

September 15, 2014

Montana Health Care Programs Notice

All Providers

Effective September 19, 2014

Adoption of the New Children's Mental Health Bureau's Medicaid Provider Manual into Administrative Rules of Montana

The previous manual provided by the Children's Mental Health Bureau (CMHB) titled *Children's Mental Health Bureau Provider Manual and Clinical Guidelines for Utilization Management* dated November 15, 2013, presented providers enrolled in Montana Medicaid detailed instructions for initiating the review and appeals process and guidance regarding clinical guidelines for medical necessity.

Due to feedback CMHB received regarding the difficulty in navigating that document, as well as other problematic issues identified, CMHB determined it would be pragmatic to create a new manual that was more comprehensive and easier to navigate.

As such, CMHB has proposed for adoption into rule a new manual titled *Children's Mental Health Bureau Medicaid Services Provider Manual* dated September 19, 2014, which supersedes the previous manual, *CMHB Provider Manual and Clinical Guidelines for Utilization Management*.

The majority of the information provided in this manual remains the same; it has been simply been reformatted. However, there are changes that are important to note:

- (a) The serious emotional disturbance (SED) definition, diagnostic codes, and criteria have been moved from ARM 37.87.303 and are now in the new manual. The SED definition has not changed as anticipated due to the delay in the ICD-10 conversion implementation.
- (b) The Montana Child and Adolescent Needs and Strength (CANS-MT) functional assessment requirements have been added including the required use of the electronic Montana CANS System (MCS) for PRTF, 1915(i), Bridge Waiver, and CSCT;
- (c) The medical necessity criteria for Acute Hospital services have been rewritten to make them more direct and abbreviated;
- (d) In response to a collaborative effort between CMHB and providers of Therapeutic Group Home (TGH) providers, the admission criteria for TGH services has been modified into more applicable medical necessity criteria and the utilization process has been streamlined;
- (e) The certificate of need (CON) requirement has been removed from Partial Hospital Program and Therapeutic Foster Care – Permanency Services because this is not a federal requirement for these services. The CON medical necessity requirements must still be met for Therapeutic Foster Care – Permanency, although a CON does not need to be completed;
- (f) Clearer discharge requirements and criteria for the coordination of concurrent services are provided;

- (g) The utilization and appeals process has been amended due to the changes with the Magellan Medicaid Administration contract.
- Acute Hospital and Psychiatric Residential Treatment services will continue to have the utilization and appeals processes handled by Magellan;
 - The Children's Mental Health Bureau will be managing the utilization and appeals process for Home Support Services, Therapeutic Foster Care, and Therapeutic Group Home services.

Contact Information

If you have any questions about this provider notice, please contact Melissa Higgins at mhiggins@mt.gov or 406-444-1535 in the Children's Mental Health Bureau.

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or 406-442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Provider Information website at <http://medicaidprovider.hhs.mt.gov>.