance with the state's Medicaid billing procedures. At least one of the services included in the bundle must be provided within the service payment unit for providers to bill the bundled rate.

MONTANA

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

MONTANA

Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
Mobile Crisis Care Coordination	Not a bundle but included here because its rate setting methodology is not included elsewhere.	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/Indirect costs • Auxiliary operational expenditures • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor • On-call differential 	Per 15 Minutes
Mobile Crisis Response Services	The Montana Mobile Crisis program has three tiers: ARPA Mobile Crisis Team; Mobile Crisis Team; and Mobile Crisis Services	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/Indirect costs • Auxiliary operational expenditures • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor • On-call differential 	Per 15 Minutes

MONTANA

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

MONTANA

Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
Behavioral Health Group Home	<ul style="list-style-type: none"> • Residential services for supervision and safety 24 hours a day • Clinical oversight and treatment • Care Management • Peer Support Services 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/Indirect costs • Auxiliary operational expenditures • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Per Diem
Program for Assertive Community Treatment (PACT)- Tiered System	<p>The Montana PACT program has three tiers: Intensive PACT (InPACT) services; PACT; and Community Maintenance Program.</p> <p>InPACT includes:</p> <ul style="list-style-type: none"> • Supervision for safety in a residential setting; and • PACT services. <p>PACT includes:</p> <ul style="list-style-type: none"> • Psychiatric/Medical Assessment/Evaluation 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/Indirect costs • Auxiliary operational expenditures • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	<p>InPACT Per Diem</p> <p>PACT Weekly</p> <p>Community Maintenance Program Per Diem</p>

MONTANA

Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
Program for Assertive Community Treatment (PACT)-Tiered PACT	<ul style="list-style-type: none"> • Medication Administration, Management, Delivery, and Monitoring • Individual Therapy • Family Therapy • Group Therapy • 24-hour Crisis Response • Care Management • Social and Interpersonal Skills Training • Substance Use Treatment • Community Reintegration • Peer Support Services • Vocational Rehabilitation • Tenancy Services <p>Community Maintenance Program (CMP) includes:</p> <ul style="list-style-type: none"> • Medication Administration, Management, Delivery, and Monitoring 		

MONTANA

Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
Program for Assertive Community Treatment (PACT) -Tiered System	<ul style="list-style-type: none"> • Care Management • Psychosocial Rehabilitation • Peer Support 		
Montana Assertive Community Treatment (MACT)	<ul style="list-style-type: none"> • Medication Administration, Management, Delivery, and Monitoring • Care Management • Individual therapy • Family therapy • Group therapy • Psychosocial Rehabilitation • Peer Support • 24-hour Crisis Response 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct Supervision • Program Support Costs • Administrative overhead/Indirect costs • Auxiliary operational expenditures • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Weekly
Dialectical Behavior Therapy Services (DBT)	<ul style="list-style-type: none"> • Individual Therapy • Group Therapy • Skills Development and Training 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/Indirect costs • Auxiliary operational expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Individual DBT Psychotherapy- 50-minute units Skills Development- Individual 15-minute units Skills Development- Group 15-minute units

MONTANA

Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
Certified Peer Support Services	<ul style="list-style-type: none"> • Not a bundle but included here because its rate setting methodology is not included elsewhere. 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/Indirect costs • Auxiliary operational expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Individual Certified Peer Support Services - Per 15-minute unit
SBIRT	Not a bundle but included here because its rate setting methodology is not included elsewhere.	Included on the RBRVS methodology.	Completed Screening
SUD Assessment	Not a bundle but included here because its rate setting methodology is not included elsewhere.	Included in the RBRVS methodology.	Completed Assessment
SUD Individual Therapy	Not a bundle but included here because its rate setting methodology is not included elsewhere.	Included in the RBRVS methodology.	Per 30-minute unit Per 45-minute unit Per 60-minute unit

MONTANA

Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
SUD Family Therapy	Not a bundle but included here because its rate setting methodology is not included elsewhere.	Included in the RBRVS methodology.	Per 50-minute unit
SUD Multi-Family Group Therapy	Not a bundle but included here because its rate setting methodology is not included elsewhere.	Included in the RBRVS methodology.	Per visit
SUD Group Therapy	Not a bundle but included here because its rate setting methodology is not included elsewhere.	Included in the RBRVS methodology.	Per visit
SUD Crisis Psychotherapy	Not a bundle but included here because its rate setting methodology is not included elsewhere.	Included in the RBRVS methodology.	Per visit
SUD Intensive Outpatient Services (ASAM 2.1)	<ul style="list-style-type: none"> • Individual Therapy • Group Therapy • Family Therapy • Educational Groups • CBPRSCare Management 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • On-call differential (crisis services) • Program support costs • Administrative overhead/ Indirect costs • Auxiliary operational expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Weekly

MONTANA

Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
SUD Partial Hospitalization American Society of Addiction Medicine (ASAM) (Level 2.5)	<ul style="list-style-type: none"> • Individual Therapy • Group Therapy • Family Therapy • Educational Groups • Care Management • CBPRS 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/ Indirect costs • Auxiliary operational expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Weekly
SUD Clinically Managed Low-Intensity Residential Services (ASAM Level 3.1)	<ul style="list-style-type: none"> • Individual Therapy • Group Therapy • Family Therapy • Educational Groups • CBPRS • Care Management 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/ Indirect costs • Auxiliary operational expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Per Diem
SUD Clinically Managed Residential Withdrawal Management Services (ASAM level 3.2-WM)	<ul style="list-style-type: none"> • Individual Therapy • Group Therapy • Family Therapy • Care Management • Educational Groups • CBPRS 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/ Indirect costs • Auxiliary operational expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Per Diem

MONTANA

Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
SUD Clinically Managed Population-specific High-Intensity Residential Services (ASAM level 3.3)	<ul style="list-style-type: none"> • Individual Therapy • Group Therapy • Family Therapy • Educational Groups • Care Management • CBPRS 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/ Indirect costs • Auxiliary operational expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor • 	Per Diem
SUD Medically Monitored Intensive Inpatient Services (ASAM Level 3.7)	<ul style="list-style-type: none"> • Individual Therapy • Group Therapy • Family Therapy • Educational Groups • CBPRS • Care Management • Nurse Intervention and Monitoring 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/ Indirect costs • Auxiliary operational expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Per Diem
SUD Clinically Managed High-Intensity Residential Services (Adult)/Medium-Intensity Residential (Adolescent) Services (ASAM Level 3.5)	<ul style="list-style-type: none"> • Individual Therapy • Group Therapy • Family Therapy • CBPRSEducational GroupsCare Management 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/ Indirect costs • Auxiliary operational expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Per Diem

MONTANA

D. Rate Notes and Formula:

1. CBPRS Rate = (((Hourly Provider Direct Costs + Hourly Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ (Productivity Adjustment Factor or Billable Hours) x Calculation Adjustors)) ÷ 4 to convert to 15-minute unit)
CBPRS Group therapy has a maximum of staff to member ratio of one to four. The rate for CBPRS group therapy is set at 30% of the individual rate.
2. IMR Rate = (((Hourly Provider Direct Costs + Hourly Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ (Productivity Adjustment Factor or Billable Hours) x Calculation Adjustors)) ÷ 4 to convert to 15-minute unit)
3. Crisis Receiving and Stabilization Program Rate = ((Provider Direct Costs + Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ Daily Units or Bed Days) x Calculation Adjustors)
The Crisis Receiving and Stabilization Program rate is based on the assumptions of Full Time Equivalent (FTE) necessary to provide 24-hour direct care staff at a ratio sufficient to meet the needs of the members, necessary program supervision, and 24-hour Mental Health Professionals on-call differential. This rate is not a bundled service and may include a crisis intervention stay of up to 24 hours for crisis receiving and up to 72 hours for crisis stabilization.
4. Mobile Crisis Care Coordination Rate = (((Hourly Provider Direct Costs + Hourly Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ (Productivity Adjustment Factor or Billable Hours) x Calculation Adjustors)) ÷ 4 to convert to 15-minute unit)
5. The Day Treatment rate is based on caseload assumptions for FTE necessary to provide Day Treatment. The rates are divided into hourly time increments for billing purposes.
Day Treatment Rate = ((Hourly Provider Direct Costs + Hourly Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ (Productivity Adjustment Factor or Billable Hours) x Calculation Adjustors)

MONTANA

6. In the Behavioral Health Group Home, Adult Foster Care Support, and InPACT 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, Adult Foster Care Support and InPACT 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 = $((\text{Provider Direct Costs} + \text{Provider Indirect Costs and Auxiliary Operational Expenditures}) \div \text{Medicaid Bed Days or Units of Service}) \times \text{Calculation Adjustors}$.

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

MONTANA

= DBT Skills Development-Individual = (((Hourly Provider Direct Costs + Hourly Provider Indirect Costs + Auxiliary Operational Expenditures) ÷ (Productivity Adjustment Factor or Billable Hours) x Calculation Adjustors) ÷ 4 to convert to 15-minute units)

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

10. Certified Peer Support Services = (((Provider Hourly Direct Costs + Provider Hourly Indirect Costs and Auxiliary Operational Expenditures) X Suggested Yearly Workload Units) + ((Provider Hourly Supervision Direct Costs + Provider Hourly Supervision Indirect Costs and Auxiliary Operational Expenditures) X (Yearly Supervision Workload Units) ÷ (Suggested Yearly Workload Units)) ÷ 4 to convert to 15-minute unit).
11. SBIRT; SUD Family Therapy; Assessment; Individual Therapy; Group Therapy; and SUD Multi-Family Group Therapy are included in the State's Resource Based Relative Value System RBRVS.
- a. In accordance with the RBRVS methodology, by multiplying Medicare's Relative Value Units (RVU), or Medicare's base and time units for services, which is numeric, by the Montana Medicaid specific conversion factor, which is a dollar amount, to equal a fee. Specific to Montana Medicaid, there is an ability to multiply the fee times a policy adjuster (either plus or minus) to affect the fee.
- (1) RBRVS means the version of the Medicare resource based relative value scale contained in the Medicare Physician Fee Schedule (MPFS) adopted by the Centers for Medicare and Medicaid Services (CMS). The Department will update Medicare additions, deletions, or changes to procedure codes on the first of each quarter.
- (2) RVU means a numerical value assigned by Medicare in the RBRVS methodology to each procedure code used to bill for services provided by a health care provider. The RVU assigned to a particular code expresses the relative effort and expense expended by a provider in providing one service as compared with another service.

MONTANA

12. In the SUD intensive outpatient treatment (ASAM 2.1) SUD partial hospitalization and (ASAM 2.5) weekly rate calculation, therapies and non-licensed observations and supports are separate components of the rate.

In the SUD Clinically Managed Low-Intensity Residential (ASAM 3.1), SUD clinically managed residential withdrawal management (ASAM 3.2 WM), SUD clinically managed population-specific high-intensity residential (ASAM 3.3), inpatient (ASAM 3.7), and residential (ASAM 3.5) per diem rate calculation, therapies and non-licensed observations and supports are separate components of the rate. Room and board and other non-allowable facility costs are excluded from the per diem rate.

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

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

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

SUD Intensive Outpatient Treatment (ASAM 2.1) and SUD Partial Hospitalization (ASAM 2.5) weekly rate = $((\text{Provider Direct Costs} + \text{Provider Indirect Costs and Auxiliary Operational Expenditures}) \div \text{Productivity Adjustment Factor or Billable Hours}) \times \text{Calculation Adjustors}$. SUD Clinically Managed Low-Intensity Residential (ASAM 3.1), SUD clinically managed residential withdrawal management (ASAM 3.2 WM), SUD clinically managed population-specific high-intensity residential (ASAM 3.3), SUD Medically Monitored Intensive Inpatient Services (ASAM 3.7), and SUD Clinically Managed High-Intensity Residential Services (ASAM 3.5) Per diem Rate = $((\text{Provider Direct Costs} + \text{Provider Indirect Costs and Auxiliary Operational Expenditures}) \div \text{Medicaid Bed Days or Units of Service}) \times \text{Calculation Adjustors}$

MONTANA

SUD Clinically Managed Low-Intensity Residential (ASAM 3.1), SUD clinically managed residential withdrawal management (ASAM 3.2 WM), SUD clinically managed population-specific high-intensity residential (ASAM 3.3), SUD Medically Monitored Intensive Inpatient Services (ASAM 3.7), and SUD Clinically Managed High-Intensity Residential Services (ASAM 3.5)
Per diem Rate = (((Provider Direct Costs + Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ Medicaid Bed Days or Units of Service) x Calculation Adjustors)

IV. The Direct Care Wage Add-on Reimbursement

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

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

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

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

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

MONTANA

Payments will be made quarterly 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