

Children's Mental Health Bureau

Spring 2016

Purpose of Today's Training

- To thank all service providers, mental health billers, and other child and youth serving agencies for your dedication to youth needing mental health services.
- Provide an overview of CMHB
- To review recent policy changes affecting children's mental health services
- Children's Mental Health Medicaid resources

- The primary population served is youth with serious emotional disturbance (SED)
- The Bureau's source of funding for the purchase of services is federal Medicaid dollars matched with state funds.

CMHB Administrative Functions

- Design
- Develop
- Manage
- Evaluate

All in accordance with Federal and State rules and regulations.

CMHB Programs

- Acute Inpatient Hospital
- Psychiatric Residential Treatment Facility (PRTF)
- PRTF Assessment Service (PRTF-AS)
- Partial Hospital Program (PHP)
- Therapeutic Group Home (TGH)
- Extraordinary Needs Aide (ENA)
- Outpatient therapy

*Program Officer Tracey Riley

Acute Inpatient Hospital

- An accredited psychiatric facility that is devoted to the provision of inpatient psychiatric care for persons under the age of 21.

Prior Authorization change: Acute

Acute Inpatient Psychiatric Hospital

- A PA is no longer required for in-state acute inpatient psychiatric hospital. A PA is still required for out of state inpatient psychiatric hospital*.

*Claims without a PA will only be reimbursed 50%.

Psychiatric Residential Treatment Facility (PRTF)

- An accredited psychiatric facility which operates for the primary purpose of providing residential psychiatric care to persons under 21 years of age.

PRTF Assessment Service (PRTF-AS)

PRTF Assessment services are provided by in-state PRTFs. PRTF-AS is a short-term intensive length of stay of 14 days or less, targeted to serve youth with multiple diagnoses and risk factors who present as “difficult to place.”

PRTF-AS may be used to:

- Continue the stabilization of a youth discharging from the acute setting to permit a safe return to the home environment and/or community-based services.
- Avert an admission to acute hospital care when symptoms that have led to hospital admissions in the past begin to emerge but are not yet acute.
- Assess whether the youth has specialized treatment needs in PRTF level of care.

Partial Hospital Program (PHP)

- An active treatment program that offers therapeutically intensive, coordinated, structured clinical services provided only to youth who are determined to have a serious emotional disturbance.
- Partial hospitalization services are time-limited and provided within either an acute level program or a sub-acute level program

Prior Authorization change: PHP

- A PA is no longer required for Acute Partial Hospitalization.

Therapeutic Group Home (TGH)

- Therapeutic Group Homes provide behavioral intervention and life skills development in a structured group home environment for youth who cannot be served in an outpatient setting due to safety concerns or functional impairments that result from serious emotional disturbance.

*Definitions are located in Chapter 1 of the CMHB Medicaid Services Provider Manual

Prior Authorization change: TGH

Prior authorization required for TGH

- The PA must be submitted to the department no earlier than 10 business days prior to the admission of the youth.

Extraordinary Needs Aide (ENA)

- Extraordinary Needs Aide (ENA) services are additional one-to-one, face-to-face, intensive short-term behavior management and stabilization services provided in the Therapeutic Group Home (TGH).

*When ENA is provided in a TGH, the TGH claim must be submitted and paid prior to submitting the claim for ENA.

Outpatient Therapy

- Outpatient Therapy services include individual, family, and group therapy in which diagnosis, assessment, psychotherapy, and related services are provided by a licensed mental health professional acting within the scope of the professional's license or a mental health center in-training mental health professional.

*For the first 24 patient sessions per state fiscal year the youth must be at least 2 years of age and have any currently recognized mental health diagnosis.

CMHB Programs

- Youth Day Treatment (DayTX)
- Home Support Services (HSS)
- Therapeutic Foster Care (TFC/TFOC-P)
- Comprehensive School and Community Treatment (CSCT)
- Targeted Case Management (TCM)
- Community Based Psychiatric Rehabilitation and Support (CBPRS)

*Program Officer Aaron Hahm

Day Treatment (DayTX)

- Youth Day Treatment services are a set of mental health services provided in a specialized classroom setting that is not co-located in a public school.

Home Support Services (HSS)

- Home Support Services are in-home family support services for youth. They are not available for youth in Therapeutic Foster Care placement.

*Therapy provided in CSCT and DayTX meets the OP requirements for extended HSS

Therapeutic Foster Care (TFC/TFOC-P)

- Therapeutic Foster Care Services are in-home therapeutic and family support services for youth living in a licensed therapeutic foster home environment.

Comprehensive School and Community Treatment (CSCT)

- Comprehensive School and Community Treatment is a mental health center service provided by a public school district. A Comprehensive School and Community treatment team includes a licensed or supervised in-training practitioner and a behavioral aide, who are assigned to a specific public school.

*CSCT Services can be provided for students without an IEP; this is different from all other School-Based services in Montana.

Targeted Case Management (TCM)

- The process of planning and coordinating care and services to meet individual needs of a youth and to assist the youth in obtaining necessary medical, social, nutritional, educational, and other services. Case management provides coordination among agencies and providers in the planning and delivery of services.

*TCM does not include direct care functions.

Community Based Psychiatric Rehabilitation and Support (CBPRS)

- Additional one-to-one, face-to-face, intensive short-term behavior management, and stabilization services in home, school, or community settings.

Utilization Review (UR)

- The federal government, through the Centers for Medicare and Medicaid Services (CMS), requires all agencies serving a Medicaid population and receiving Medicaid funds to have a utilization management program in place to monitor a beneficiary's need for a service, sometimes before payment for the intended service is authorized.

CMHB contracts with Magellan to complete some CMHB utilization reviews, which may also require prior authorization.

Magellan is responsible to complete utilization for the following services, which also require prior authorization:

- Acute Inpatient Hospital Services (Out of State)
- Psychiatric Residential Treatment Facilities

CMHB Clinician Team

CMHB clinicians are also approving or deferring to the Doctor requests for several services, such as:

- Extraordinary Needs Aids (ENA)
- Therapeutic Home Visit over 3 days
- Home Support Services extension and exceptions
- Therapeutic Group Home Initial and Continued Stay

Forms are located at

<http://dphhs.mt.gov/dsd/CMB/CMHBforms.aspx>

Policy and Rule changes

To become an interested party to receive notices of rule changes, submit a request to:

Melissa Higgins: mhiggins@mt.gov

Or send a written request to:

Melissa Higgins

Children's Mental Health Bureau

111 N Sanders, PO Box 4210

Helena, MT 59604

Recent Rule changes

The department is exercising administrative discretion regarding the provisions in the Children's Mental Health Bureau's Medicaid Services Provider manual, as adopted in Administrative Rules of Montana (ARM) 37.87.903, ARM 37.106.1955(3), and ARM 37.106.1961(2) which require the initiation and administration of the Child and Adolescent Needs and Strength (CANS-MT) assessment.

FAQ

- How are ancillary services billed when a youth is in a PRTF?

For in-state PRTFs, providers of ancillary services must be Montana Medicaid providers and they must bill directly to Montana Medicaid. For out-of-state PRTF's, ancillary services are still included in the bundled per diem rate.

FAQ

- When is a Certificate of Need (CON) required to be submitted to Magellan?

Currently, a CON is required only for PRTE.

FAQ

- Where do I send PA requests to the Department?
Therapeutic Group Home Initial Continued Stay, ENA
and HSS requests should be faxed to 406-444-6864

FAQ

- How do I know how many units of HSS have been used by a youth?

Call Provider Relations 1-800-624-3958

You need to know the NPI/API of agency you are representing.

It is helpful if you write down call date/time, person's name you talked to and CRN #

When billing HSS it is best to bill weekly rather than monthly

FAQ

- What are the HMK Mental Health benefits?

Refer to

<http://dphhs.mt.gov/Portals/85/hrd/documents/SEDFactSheetJuly2015.pdf> for HMK specifics.

*Program Officer Liz LeLacheur (406) 444-6002

Resources

Children's Mental Health Bureau website:

<http://dphhs.mt.gov/dsd/CMB.aspx>

- CMHB manuals
- Forms
- Contacts
- Notices

Resources

Montana Healthcare Programs Provider Information:

<http://medicaidprovider.mt.gov/>

- All Provider manuals
- Fee schedules
- Training
- Provider Notices
- *Claim Jumper* Newsletter

When to contact CMHB

- Regional Resource Specialists
- Clinician questions
- Policy, Rules, State Plans, Notices
- Prior Authorization
- Utilization review
- Suspended claims

Contact information listed in Staff Directory on CMHB website

*Send SSP, SOCA and Room and Board Requests to Regional Resource Specialists

When to contact Xerox

- Claims questions
- Billing questions
- EDI support
- Eligibility verification
- HSS utilization
- Enrollment
- Training requests
- Field Representative assistance

Bureau Central Office

Children's Mental Health Bureau
Developmental Services Division
Department of Public Health and Human Services
111 N Sanders Room 307
PO Box 4210
Helena, MT 59601-4210
Phone: (406) 444-4545
Fax: (406) 444-5913

Bureau Contacts - Program

Bureau Chief: Zoe Barnard, zbarnard@mt.gov, 406-444-1290

Medicaid Program Supervisor: Melissa Higgins, mhiggins@mt.gov 406-444-1535

Medicaid Program Officer: Aaron Hahm, ahahm@mt.gov, 406-444-6962

Medicaid Program Officer: Tracey Riley, triley@mt.gov, 406-444-7064

Bureau Contacts – Clinicians

- **Clinical Supervisor:** Laura Taffs, ltaffs@mt.gov, 406-444-3814
- **Licensed Clinician:** Dan Carlson-Thompson, dcarlson-thompson@mt.gov, 406-444-1460
- **Licensed Clinician:** Melinda Mason, mmason2@mt.gov, 406-329-1594
- **Licensed Clinician:** Anthony Killebrew, akillebrew@mt.gov, 406-655-7629

Bureau Contacts – Regional Resource Specialists

South Central/Eastern Regions:

Libby Carter, ecarter@mt.gov, 406-254-7028

Southwestern/North Central Regions:

Theresa Holm, tholm2@mt.gov, 406-444-2958

Western Region:

Afton Russell, arussell@mt.gov, 406-329-1330

Bureau Contacts – UR/Grants

Utilization Review:

Gwen Knight, gknight@mt.gov, 406-444-1822

Utilization Review:

Corri Barry, cbarry@mt.gov, 406-444-3819

Grant Manager:

Joclynn Ware, jware@mt.gov, 406-444-5979

Administrative Assistant:

Lori Davenport, ldavenport@mt.gov, 406-444-5978

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