

Medicaid State Plan Services

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DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Targeted Case Management

TCM, as defined in the 42 CFR 440.169, is services furnished to assist members in gaining access to needed medical, social, educational, and other services.

- (1) Comprehensive assessment and periodic reassessment at least once every 90 days of an eligible member to determine service needs, including activities that focus on identification for any medical, educational, social, or other services.
- (2) Development and periodic revision of a specific care plan that is based on the information collected through the assessment
- (3) Referral and related activities, such as scheduling appointments for the member, to help them eligible member obtain needed services including activities that help link the member with medical, social, educational providers, or other programs and services that are capable Page 1 of 2 of providing needed services to address identified needs and achieve goals specified in the care plan
- (4) Monitoring and follow-up activities, including activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible member's needs, and may also be with the member, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring.



Illness Management and Recover

Illness Management and Recovery Services (IMR) is an evidenced-based service program that teaches a broad set of individualized strategies for managing mental illness. IMR is designed to assist the member with reducing disability and restoring functioning by providing information about mental illness and coping skills to help them manage their illness, develop goals, and make informed decisions about their treatment. There is a strong emphasis on assisting members to set and pursue personal goals and converting strategy into action in their daily lives. The goals are reviewed on an ongoing basis by the provider, behavioral aide, and member.



Certified Behavioral Health Peer Support

CBHPS 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 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.



Community Based Psychiatric Rehabilitation Support Services

CBPRS is 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. The purpose of CBPRS is to reduce disability and restore functioning, and help individuals return to natural settings and activities that are part of a socially integrated life. Through CBPRS, a behavioral aide supports the member by augmenting life, behavioral, and social skills training needed to reach the member's identified treatment goals and restore member functioning in the community. 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. Restoring these skills helps prevent relapse and strengthens goal attainment. These aides may consult 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.



Mental Health Outpatient Therapy

MH Outpatient Therapy services include individual, family, and group therapy in which diagnosis, assessment, psychotherapy, and related services are provided.



Dialectal Behavioral Therapy

DBT is an evidence-based service that is a comprehensive, cognitive-behavioral treatment. DBT can be provided by any licensed clinical mental health professional who is trained to provide it.



Day Treatment

Day TX services are a set of mental health services for members whose mental health needs are severe enough that they display significant functional impairment. This service is a community-based alternative to more restrictive levels of care. Services are directed by a program supervisor and/or program licensed clinical mental health professional who is knowledgeable about the service and support needs of members with a mental illness, Day TX programming, and psychosocial rehabilitation. Day TX provides services at a ratio of no more than one to ten members. Services are focused on improving skills related to exhibiting appropriate behavior, independent living, crisis intervention, job skills, and socialization so the member can live and function more independently in the community.



Adult Foster Care

AFC services are in-home supervised support services in a licensed foster home. The purpose of the service is to provide behavioral interventions to reduce disability, restore previous functioning levels in one or more areas, and encourage recovery so the member can be successful in an independent living setting.



Behavioral Health Group Home

A BHGH provides short-term supervision, stabilization, treatment, and behavioral modification in order for the member to be able to reside outside of a structured setting. Trained staff members are present 24/7 to provide care and assistance with daily needs like medication, daily living skills, meals, paying bills, transportation, and treatment management.



Crisis Receiving and Stabilization

Crisis Receiving and Crisis Stabilization Programs are designated services for members 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) (3) Tier III: Crisis Receiving and Stabilization Program. A program delivering both Crisis Receiving and Stabilization must follow the appropriate requirements below for Tier I and/or Tier II, depending on which level of service is being provided.



Mobile Crisis Response Services

Mobile Crisis Response Services provide integrated, short-term crisis response, stabilization, and intervention for members experiencing a mental health or substance use crisis in the community. Mobile Crisis Response Services will provide a service that is 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 Response Services providers have the capability to make or arrange for referrals to outpatient care and to follow up to ensure that the member's crisis is resolved, or that they have successfully been connected to ongoing services.



Mobile Crisis Care Coordination Services

Mobile 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. Mobile Crisis Care Coordination Services facilitate information sharing among all the participants concerned with a member's care to achieve safer and more effective care



Program For Assertive Community Treatment

PACT is a member-centered, recovery and resiliency-oriented, rehabilitative mental health services delivery model for facilitating community living, psychosocial rehabilitation, and recovery for members who have not benefited from traditional outpatient services. PACT service delivery is provided by a multidisciplinary, self-contained clinical team, 24 hours a day, 7 days a week, 365 days a year. PACT is an evidence-based practice that is intended to be provided in the community setting where problems may occur, or where support is needed, rather than in offices or clinics.



Montana Community Treatment

MCT is a member-centered, recovery and resiliency-oriented, rehabilitative mental health services delivery model for facilitating community living, psychosocial rehabilitation, and recovery for members who have not benefited from traditional outpatient services who reside in a rural or frontier area. MCT service delivery is provided by a multidisciplinary, self-contained clinical team, 24 hours a day, 7 days a week, 365 days a year. MCT is based on evidence-based practice that is intended to be provided in the community setting where problems may occur, or where support is needed, rather than in offices or clinics. MCT is modified from the Assertive Community Treatment model with specific requirements for Montana.



Community Maintenance Program

Community Maintenance Program is intended to provide medication and community support for members who require long-term, ongoing support, at a higher level than traditional outpatient services to be maintained successfully in the community and remain out of higher levels of care.



Acute Inpatient Hospital Services

Acute Inpatient Hospital Services means services that are ordinarily furnished in an acute care hospital for the care and treatment of an inpatient under the direction of a physician, dentist, or other practitioner as permitted by federal law.



Acute Partial Hospital Program

Acute PHP means a time limited active treatment program that offers therapeutically intensive, coordinated, and structured clinical services. Acute PHP may include day, evening, night, and weekend treatment programs that must employ an integrated, comprehensive, and complementary schedule of recognized treatment or therapeutic activities.



Transcranial Magnetic Stimulation

Transcranial Magnetic Stimulation (TMS) is a noninvasive procedure for treatment-resistant depression that uses magnetic fields to stimulate nerve cells in the brain to improve symptoms of depression. The use of this treatment will be an alternative when medication trials are not working and/or the side effects of medication is intolerable for the member.



General Requirements



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Severe Disabling Mental Illness

SDMI must be certified by a licensed clinical mental health professional and established for a current biopsychosocial assessment that has been done within the last 12 months.

- (a) be 18 years or older;
- (b) presently or any time in the past 12 months has had a diagnosable mental illness, as described below, that has interfered with the member's functioning; and
- (c) has significant difficulty in community living without supportive treatment or services of a long-term or indefinite duration as a result of the member's diagnosis.



Severe Disabling Mental Illness (cont.)

A member who meets the criteria in (a) or (b) below is SDMI eligible

- (a) the member has been involuntarily hospitalized for at least 30 consecutive days because of a mental disorder, at Montana State Hospital (MSH) or the Montana Mental Health Nursing Care Center (MMHNCC), within the past 12 months; or
- (b) has a diagnosis within the following Schizophrenia Disorder Spectrum:
 - Schizophrenia, paranoid type, F20.0
 - Schizophrenia, disorganized type, F20.1
 - Schizophrenia, catatonic type, F20.2
 - Schizophrenia, undifferentiated, F20.3
 - Schizophrenia, residual type, F20.5
 - Delusional disorder, F22
 - Schizoaffective disorder, bi-polar type, F25.0
 - Schizoaffective disorder, depressive type, F25.1



Severe Disabling Mental Illness (cont.)

If the member does not meet the criteria listed in (a) or (b) above, the provider must complete the SDMI Eligibility and LOI Worksheet to determine if the member meets the diagnostic and LOI criteria for the SDMI designation.

The following are SDMI covered diagnoses:

CATEGORY 1 • Bipolar 1 and Related Disorders

- o Bipolar I disorder, manic w/out psychotic features, moderate, F31.12
- o Bipolar I disorder, manic w/out psychotic features, severe, F31.13
- o Bipolar I disorder, manic, severe with psychotic features, F31.2
- o Bipolar I disorder, depressed, moderate, F31.32
- o Bipolar I disorder, depressed, severe, w/out psychotic features, F31.4
- o Bipolar I disorder, depressed, severe, with psychotic features, F31.5
- o Bipolar I disorder, mixed, moderate, F31.62
- o Bipolar I disorder, mixed, severe, w/out psychotic features, F31.63
- o Bipolar I disorder, mixed, severe, with psychotic features, F31.64
- o Bipolar II disorder, F31.81
- Depressive Disorder o Major depressive disorder, severe w/out psychotic features, F32.2
- o Major depressive disorder, severe with psychotic features, F32.3
- o Major depressive disorder, recurrent, severe w/out psychotic features, F33.2
- o Major depressive disorder, recurrent, severe, with psychotic features, F33.3
- Post-traumatic Stress Disorders (PTSD) o Post-traumatic stress disorder, acute, F43.11
- o Post-traumatic stress disorder, chronic, F43.12
- Personality Disorders o Borderline personality disorders, F60.3
- Neurodevelopmental Disorders
- o Autistic disorder, F84.0

CATEGORY 2

- Depressive Disorders
- o Major depressive disorder, moderate, F32.1
- o Major depressive disorder, recurrent, moderate, F33.1
- Dissociative Disorders o Dissociative amnesia, F44.0
- o Dissociative fugues, F44.1
- o Dissociative stupor, F44.2
- o Dissociative identity disorder, F44.81
- Panic Disorders
- o Panic disorder with agoraphobia, F40.01
- o Panic disorder without agoraphobia, F41.0
- Generalized Anxiety Disorder, F41.1
- Obsessive Compulsive and Related Disorders (OCD)
- o Obsessive compulsive disorder, F42.2
- Persistent Depressive Disorder (dysthymia), F34.1
- Feeding and Eating Disorders o Anorexia nervosa, restricting type, F50.01
- o Anorexia nervosa, binge eating/purging type, F50.02
- o Bulimia nervosa, F50.2
- Gender Dysphoria
- o Gender dysphoria, F64.9



Required Documentation

- Biopsychosocial Assessment
- Individualized Treatment Plans
- Progress Notes
- Continuing Care Plan
- Discharge Plan and Summary



Utilization Management



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Utilization Management

- Pre-Authorization and Continued Stay Reviews (PA and CSR)

Not all services require pre-authorization and/or continued stay reviews. If a service does require a PA or CSR, the service will have a utilization management section with requirements for a client to receive a service.

PA and CSR are done through Mountain Pacific Quality Health's authorization portal. BHDD policy manual provides an outline for doing PSA and CSR and what will happen if approved or denied. There is a fair hearing process within the Department if denials are issued.



Conclusion

