

Frequently Asked Questions
Kids eligible for services through DDP and CMHB
May 1, 2009

Questions related to the DD system:

1. Can kids be served in both the DD system and in the children's mental health system?

Yes (if eligible). However, kids who are receiving Intensive Family Education and Support (IFES) services from the Developmental Disabilities Program cannot receive Targeted Youth Case Management from the mental health system. This is considered a duplication of Medicaid services.

2. If a mental health evaluation reports that a child is mentally retarded, is the child eligible for services through the Developmental Disabilities program?

Eligibility for services through the Developmental Disabilities Program is determined using the DDP eligibility process. If a child receiving Medicaid mental health services is suspected of having a developmental delay, please contact the Children's Mental Health Bureau. The DDP/CMHB Liaison, Novelene Martin, can assist with the next steps to determining the child's eligibility for DD services. Novelene can be reached at 234-3070 (telephone) or 234-3071 (fax).

3. What information is used to determine eligibility?

Eligibility for DDP services is determined using a recent psychological exam which includes IQ scores plus scores from an adaptive behavior instrument such as the Vineland. When submitting information for an eligibility determination, please ensure there is a release of information (ROI) signed by the legal guardian. The ROI should give permission to release information to the Developmental Disabilities Program of DPHHS.

4. If an individual is found eligible for DD services, does that individual automatically receive services?

Services through the developmental disabilities program are not entitlement services with the exception of Family Education and Support (Part C services) and Targeted Case Management for individuals over age 16. Part C services are for infants and toddlers ages 0-3. Targeted Case Management is available for individuals who have an established developmental disability and are 16 years of age. Individuals receiving case management cannot receive case management services via another agency since that would be a duplication of Medicaid services. Targeted Case Management does not provide any direct support services other than referral to and assistance obtaining support services. All other DD services are slot-driven. When openings occur, individuals are selected from a waiting list based on his/her level of need.

5. How does an individual get on the waiting list for services?

If the individual has been found to be eligible for DDP services, then the referral process can begin. The youth's case manager assists the individual in completing the waiting list referral packet after eligibility for DD services has been established. Novelene Martin will assist Mental Health Youth Case Managers in the obtaining and completing the necessary referral packet information. Upon completion of the referral packet, it will be submitted to Novelene. Novelene will work with DDP staff to ensure the individual is placed on the waiting list and the referral packet is distributed as appropriate.

6. How long is a person on the waiting list? How are individuals selected from the waiting list?

The length of time on the waiting list can vary greatly depending upon the services needed and the location desired. Individuals are selected from the waiting lists as described in the documents Policies & Procedures For Screening Adult Services, Children's and Medical Group Homes or in the Policies & Procedures For Intensive Family Education & Support Home & Community Based Waiver Services. This document can be found on the Developmental Disabilities Program website.

Questions related to the MH system:

1. Are all kids with a serious emotional disturbance eligible for services through the Children's Mental Health Bureau?

Services available via the Children's Mental Health Bureau are primarily for youth who are Medicaid eligible. Limited mental health services may also be available for kids through the CHIP program (if they meet the criteria of the CHIP Extended Mental Health Benefit). Limited services are also available to kids with family income at 160% federal poverty level or below through the Mental Health Service Plan.

2. What is the definition of a serious emotional disturbance? How is it determined?

The definition of seriously emotionally disturbed and the rule addressing the eligibility for Medical children's mental health services are outlined in ARM 37.86.3702(2). The definition includes covered diagnoses plus a description of the functional impairment required for eligibility.

3. Who is First Health?

First Health Services Corporation is contracted with the State of Montana to provide utilization review services for Medicaid recipients served by the Children's Mental Health Bureau. In Montana, First Health conducts clinical reviews for medical necessity pre-admission, for continued stay, and post-discharge of Medicaid reimbursed

psychiatric services for recipients in inpatient and outpatient treatment settings located either in Montana or in out of state facilities.

4. What is a partial authorization?

A partial authorization is a partial denial. A partial denial is considered an adverse payment determination, indicating that the request does not meet the appropriate Medicaid criteria to justify Medicaid payments for the level of care or duration of services requested. Only a First Health psychiatrist may issue a partial denial. Partial denials are subject to the First Health Services of Montana appeal process.

5. What services need prior authorization?

- Acute inpatient
- Partial hospitalization
- Psychiatric residential treatment
- PRTF Waiver Program
- Therapeutic group care
- Therapeutic family or foster care
- Therapeutic home visits
- Outpatient mental health services past 24 sessions; outpatient *counseling when combined with CSCT services through the school
- Targeted Youth Case Management*
- 1:1 Aid services in a group home

These services also require an annual verification of SED

6. What services need continued authorizations after the initial authorization ends?

- Partial hospitalization
- Psychiatric residential treatment
- PRTF Waiver
- Therapeutic group care
- Therapeutic family care
- Outpatient Mental Health Services
- Targeted Youth Case Management
- 1:1 Aide services in a group home