

**PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY
(PRTF)**

**HOME AND COMMUNITY BASED SERVICES WAIVER
(HCBS)**

FOR YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE (SED)

Provider Policy Manual

October 2011

**PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY HOME AND COMMUNITY BASED
SERVICES WAIVER FOR YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE**

TABLE OF CONTENTS

Acronyms	Page 3
Provider Manual Updates	Page 3
Contact Information	Page 3
Introduction, Eligibility	Pages 4 - 5
Purpose, Waiver Services	Pages 5 - 10
Documentation/Record Keeping	Pages 10 - 11
Selection into the Waiver	Page 11
Referral Process	Page 12
Plans of Care: Plan Development	Pages 12 - 13
Numbers Served	Page 13
Individual Cost Limit	Pages 13 - 14
Health & Safety	Pages 14
Evaluation/Re-Evaluation	Page 14
Need for Service, Loss of Service & Disenrollment	Pages 14 - 15
Transition Planning	Page 15
Quality Management	Pages 15 - 16
Qualified Providers & Payment for Waiver Services	Pages 16 – 17
Geographical Factor	Page 17
PRTF Waiver Fee Schedule, Information – Appendix A	Pages 18 - 24
Serious Emotional Disturbance Criteria – Appendix B	Page 25
Serious Occurrence Report – Appendix C	Pages 26 - 27

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY HOME AND COMMUNITY BASED SERVICES WAIVER FOR YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE

Acronyms

- ACS: Affiliated Computer System
- ALOS: Average Length of Stay
- APS: Adult Protective Services
- ARM: Administrative Rules of Montana
- CBCL: Child Behavior Check List
- CMHB: Children’s Mental Health Bureau
- CMS: Centers for Medicare and Medicaid Services
- CON: Certificate of Need
- CPS: Child Protective Services
- DPHHS: Department of Public Health and Human Services (Department)
- DSD: Developmental Services Division
- HCBS: Home and Community Based Services Waiver
- LOC: Level of Care
- MMA: Magellan Medicaid Administration
- PA: Prior Authorization
- PD: Project Director
- PM: Plan Manager
- POC: Plan of Care
- PRTF: Psychiatric Residential Treatment Facility (same as RTC)
- QMS: Quality Management Strategy
- RTC: Residential Treatment Center (same as PRTF)
- SED: Serious Emotional Disturbance
- SOR: Serious Occurrence Report
- WY: (Federal) Waiver Year is October 1 to September 30

Manual Content Updates

August 2009	Update Manual for Waiver Amendment ; ARM Amendment
October 2010	Update Manual for Waiver Amendment ; ARM Amendment
October 2011	Update Manual for Waiver Amendment; ARM Amendment
December 2011 (contract Plan Manager; fee schedule)	Update Manual for Waiver Amendment; ARM Amendment

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PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY HOME AND COMMUNITY BASED SERVICES WAIVER FOR YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE

A. Introduction to the Psychiatric Residential Treatment Facility (PRTF) Waiver Program

Montana was one of ten states awarded the PRTF Demonstration Grant through the Deficit Reduction Act of 2005. The Centers for Medicare and Medicaid Services (CMS) required states to complete a Home and Community Based Services Waiver application, which was approved effective October 1, 2007. The PRTF Grant is a five year grant with the possibility of becoming a Home and Community Based Waiver at the end of the fifth year. This PRTF Waiver program is not available statewide.

In accordance with the state and federal statutes and rules generally governing the provision of Medicaid funded home and community-based services and any federal-state agreements specifically governing the provision of the Medicaid funded home and community-based services to be delivered through this program, and within the fiscal limitations of the funding appropriated and available for the program, the department may determine within its discretion the following features of the program:

1. the types of services to be available;
2. the amount, scope, and duration of the services;
3. the categories of youth to be served;
4. the total number of service opportunities that may be made available;
5. the total number of service opportunities that may be made available by category of eligibility or by geographical area;
6. individual eligibility; and
7. geographic service areas.

A youth's enrollment in the program and the provision of services to the youth through the program are at the discretion of the department. There is no legal entitlement for a youth to enroll in the program or to receive any or all the services available through the program. Only those youth enrolled in the PRTF Waiver program are eligible for the waiver services.

The department has received federal approval to waive statewide coverage in the provision of program services. Program services may only be delivered in the following service areas for which federal approval of coverage has been received:

1. Yellowstone County (core site), implementation date of October 1, 2007.
 - (a) The surrounding counties of Carbon, Stillwater, Musselshell and Big Horn, implementation date of October 1, 2010.
2. Missoula and Ravalli Counties (core site), implementation date of August 1, 2009.
3. Lewis and Clark County (core site) and the surrounding counties of Jefferson and Broadwater, implementation date of October 1, 2010.
4. Cascade County (core site), implementation date of October 1, 2010.
5. Flathead County (core site) implementation date of July 1, 2011.

In these service areas, including the surrounding counties, no more than a total of 100 youth in all sites at any given time may be made enrolled in the Waiver program per waiver year (Oct – Sept). Generally, each core site will serve 20 youth at any given time. However, when a waiting list is established in any area, the following protocol will be used by the department to reallocate unused service opportunities.

The Plan Manager will manage the waitlist, which will be submitted to the Project Director at the Children's Mental Health Bureau/Developmental Services Division of the Department of Public Health and Human Services. On a quarterly basis, the Plan Manager will review waiting lists in the geographic area where the waiver is available and forward the information to the Project Director and the Children's Mental Health Bureau Chief, who will determine when to reallocate unused capacity to areas where

additional capacity may be needed. Reallocation will occur following the quarterly review of the waiting list information.

B. Eligibility

Eligibility of a youth for the program is determined by the department in accordance with the following criteria. Placement opportunities in the program are limited. A youth who meets the criteria for eligibility in the program may not be allowed to enroll in the program. There is no entitlement to enrollment in the program. The department determines whether a youth who meets the eligibility criteria may be enrolled in the program. A youth is eligible to be considered for enrollment in the program if:

1. the youth is age six through 17, up to the 18th birthday;
2. the youth is Medicaid eligible;
3. the youth requires the level of care, as determined through the certificate of need process, for a psychiatric residential treatment facility in accordance with Children's Mental Health Bureau Provider Manual and Clinical Guidelines for Utilization Management, referenced in Administrative Rules of Montana 37.87.903;
4. the youth will not be concurrent with enrollment in the program residing in a hospital or a psychiatric residential treatment facility;
5. the youth has mental health and related supportive services needs that can be met through the program;
6. the youth meets the clinical criteria for serious emotional disturbance as defined in APPENDIX 'B' – SERIOUS EMOTIONAL DISTURBANCE CRITERIA (ARM 37.87.303);
7. the youth has a viable, consistent living environment and the youth's parent(s) or other responsible caregiver having physical custody is committed to supporting and facilitating the youth's participation in the program;
8. the youth resides in a service area as specified in A. Introduction to the Psychiatric Residential Treatment Facility (PRTF) Waiver Program;
9. the youth's waiver services and Medicaid state plan services do not exceed the cost of services provided in a psychiatric residential treatment facility;
10. the youth is not otherwise receiving Medicaid funded case management services; and
11. the youth is not receiving services through another Medicaid funded home and community program.

C. Purpose

To provide home and community-based services as an alternative for youth who meet criteria for psychiatric residential treatment facility level of care, using a community-based wraparound service delivery model.

The Plan Manager, an employee (or a contracted entity, effective December 1, 2011) of the Department of Public Health and Human Services located in the regions of the state where the PRTF waiver is operational, is responsible for making the initial contact with the youth and family; exploring their needs and goals; referring the youth for a level of care evaluation, and assisting the family with choosing providers (youth and family have freedom of choice in provider selection). In August 2009, a new waiver service, Wraparound Facilitation, was added to the menu of waiver services. In limited cases the Plan Manager will act as the Wraparound Facilitator and the Project Director will provide oversight*. The Plan Manager will work with the Wraparound Facilitator in developing the plan of care in collaboration with the youth, parent(s) or custodial caregiver, appropriate health care professionals, and others who treat or have knowledge of the youth's mental health and related needs. The Plan Manager will provide oversight* of the wraparound facilitation service. The Plan Manager prior authorizes all PRTF waiver services.

Services will be provided through a wraparound service model that includes the youth and family and will be structured to provide the supports needed to safely maintain youth in their home and community.

*Oversight may include but is not limited to observation of at least one meeting in each of the four phases of wraparound to ensure the facilitator is maintaining wraparound fidelity; contact with the youth/family periodically to ensure the youth/family is in agreement with the wraparound process; completion of a desk audit of the wraparound facilitators' records; verification of wraparound facilitation training and certification process.

D. Waiver Services

In accordance with federal regulations, waiver services are not furnished to youth who are inpatients of a local community hospital or a psychiatric residential treatment facility. Youth enrolled in the waiver are NOT eligible for targeted case management services or other types of case management services.

1. Caregiver Peer-To-Peer Support Specialist (Peer Specialist)

Caregiver peer-to-peer support services offer and promote support to the parent/guardian of the youth with SED. The services are geared toward promoting self-empowerment of the parent, enhancing community living skills and developing natural supports. These services include:

- (a) supporting parents to make informed independent choices in order to develop a network for information and support from others;
- (b) coaching parents in developing systems advocacy skills in order to take a proactive role in their youth's treatment and to obtain information and advocate with the school system; and
- (c) assisting parents in developing supports including formal and informal community supports.

Caregiver peer-to-peer support services are provided by appropriate community agencies with the capacity to offer this service to the parent/guardian of the youth with SED. The provider of caregiver peer-to-peer support specialist services must:

- (a) ensure that any employee providing caregiver peer-to-peer services is a family member who has cared for a youth with SED while the youth was receiving services in the children's mental health system. The person must have experience in the direct day-to-day care of a youth with SED;
- (b) verify the youth (who is the family member) is currently not enrolled as a participant in the Home and Community-Based Services Program for Youth with SED;
- (c) be knowledgeable of the children's mental health system as well as about other community resources; and
- (d) ensure that any employee providing caregiver peer-to-peer services has attended a wraparound facilitation training sanctioned by the department or has been trained by someone within the community agency who has attended a wraparound facilitation training sanctioned by the department.
 - (i) the employee must attend the next wraparound facilitation training sanctioned by the department.

2. Consultative Clinical and Therapeutic Services

Consultative clinical and therapeutic services provide treating physicians and mid-level practitioners with access to the psychiatric expertise and consultation in the areas of diagnosis, treatment, behavior, and medication management.

- (a) consultative clinical and therapeutic services are provided by licensed psychiatrists.
- (b) consultation is provided to licensed physicians or mid-level practitioners who are treating youth enrolled in the program.
- (c) both the consultant psychiatrist and the treating physician or mid-level practitioner may bill for the consultative clinical and therapeutic services.

3. Customized Goods and Services

Customized goods and services as a program service allows for the purchase of services or goods not reimbursed by Medicaid. These customized goods and services typically are used by the youth to facilitate access to supports designed to improve and maintain the youth in the community. The plan of care must:

- (a) document the youth's therapeutic need for this service;
- (b) document attempts to identify alternative funding and/or resources; and
- (c) include all documentation/receipts.

Customized goods and services must be prior authorized and are limited to \$1,000 for each twelve month period beginning with the youth's most current enrollment date. Customized goods and services cannot be used to provide services or goods typically covered by another entity, monthly rent or mortgage, food, regular utility charges, household appliances, automobile repairs, or items that are for purely diversion/recreational purposes. Customized goods and services must be purchased by an enrolled provider in order to be reimbursed by the waiver program.

4. Education and Support Services

Education and support services are provided to family members, unpaid caregivers, and persons providing treatment or otherwise involved in the youth's life.

- (a) education and support services include instruction about the diagnostic characteristics and treatment regimens for the youth, including medication for the youth, and behavioral management.
- (b) education and support services are provided by appropriate community agencies with the capacity to offer periodic trainings specific to parent(s) or legal guardians of youth with serious emotional disturbance.
- (c) all training curricula and community providers of such training must be approved by the department.

5. Family Support Specialist

Family support specialist services provide support and interventions to parents and youth, under the guidance of the home-based therapist. These services may include:

- (a) assisting the therapist in family therapy by providing feedback to the in-home therapist about observable family dynamics;
- (b) providing education to parents regarding their child's mental illness;
- (c) coaching, supporting, and encouraging parenting techniques learned through parenting classes and/or family therapy;
- (d) providing, as necessary, parenting skills specific to the child;
- (e) participating in family activities in order to assist parents in applying specific parenting methods in order to change family dynamics;
- (f) working with youth to access any types of wellness recovery tools such as a wellness recovery action plan tool kit; and
- (g) serving as a member of the crisis intervention team.

Family support specialist services are provided by appropriate community agencies with the capacity to offer this service to parents or legal guardians of youth with serious emotional disturbance (SED). The provider of family support specialist services must ensure that its employees:

- (a) receive clinical supervision;
- (b) are knowledgeable about family systems and dynamics;
- (c) follow the plan of care developed by the wraparound team;

- (d) have attended a high fidelity wraparound training sanctioned by the department or have been trained by someone within the community agency who has attended a high fidelity wraparound training sanctioned by the department.
 - (i) the employee must attend the next high fidelity wraparound training sanctioned by the department.
- (e) meet either of the following educational/experience requirements:
 - (i) have a Bachelor's degree in human services; OR
 - (ii) have a minimum of three years direct experience (as documented by the agency) working with youth with SED and their families.

OR

A family support specialist may be a licensed mental health professional in the state of Montana that includes one of the following:

- (a) licensed clinical professional counselor;
- (b) licensed clinical social worker; or
- (c) licensed clinical psychologist.

A family support specialist who is also a licensed mental health professional cannot provide any other waiver services or state plan services for the youth.

6. Home-Based Therapy

Home-based therapists are either:

- (a) social workers licensed in accordance with ARM 37.88.205;
- (b) professional counselors licensed in accordance with ARM 37.88.305; or
- (c) psychologists licensed in accordance with ARM 37.88.605.

Home-based therapists provide face-to-face, individual, and family therapy for youth and parent(s) or legal guardians in the youth's residence at times convenient for the youth and family. As part of the provision of the therapy and for the purposes of the plan of care, the home-based therapist must:

- (a) communicate with the department regarding the status of the youth and treatment;
- (b) develop and write an individual treatment plan with the youth and parent(s) or legal guardian specific to mental health therapy;
- (c) provide crisis response during and after working hours;
- (d) assist the youth with transition planning; and
- (e) attend family and team meetings and other pertinent activities that support success in the community.

The home-based therapist and wraparound facilitator cannot be employed by the same agency when serving on the treatment team and providing services to a specific youth enrolled in the HCBS waiver program (effective 1/1/11; Administrative Rules of Montana).

7. Non-emergency (Non-Medical) Transportation

Non-emergency transportation (non-medical transportation) is the provision of transportation through common carrier or private vehicle for the youth's access to and from social or other nonmedical activities that are included in the waiver plan of care. Nonmedical transportation services are provided only after volunteer transportation services, or transportation services funded by other programs, have been exhausted. Nonmedical transportation services must be provided by the most appropriate cost effective mode. Nonmedical transportation providers must provide proof:

- (a) that all drivers possess a valid Montana driver's license;

- (b) that all vehicles are adequately insured for personal injury; and
- (c) that all vehicles are in compliance with all applicable federal, state, and local laws and regulations.

8. Respite Care

Respite care is the provision of supportive care to a youth so as to relieve those unpaid persons normally providing day to day care for the youth from that responsibility. Respite care services may be provided only on a short term basis, such as part of a day, weekends, or vacation periods. Respite care services may be provided in a youth's place of residence or through placement in another private residence or other related community setting, excluding psychiatric residential treatment facilities. The provider of respite care must ensure that its employees providing respite care services are:

- (a) physically and mentally qualified to provide this service to the youth;
- (b) aware of emergency assistance systems and crisis plans;
- (c) knowledgeable about the physical and mental conditions of the youth;
- (d) knowledgeable about common medications and related conditions of the youth; and
- (e) capable to administer basic first aid.

9. Wraparound Facilitation

Wraparound facilitation services are comprehensive services comprised of a variety of specific tasks and activities designed to carry out the wraparound process. WRAPAROUND FACILITATORS WORK UNDER THE SUPERVISION OF A LICENSED MENTAL HEALTH PROFESSIONAL. Tasks performed by a wraparound facilitator include and are not limited to:

- (a) engaging the family
- (b) completing the Strengths, Needs and Cultural Discovery with the family;
- (c) assembling the wraparound team;
- (d) facilitating plan of care meetings and developing a crisis plan;
- (e) working with the department to identify providers of services and other community resources to meet family and youth needs;
- (f) making necessary referrals for youth;
- (g) convening regular meeting with family and team to review accomplishments and progress towards goals and to make adjustments;
- (h) documenting and maintaining all information regarding the plan of care and the cost plan, including revisions;
- (i) presenting plan of care and cost plans to the plan manager for approval;
- (j) providing copies of the plan of care to the youth and family/guardian and to professional and agency team members;
- (k) monitoring the plan of care to ensure service are provided as planned;
- (l) consulting with family to ensure services received continue to meet identified needs;
- (m) maintaining communication between all wraparound team members;
- (n) educating new members to the wraparound process;
- (o) maintaining team cohesiveness; and
- (p) preparing family for transition out of formal wraparound (Waiver) services.

A wraparound facilitator may be employed by a community agency. The community agency that employs a wraparound facilitator must:

- (a) ensure the wraparound facilitator is working under the supervision of a licensed mental health professional;
- (b) ensure the wraparound facilitator has completed the wraparound facilitation training sanctioned by the department;

- (c) ensure all wraparound facilitators within the community agency are certified wraparound facilitators or working toward certification;
- (d) document that all waiver enrollees have been given freedom of choice for all other waiver and state plan services; and
- (e) ensure that any employee providing wraparound facilitation services has attended a wraparound facilitation training sanctioned by the department or has been trained by someone within the community agency who has attended a wraparound facilitation training sanctioned by the department.
 - (i) the employee must attend the next wraparound facilitation training sanctioned by the department.

OR

Wraparound facilitating services may be provided by a licensed mental health professional in the state of Montana that includes one of the following:

- (a) social workers licensed in accordance with ARM 37.88.205;
- (b) professional counselors licensed in accordance with ARM 37.88.305; or
- (c) psychologists licensed in accordance with ARM 37.88.605.

A wraparound facilitator who is a licensed mental health professional cannot provide any other waiver services or state plan services to the youth for whom they are facilitating. The licensed mental health professional must have attended the wraparound facilitation training sanctioned by the department and is either a certified wraparound facilitator or is working towards certification.

The wraparound facilitator and the home-based therapist cannot be employed by the same agency when serving on the treatment team and providing services to a specific youth enrolled in the HCBS waiver program (effective 1/1/11; Administrative Rules of Montana).

E. Documentation/Record Keeping

Providers of PRTF Waiver services are responsible for keeping accurate and adequate records that document the services provided to the youth enrolled in the PRTF Waiver. The General Medicaid Manual from ACS, in addition to this PRTF Waiver for Youth with SED Provider Policy Manual provide the rules applicable to Montana Medicaid providers which includes providers of PRTF Waiver services. Providers of PRTF Waiver services will bill Montana Medicaid using the CMS 1500 claim form. All claims will be processed by ACS, the Department's fiscal agent. Claims may be submitted electronically or via paper claim.

All providers of service must maintain records which fully demonstrate the extent, nature and medical necessity of services and items provided to Montana Medicaid youth enrolled in the PRTF Waiver. The records must support the fee charged or payment sought for the services and items and demonstrate compliance with all applicable requirements.

All services provided to a youth enrolled in the PRTF Waiver program must be documented in the youth's plan of care. The PRTF Waiver services must be prior authorized by the Plan Manager; see Appendix 'A' of this manual for further information about billing Medicaid for services that have been prior authorized.

When reimbursement is based on the length of time spent in providing the service, the records must specify the time spent or the time treatment began and ended for each procedure billed to the nearest minute. Total time billed using one or multiple procedure codes may not exceed the total actual time spent with the Medicaid youth.

These records must be retained by the providers for a period of at least six years and three months from the date on which the service was rendered or until any dispute or litigation concerning the services is resolved, whichever is later.

In addition to the youth's medical records, any Medicaid information regarding an enrolled youth or an applicant is confidential and shall be used solely for purposes related to the administration of the Montana Medicaid program. This information shall not be divulged by the provider or his employees, to any person, group, or organization other than those listed below or a department representative without the written consent of the recipient or applicant. In addition, the provider must comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 USC 1320d et seq., and the Uniform Health Care Information Act, 5016-501 et seq., MCA.

F. Selection of Entrants into the Waiver

Entrance into the PRTF Waiver will be on a first-come, first-served basis for those who meet the criteria for participation. Should a waiting list has been established because the available slots are full, youth will be individually evaluated according to Psychiatric Residential Treatment Facility level of care criteria; mental, medical and psychological impairment; risk of deterioration without services; risk of institutional placement; need for supervision; need for formal paid services; assessment of informal supports; assessment of relief needed for primary caregiver; and assessment of health and safety issues that place the individual at risk. The Plan Manager will manage the waitlist, which will be submitted to the Project Director at the Children's Mental Health Bureau, Department of Public Health and Human Services. On a quarterly basis, the Plan Manager will review waiting lists in the geographic area where the waiver is available and forward the information to the Project Director and the Children's Mental Health Bureau Chief, who will determine when to re-allocate unused capacity to areas where additional capacity may be needed. Reallocation will occur following quarterly review of the waiting list information.

The department determines whether a youth who meets the eligibility criteria may be offered a service opportunity in the program. The department considers the following factors in selecting eligible youth to evaluate for placement into an available program service opportunity:

1. the youth resides within the geographical coverage for the available service opportunity;
2. the youth meets the eligibility criteria of this rule;
3. the youth is actively seeking program and other mental health services;
4. the youth is in need of the services available through the program;
5. the youth is likely to benefit from the services available through the program; and
6. the youth's individual projected total cost under the preliminary plan of care is equal to or less than 100% of the cost of inpatient care in a psychiatric residential treatment facility.

The department may consider the following factors in selecting which eligible youth to offer an available service opportunity:

1. the extent and nature of the youth's mental, medical, and psychological impairments;
2. the youth's current institutionalization or immediate risk of institutionalization in a psychiatric residential treatment facility;
3. the youth's need for supervision;
4. the youth's need for formal paid services;
5. the risk of the deterioration of the youth's well-being without services;
6. the need to support the youth's primary caregiver;
7. the status of health and safety issues that place youth at risk;
8. the presence and status of current services being purchased otherwise for the youth;
9. the presence and status of informal supports; and
10. the availability of program services that suit the person's circumstances and treatment needed.

G. Referral Process for the PRTF Waiver

A referral source should submit a referral packet to Plan Manager. The Referral Packet includes:

1. PRTF Waiver Program Referral Form located on the Magellan website;
2. Release of Information Form (to share information with Plan Manager);
3. Other pertinent information about the child such as Clinical Assessments, Psychiatric Reports, Psychological Reports, etc.; and
4. The Certificate of Need (CON) Form located on the Magellan website (Fax Number 406-449-6253 if provider chooses to submit directly to Magellan).

Plan Manager will:

1. Meet with the family and youth to discuss the goals of the program, the Wraparound Service Delivery Model, alternatives to the program, eligibility requirements and to begin the process of identifying the individuals the family chooses to be part of the plan of care meeting.
2. Verify Medicaid eligibility.
3. Contact the referral source indicating family has chosen to be a part of the PRTF Waiver.
4. Send referral form and CON (if not directly submitted) to Magellan.
5. If approved by Magellan, work with the family to determine who the wraparound facilitator will be and to make the referral to the facilitator.

Magellan reviews information and makes a decision if the youth meets PRTF level of care.

1. If Magellan does not authorize care, a denial letter is sent to family, referral source and the Plan Manager.
2. If Magellan authorizes care, a letter of notification is sent to the referral source, youth and family and the Plan Manager.

Upon acceptance into the program the Plan Manager will distribute and collect the Child Behavior Check List (CBCL) for the enrolled youth.

H. Plans of Care: Plan Development

Plan development includes initiating the planning process, arranging for the delivery of services available through the program for an enrolled youth and then monitoring the delivery of those services. Plan management is the responsibility of the wraparound facilitator. Upon the youth's initial enrollment in the program, the plan of care is developed by the wraparound facilitator, in collaboration with the Plan Manager, the youth, and the youth's parent(s) or responsible caregiver having physical custody, appropriate health care professionals, and others who treat or have knowledge of the youth's mental health and related needs. The wraparound facilitator, within ten working days of receipt of referral, will coordinate and facilitate a Plan of Care meeting with the Wraparound Team (described above).

The plan of care must be reviewed and approved by the department. The plans of care and cost sheets are submitted by the Plan Manager to the Project Director, Children's Mental Health Bureau in Helena, MT for final approval. Revisions, if necessary, are made at intervals of at least every three months beginning with the date of the initial plan of care. The services that a youth will receive through the Waiver program and the amount, scope, and duration of those services must be specifically authorized in writing through the plan of care for the youth. Each plan of care must record the following:

1. diagnosis, symptoms, complaints, and complications indicating the youth's need for services;
2. a description of the youth's functional level;
3. a statement of treatment for objectives for the youth;
4. a description of any orders for the youth, including:
5. medication;
6. therapeutic interventions and other treatments;
7. restorative and rehabilitative services;
8. activities;

9. therapies;
10. social services;
11. dietary limitations;
12. crisis plan; and
13. other special procedures recommended for the health and safety of the youth to meet the objectives of the plan of care;
14. the specific program and other services to be provided to the youth, along with the frequency of the services, and the type of providers to provide them;
15. the projected annualized total cost of the program services to be provided to the youth including the annualized costs of each service; and
16. the names and signatures of all persons who have participated in developing the youth's plan of care, including the youth, if able to participate, and parent(s) or the responsible caregiver having physical custody. The signatures verify participation, agreement with the plan of care, and acknowledgement of the confidential nature of the information presented and discussed.

Inclusion of the need for and the identification of non-program services in the youth's plan of care does not financially obligate the department to fund those services or to ensure their delivery and quality. The wraparound facilitator and/or department must provide a copy of the plan to the youth and the youth's family. The youth and parent(s) or responsible caregiver having physical custody must sign the document. It must be documented if the youth is unable to participate in developing the plan.

PLEASE NOTE: Waiver services are prior authorized by the plan manager. All state plan Medicaid services that require prior authorization (e.g. through Magellan) are the responsibility of the provider of the services WITH THE FOLLOWING EXCEPTION:

When CBPRS is provided during Day Treatment program hours for youth enrolled in the PRTF waiver, a *Prior Authorization Request* form must be completed and either faxed or mailed to the Plan Manager for the County in which the youth lives.

I. Number of Youth Served

In the core county service areas, including the surrounding counties, no more than 20 service opportunities may be made available at any time (see A. Introduction to the Psychiatric Residential Treatment Facility (PRTF) Waiver Program on Page 4).

Consistent with the maximum number of youth specified above, the Department may limit to a lesser number of youth who will be served at any point in time during a waiver year.

J. Individual Cost Limit

In order to maintain the program cost within the cost neutrality limitation necessary for compliance with the federal legal authorization for the implementation of the program, the cost of plans of care for enrolled youth are collectively and individually subject to limitation in accordance with federal and state authorities and this rule.

The calculated cost to implement a plan of care for a youth may not exceed a sum calculated by dividing the total sum of monies available through legislative appropriation for funding during the current fiscal year by the number of service opportunities to be made available through the program during the fiscal year. The total annual sum of expenditures for program services and state plan services provided to a youth may not exceed a maximum amount set at 100% of the average individual cost calculated by the department to treat a resident of a psychiatric residential treatment facility in Montana.

The cost of services to be provided under a youth's plan of care is determined prior to implementation of the proposed plan of care and may be revised as necessary after implementation.

The cost determination for the services provided under a youth's plan of care may be revised at any time there is a significant revision in the plan of care or in the cost of the services being reimbursed through the program.

K. Health and Safety

Prior to Enrollment: A comprehensive assessment and review of the service records will be used to identify the formal and informal service needs of the youth in context with provider capacity and availability. The Department reserves the right to refuse enrollment in the PRTF Waiver if the plan of care cannot reasonably assure the health, welfare and safety of the youth. Additionally, the Department can refuse to accept a youth even if s/he otherwise meets the criteria for the target population, but has a co-occurring medical or other condition that would significantly raise the cost for Medicaid care to a cost above 100 percent of the institutional cost. The youth and legal guardians will receive appropriate notification of appeal rights.

After Enrollment: Continuous monitoring of the health, welfare and safety of PRTF Waiver participants and their families will be made via monthly visits by the Plan Manager and Wraparound Facilitator, Home-based Therapist's regular contact, and routine contacts between the participants and providers. The Home-based Therapist, Plan Manager, Wraparound Facilitator and other providers will receive training in identification of abuse, neglect and exploitation, and in taking appropriate action should the health and welfare of the participants be in jeopardy. All persons employed by an agency participating in the waiver program are mandatory reporters of suspected abuse, neglect or exploitation of children, elderly, or consumers with disabilities. They are also required to complete a Critical Incident Report or Serious Occurrence Report (SOR), DPHHS-MA-129, when warranted (Appendix 'C').

All referrals where there is suspected abuse, neglect, exploitation or other unlawful activity will be immediately reported to the appropriate authority. The Plan Manager will be made aware of the referrals through interactions with PRTF Waiver youth enrolled in the program and families and provider agencies. The Plan Manager will follow up with the appropriate authority to ensure the health and safety of PRTF Waiver participants. The authority responsible for the investigation may not be able to share investigation results due to confidentiality of the investigation, but the Plan Manager will monitor the services provided to PRFT Waiver enrollees and make changes within the plan of care as necessary. The Plan Manager will work with Waiver service providers, should the investigation involve providers. The Plan Manager will be apprized of all serious events, and will be responsible for tracking serious events and bringing situations to the attention of the Project Director (who may involve the Children's Mental Health Bureau Chief). The Project Director will ensure there is adequate training and monitoring of specific providers in the event there appears to be a common pattern being established in any of the Waiver sites.

L. Evaluation/Re-Evaluation

Level of care evaluations and reevaluations are performed by the Department's contractor, Magellan Medicaid Administration (Magellan). Magellan completes a review to determine the youth meets level of care criteria for the PRTF Waiver Program. Pre-admission determination involves reviewing Serious Emotionally Disturbed (SED) criteria; Certificate of Need (CON) and clinical information received from community providers based on established protocols for a PRTF level of care. The level of care review is performed to evaluate the medical, psychological, and social needs of the youth. The reevaluation process is the same. Level of care evaluations occur prior to the youth enrolling in the PRTF Waiver and every twelve months after enrollment.

M. Reasonable Indication of Need for Services

In order for a youth to be determined to need waiver services, the youth must require the provision of at least one waiver service per month, as documented in the plan of care.

N. Loss of a Service and Disenrollment

A service available through the program may be denied to a youth for the following reasons:

1. the service is not appropriate for the youth;
2. a service that is a necessary ancillary to the provision of the service is unavailable;
3. access to the service, even with reasonable accommodation, is precluded by the youth's physical or mental health; or
4. the financial costs and other impacts on the program due to the delivery of the service to the youth do not conform to the plan of care requirements.

A youth enrolled in the program may be terminated from the program by the department for the following reasons:

1. the services, as provided for in the plan of care, are no longer appropriate or effective in relation to the youth's needs;
2. the failure of the youth or parent(s) or responsible caregiver having physical custody to participate in or support the services as provided for in the plan of care;
3. the behaviors of the youth place the youth, the youth's caregivers, or others at serious risk of harm or substantially impede the delivery of services as provided for in the plan of care;
4. the youth requires more supervision than the program can provide;
5. the youth's needs, inclusive of physical and mental health, cannot be effectively or appropriately met by the program;
6. a necessary service or ancillary service is no longer available;
7. the deteriorating mental health of the youth precludes the youth's safe participation in the program;
8. the total cost of the youth's plan of care is not within the limits;
9. the youth no longer requires the level of care criteria for this program;
10. the youth no longer meets the clinical criteria for serious emotional disturbance;
11. the youth no longer resides in a geographic service area;
12. the youth has attained age 18; or
13. the youth's parent(s) or the responsible caregiver having physical custody choose(s) to withdraw the youth from the program.

O. Transition Planning

The youth becomes ineligible for the PRTF waiver when s/he turns 18. When the youth reaches age 17, the Plan Manager and Wraparound Facilitator will begin developing a transition plan of care. The youth will be evaluated to determine the services needed as well as the appropriate service delivery models. PRTF Waiver service providers, the family, the youth and the Wraparound Facilitator will work together to create an individualized transition plan. If continued services are indicated, the youth will be connected to appropriate community services, including regular state Medicaid treatment services as medically appropriate. The services included in the transition plan may include some of the supports the youth has already connected with. Six months prior to discharge, as appropriate, the Wraparound Facilitator will gradually begin adjusting the frequency of contact and begin introducing the youth to the identified alternative providers until contact is phased out and a positive, seamless transition has been achieved.

P. Quality Management

In general, the PRTF Waivers Quality Management (QM) process will involve strategies to ensure that youth and families have access to – and receive – the services appropriate to their needs. This will require ongoing development and utilization of individual quality standards, and will include working with Plan Managers, the Wraparound Facilitator, youth and families and other PRTF waiver providers in the evaluation of progress toward personal outcomes and goals.

The QM process will also involve strategies designed to collect and review data on quality assurance measures gathered from numerous participants in the Wraparound Services process, including providers, youth and family members. Provider standards and quality indicators will be used to ensure all quality assurances are met.

Annual performance audits will be conducted by the Project Director or designee to ensure adherence to the Waiver policies, practices, and guidance and to identify any deficiencies and/or trends. Practices are anticipated to continuously evolve in response to emerging standards, best practices and identified issues. The approach to ensure effectiveness of the QM will include process-based evaluation as well as ongoing review of financial records, including expenditures. Monitoring practices will be designed to assess systems-level functioning; results will be utilized to make the changes needed to ensure success when the PRTF Waiver is implemented in additional sites. The PRTF Waiver will also cooperate fully with the CMS national evaluation strategies and requests.

Data will be collected on all PRTF Waiver participants, their progress, service use, length of time participants stay in the Waiver, cost per individualized Plan of Care and aggregate cost, in context with such factors as improvement in Level of Care and reduced dependence on Waiver and other services.

CMHB staff will perform announced quality assurance reviews, to ensure that optimal services are being provided to youth and families, and that program rules and policies are being followed. Quality assurance results will be used to identify and improve programs and services.

The Quality Management Committee will serve as an intermediate quality improvement entity. Its role will be to monitor the discovery activities of the Plan Managers; to evaluate their submitted information; and to participate in policy decisions that address provider or system deficiencies. They, in turn, will report to CMS and Department Administration through formal quality assurance reports.

Q. Qualified Providers and Payment for Waiver Services

The department establishes the qualifications for all providers who participate in delivering PRTF Waiver services. Medicaid Waiver providers must meet required licensure and/or certification standards and adhere to other standards in order to deliver Waiver services. ACS, the department's contracted fiscal agent, is responsible for verifying licensure and compliance upon enrollment of service providers and provider agencies, and annually thereafter. If licensure, certification or other standards are not met during the annual re-verification, ACS will inactivate the provider number and notify the provider and the Department.

There is an established system for ensuring that only qualified providers provide PRTF Waiver and other Medicaid services is in place for the State of Montana and for the Department of Public Health and Human Services. The PRTF Waiver will participate by reporting any abuses of the system or inappropriate activities by service providers participating in the PRTF Waiver to the appropriate entity (e.g., the department or ACS). The Plan Manager, during reviews with the participants, will also ascertain whether providers are providing the appropriate services at the level specified in the plan of care. Areas of concern that may fall into suspected overpayments will be referred to the Audit and Compliance Bureau, Quality Assurance Division.

Services funded through the Waiver program may only be provided by a provider that:

- (a) is enrolled with the department as a Montana Medicaid provider of waiver services;
- (b) meets all the requirements necessary for the receipt of Medicaid monies;
- (c) has been determined by the department to be qualified to provide services to youth with serious emotional disturbance in accordance with the criteria set forth in this provider policy manual;
- (d) is a legal entity;

- (e) meets all facility and other licensing requirements applicable to the services offered, the service settings provided, and the professionals employed; and
- (f) is not a youth's immediate family member who is a reimbursed provider or is an employee of a reimbursed provider. Immediate family members include a parent, step-parent, domestic partner, or full legal guardian.

Geographical Factor: A geographical factor of \$.50 per mile may be available to a **family support specialist, wraparound facilitator, caregiver peer-to-peer specialist or a home-based therapist** when the following circumstances are met:

- (a) the provider is traveling out of the location where the provider has its regular office, excluding satellite offices;
- (b) the provider is traveling a distance greater than 35 miles one way from the office to the youth's home;
- (c) the geographical factor will include the initial 35 miles and return trip;
- (d) the geographical factor is prior authorized by the plan manager; and
- (e) the geographical factor and those providers authorized to receive it are included in the youth's plan of care.

APPENDIX 'A' – SERVICE CODES AND REIMBURSEMENT – effective December 1, 2011

KEY
Per Diem = daily (1 meeting/day)
UA = waiver service
PA = prior authorization required
PT = provider type (28 = waiver)

HOME-BASED THERAPY								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
H2021 UA	Community-Based In-Home Therapy, Per 15 Minutes; Waiver Service	28	fee schedule	\$29.00	006	017	Y	rate established from current rate paid to licensed mental health professional plus an incentive for home based therapy
H2022 UA	Community-Based In-Home therapy, Per Diem Service (use for meetings); Waiver Services	28	fee schedule	\$30.00	006	017	Y	rate established to maintain cost effectiveness; bill one meeting per day
RESPITE								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
S5150 UA	Unskilled Respite Care, Not Hospice, Per 15 Minutes; Waiver Service	28	fee schedule	\$5.32	000	017	Y	established rate used by other waivers
S5151 UA	Unskilled Respite Care, Not Hospice, Per Diem; Waiver Service	28	fee schedule	\$200.00	006	017	Y	rate established to maintain cost effectiveness
EDUCATION & SUPPORT								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
G0177 UA	Training & Education Services Related To Care & Treatment Of Disabling Mental Health Problems; Waiver Service	28	fee schedule	\$75.00	006	017	Y	Effective 10/11, service is reimbursed per session (previously was per series or package)
NON-MEDICAL TRANSPORTATION								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
S0215 UA	Non-Emergency Transportation, Mileage Per Mile; Waiver Service	28	fee schedule	\$0.33	006	017	Y	established rate used by other waivers
CONSULTATIVE CLINICAL AND THERAPEUTIC SERVICES								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
90899 UA	Telephone Call TO A PSYCHIATRIST By A Physician or Mid-Level Practitioner For Consultation; Waiver Service	28	fee schedule	\$120.00	006	017	Y	Psychiatrist is paid \$120; consulting physician or mid-level practitioner is paid \$80.
CUSTOMIZED GOODS & SERVICES								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
T1999 UA	Therapeutic Items and Supplies; Waiver Service	28	fee schedule	\$1000.00	006	017	Y	\$1000 per waiver year/youth; rate is a maximum amount that the waiver will support.

FAMILY SUPPORT SPECIALIST								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
S9482 UA	Family Support Specialist Service, Per 15 Minutes; Waiver Service	28	fee schedule	\$14.50	006	017	Y	Fee was set slightly higher than TCM service; degree is required
H2018 UA	Family Support Specialist Service, Per Diem (use for meetings), Waiver Service	28	Fee schedule	\$20.00	006	017	Y	bill one meeting per day
CARE GIVER PEER-TO-PEER SUPPORT SPECIALIST SERVICE								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
H0038 UA	Care Giver Peer-to-Peer Support Specialist Service, per 15 minutes; Waiver Services	28	fee schedule	\$10.50 Effective 12/1/11	006	017	Y	Fee increased due to providers' inability to hire staff;
S5111 UA	Care Giver Peer-to-Peer Support Specialist Services, Per Diem (use for meetings); Waiver Services	28	Fee schedule	do not use effective 12/1/11	006	017	Y	12/1/11 no longer use this code; bill 15 minute code for meetings
WRAPAROUND FACILITATION SERVICE								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
H0039 UA	Wraparound Facilitation Service, Per 15 Minutes; Waiver Services	28	fee schedule	\$14.50	006	017	Y	Fee was set slightly higher than TCM services; training and certification is required; same rate as Family Support Specialist
GEOGRAPHICAL FACTOR								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
A0160 UA	Per mile	28	fee schedule	\$0.50	006	017	Y	Only available for wraparound facilitators, family support specialists, caregiver peer-to-peer specialists & home-based therapists (see Pg 17)

APPENDIX 'A' – SERVICE CODES AND REIMBURSEMENT – effective October 1, 2011

KEY
Per Diem = daily (1 meeting/day)
UA = waiver service
PA = prior authorization required
PT = provider type (28 = waiver)

HOME-BASED THERAPY								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
H2021 UA	Community-Based In-Home Therapy, Per 15 Minutes; Waiver Service	28	fee schedule	\$29.00	006	017	Y	rate established from current rate paid to licensed mental health professional plus an incentive for home based therapy
H2022 UA	Community-Based In-Home therapy, Per Diem Service (use for meetings); Waiver Services	28	fee schedule	\$30.00	006	017	Y	rate established to maintain cost effectiveness; bill one meeting per day
RESPITE								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
S5150 UA	Unskilled Respite Care, Not Hospice, Per 15 Minutes; Waiver Service	28	fee schedule	\$5.32	000	017	Y	established rate used by other waivers
S5151 UA	Unskilled Respite Care, Not Hospice, Per Diem; Waiver Service	28	fee schedule	\$200.00	006	017	Y	rate established to maintain cost effectiveness
EDUCATION & SUPPORT								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
G0177 UA	Training & Education Services Related To Care & Treatment Of Disabling Mental Health Problems; Waiver Service	28	fee schedule	\$75.00	006	017	Y	Effective 10/1/11, service is reimbursed per session (previously was per series or package)
NON-MEDICAL TRANSPORTATION								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
S0215 UA	Non-Emergency Transportation, Mileage Per Mile; Waiver Service	28	fee schedule	\$0.33	006	017	Y	established rate used by other waivers
CONSULTATIVE CLINICAL AND THERAPEUTIC SERVICES								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
90899 UA	Telephone Call TO A PSYCHIATRIST By A Physician or Mid-Level Practitioner For Consultation; Waiver Service	28	fee schedule	\$120.00	006	017	Y	Psychiatrist is paid \$120; consulting physician or mid-level practitioner is paid \$80.
CUSTOMIZED GOODS & SERVICES								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
T1999 UA	Therapeutic Items and Supplies; Waiver Service	28	fee schedule	\$1000.00	006	017	Y	\$1000 per waiver year/youth; rate is a maximum amount that the waiver will support.

FAMILY SUPPORT SPECIALIST								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
S9482 UA	Family Support Specialist Service, Per 15 Minutes; Waiver Service	28	fee schedule	\$14.50	006	017	Y	Fee was set slightly higher than TCM service; degree is required
H2018 UA	Family Support Specialist Service, Per Diem (use for meetings), Waiver Service	28	Fee schedule	\$20.00	006	017	Y	bill one meeting per day
CARE GIVER PEER-TO-PEER SUPPORT SPECIALIST SERVICE								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
H0038 UA	Care Giver Peer-to-Peer Support Specialist Service, per 15 minutes; Waiver Services	28	fee schedule	\$7.50	006	017	Y	Fee was set lower than other services; degree is not required
S5111 UA	Care Giver Peer-to-Peer Support Specialist Services, Per Diem (use for meetings); Waiver Services	28	Fee schedule	\$10.00	006	017	Y	bill one meeting per day
WRAPAROUND FACILITATION SERVICE								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
H0039 UA	Wraparound Facilitation Service, Per 15 Minutes; Waiver Services	28	fee schedule	\$14.50	006	017	Y	Fee was set slightly higher than TCM services; training and certification is required; same rate as Family Support Specialist
GEOGRAPHICAL FACTOR								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
A0160 UA	Per mile	28	fee schedule	\$0.50	006	017	Y	Only available for wraparound facilitators, family support specialists, caregiver peer-to-peer specialists & home-based therapists (see Pg 17)

APPENDIX 'A' – SERVICE CODES AND REIMBURSEMENT—effective August 1, 2011(Previous Fee Schedule)

KEY
Per Diem = daily (1 meeting/day)
UA = waiver service
PA = prior authorization required
PT = provider type (28 = waiver)

HOME-BASED THERAPY								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
H2021 UA	Community-Based In-Home Therapy, Per 15 Minutes; Waiver Service	28	fee schedule	\$29.00	006	017	Y	rate established from current rate paid to licensed mental health professional plus an incentive for home based therapy
H2022 UA	Community-Based In-Home therapy, Per Diem Service (use for meetings); Waiver Services	28	fee schedule	\$30.00	006	017	Y	rate established to maintain cost effectiveness; bill one meeting per day
RESPITE								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
S5150 UA	Unskilled Respite Care, Not Hospice, Per 15 Minutes; Waiver Service	28	fee schedule	\$5.32	000	017	Y	established rate used by other waivers
S5151 UA	Unskilled Respite Care, Not Hospice, Per Diem; Waiver Service	28	fee schedule	\$200.00	006	017	Y	rate established to maintain cost effectiveness
EDUCATION & SUPPORT								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
G0177 UA	Training & Education Services Related To Care & Treatment Of Disabling Mental Health Problems; Waiver Service	28	fee schedule	\$75.00	006	017	Y	rate established using cost information from provider of education and support services
NON-MEDICAL TRANSPORTATION								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
S0215 UA	Non-Emergency Transportation, Mileage Per Mile; Waiver Service	28	fee schedule	\$0.33	006	017	Y	established rate used by other waivers
CONSULTATIVE CLINICAL AND THERAPEUTIC SERVICES								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
90899 UA	Telephone Call TO A PSYCHIATRIST By A Physician or Mid-Level Practitioner For Consultation; Waiver Service	28	fee schedule	\$120.00	006	017	Y	Psychiatrist is paid \$120; consulting physician or mid-level practitioner is paid \$80.
CUSTOMIZED GOODS & SERVICES								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
T1999 UA	Therapeutic Items and Supplies; Waiver Service	28	fee schedule	\$1000.00	006	017	Y	\$1000 per waiver year/youth; rate is a maximum amount that the waiver will support.

FAMILY SUPPORT SPECIALIST								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
S9482 UA	Family Support Specialist Service, Per 15 Minutes; Waiver Service	28	fee schedule	\$14.50	006	017	Y	Fee was set slightly higher than TCM service; degree is required
H2018 UA	Family Support Specialist Service, Per Diem (use for meetings), Waiver Service	28	Fee schedule	\$20.00	006	017	Y	bill one meeting per day
CARE GIVER PEER-TO-PEER SUPPORT SPECIALIST SERVICE								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
H0038 UA	Care Giver Peer-to-Peer Support Specialist Service, per 15 minutes; Waiver Services	28	fee schedule	\$7.50	006	017	Y	Fee was set lower than other services; degree is not required
S5111 UA	Care Giver Peer-to-Peer Support Specialist Services, Per Diem (use for meetings); Waiver Services	28	Fee schedule	\$10.00	006	017	Y	bill one meeting per day
WRAPAROUND FACILITATION SERVICE								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
H0039 UA	Wraparound Facilitation Service, Per 15 Minutes; Waiver Services	28	fee schedule	\$14.50	006	017	Y	Fee was set slightly higher than TCM services; training and certification is required; same rate as Family Support Specialist
GEOGRAPHICAL FACTOR								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
A0160 UA	Per mile	28	fee schedule	\$0.50	006	017	Y	Only available for wraparound facilitators, family support specialists, caregiver peer-to-peer specialists & home-based therapists (see Pg 17)

Additional information about billing Montana Medicaid for PRTF waiver services:

- A 15 minute unit of service is billed as follows:
 - one unit of service is greater than or equal to 8 minutes and less than or equal to 23 minutes;
 - two units of service are greater than or equal to 24 minutes and less than or equal to 38 minutes;
 - three units of service are greater than or equal to 39 minutes and less than or equal to 53 minutes;
 - four units of service are greater than or equal to 54 minutes and less than or equal to 68 minutes;
 - five units of service are greater than or equal to 69 minutes and less than or equal to 83 minutes;
 - six units of service are greater than or equal to 84 minutes and less than or equal to 98 minutes;
 - seven units of service are greater than or equal to 99 minutes and less than or equal to 113 minutes; and
 - eight units of service are greater than or equal to 114 minutes and less than or equal to 128 minutes.

- All waiver services must be included in the youth's PRTF Waiver plan of care AND must be prior authorized by the Plan Manager. The provider will receive a prior authorization number to include on the CMS 1500 claim when billing Montana Medicaid. All other state plan Medicaid services that require prior authorization (through Magellan) are the responsibility of the provider of the services, with the exception of CBPRS described on Page 12.

- Only these codes with the UA modifier (listed above) are valid for the PRTF waiver; bill using your waiver provider number.

- All waiver service providers must be enrolled as Montana Medicaid providers, Provider Type 28. ACS is the Department's fiscal agent for enrolling providers.

- Waiver provider numbers are "atypical" and must be included on the CMS 1500 claim; do NOT bill for waiver services using your NPI number.

- The services listed above are PRTF waiver services and only available to youth enrolled in the PRTF Waiver.

- All rules governing the Montana Medicaid program are applicable to the PRTF waiver program.

- If using a billing agent, have the billing agent work directly with ACS as there are data elements and other requirements that ACS has for the electronic submission of claims.

- If using a billing agent, provide the billing agent a copy of the PA letter and the waiver fee schedule.

- Geographical Factor is only available to those waiver providers identified above and under the conditions described on Page 16.

APPENDIX 'B' – SERIOUS EMOTIONAL DISTURBANCE CRITERIA

Serious emotional disturbance (SED) means with respect to a youth from age 6 through 17 and the youth meets requirements of (a) and (b).

(a) The youth has been determined by a licensed mental health professional as having a mental disorder with a primary diagnosis falling within one of the following DSM-IV (or successor) classifications when applied to the youth's current presentation (current means within the past 12 calendar months unless otherwise specified in the DSM-IV) and the diagnosis has a severity specifier of moderate or severe:

- (i) childhood schizophrenia (295.10, 295.20, 295.30, 295.60, 295.90);
- (ii) oppositional defiant disorder (313.81);
- (iii) autistic disorder (299.00);
- (iv) pervasive developmental disorder not otherwise specified (299.80);
- (v) asperger's disorder (299.80);
- (vi) separation anxiety disorder (309.21);
- (vii) reactive attachment disorder of infancy or early childhood (313.89);
- (viii) schizo affective disorder (295.70);
- (ix) mood disorders (296.0x, 296.2x, 296.3x, 296.4x, 296.5x, 296.6x, 296.7, 296.80, 296.89);
- (x) obsessive-compulsive disorder (300.3);
- (xi) dysthymic disorder (300.4);
- (xii) cyclothymic disorder (301.13);
- (xiii) generalized anxiety disorder (overanxious disorder) (300.02);
- (xiv) posttraumatic stress disorder (chronic) (309.81);
- (xv) dissociative identity disorder (300.14);
- (xvi) sexual and gender identity disorder (302.2, 302.3, 302.4, 302.6, 302.82, 302.83, 302.84, 302.85, 302.89);
- (xvii) anorexia nervosa (severe) (307.1);
- (xviii) bulimia nervosa (severe) (307.51);
- (xix) intermittent explosive disorder (312.34); and
- (xx) attention deficit/hyperactivity disorder (314.00, 314.01, 314.9) when accompanied by at least one of the diagnoses listed above.

(b) As a result of the youth's diagnosis determined in (a) and for a period of at least 6 months, or for a predictable period over 6 months, the youth consistently and persistently demonstrates behavioral abnormality in two or more spheres, to a significant degree, well outside normative developmental expectations, that cannot be attributed to intellectual, sensory, or health factors:

- (i) has failed to establish or maintain developmentally and culturally appropriate relationships with adult care givers or authority figures;
- (ii) has failed to demonstrate or maintain developmentally and culturally appropriate peer relationships;
- (iii) has failed to demonstrate a developmentally appropriate range and expression of emotion or mood;
- (iv) has displayed disruptive behavior sufficient to lead to isolation in or from school, home, therapeutic or recreation settings;
- (v) has displayed behavior that is seriously detrimental to the youth's growth, development, safety or welfare, or to the safety or welfare of others; or
- (vi) has displayed behavior resulting in substantial documented disruption to the family including, but not limited to, adverse impact on the ability of family members to secure or maintain gainful employment.

SERIOUS OCCURRENCE REPORT: The Plan Manager will be apprised of all serious events, and will be responsible for tracking serious events and bringing situations to the attention of the Project Director.

Examples of serious occurrences may include but are not limited to:

- Medication errors;
- Waiver providers not adhering to the plan of care and/or scheduled service provisions;
- Youth's involvement with Child Protective Services, Juvenile Justice System, or other systems (including youth court, legal, etc);
- Inpatient hospitalizations relative to behavioral issues or other medical events;
- Any action by the youth that would place another individual, provider, family member or other person to feel in danger;
- Running away;
- Arrests; and
- Other events (when in doubt, complete the SOR form).