



# MONTANA HEALTHCARE PROGRAMS NOTICE

**April 10, 2023**

## All Medicaid Providers

**Effective May 12, 2023**

**End of Public Health Emergency (PHE) REVISED**

### **Resumption of Face-to-Face Requirements for Selected Programs**

On February 9, 2023, the State of Montana received notice from the Secretary of the U.S. Department of Health and Human Services (HHS) that the COVID-19 Public Health Emergency (PHE) would be extended for 90 days. Additionally, the Secretary noted that based on current trends regarding COVID-19, HHS is planning for this to be the final renewal and that the PHE will end on May 11, 2023.

To improve safe access to services throughout the PHE, Montana Healthcare Programs removed some face-to-face delivery requirements. With the PHE ending on May 11, 2023, Montana Healthcare Programs has re-evaluated face-to-face delivery requirements.

This provider notice updates the temporary face-to-face delivery requirements as outlined below:

### **Behavioral Health and Developmental Disabilities (BHDD) Division**

#### **Treatment Bureau**

The Treatment Bureau is **proposing** permanent updates to face-to-face service delivery requirements effective May 12, 2023. The **proposed** updates include:

- Community Based Psychiatric Rehabilitation Services (CBPRS)
  - Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the member does not have access to face-to-face services. Case notes must include reason, including documentation of attempts to identify local supports, if related to access.
  - Substance Use Disorder (SUD) was added as a valid diagnosis under the medical necessity criteria for CBPRS.
- Intensive Outpatient for Substance Use Disorder (SUD IOP)
  - Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the member does not have access to face-to-face services. Case notes must include reason, including documentation of attempts to identify local supports, if related to access.
- Peer Support Services for Mental Health and Substance Use Disorders
  - Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the member does not have access to face-to-face services. Case notes must include reason, including documentation of attempts to identify local supports, if related to access.
- Program for Assertive Community Treatment (PACT)
  - PACT services must be provided in the member's natural setting such as where the member lives, works, or interacts with other people at least 60% of the time.
  - Face-to-face services delivery is preferred. Telehealth may be substituted if clinically indicated or if the member does not have access to face-to-face services. Case notes must include reason, including documentation of attempts to identify local supports, if related to access.

- Montana Assertive Community Treatment (MACT)
  - MACT services must be provided in the member's natural setting such as where the member lives, works, or interacts with other people at least 60% of the time.
  - Face-to-face services delivery is preferred. Telehealth may be substituted if clinically indicated or if the member does not have access to face-to-face services. Case notes must include reason, including documentation of attempts to identify local supports, if related to access.

## Children's Mental Health Bureau

Children's Mental Health Bureau is **proposing** permanent updates to face-to-face service delivery requirements effective May 12, 2023. The **proposed** updates include:

- Comprehensive School and Community Treatment Services (CSCT)
  - Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the youth does not have access to face-to-face services. Case notes must include reason, including documentation of attempts to identify local supports, if related to access.
- Community Based Psychiatric Rehabilitation Services (CBPRS)
  - Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the youth does not have access to face-to-face services. Case notes must include reason, including documentation of attempts to identify local supports, if related to access.
- Home Support Services (HSS)
  - Maintain minimum weekly units at 8, allow up to 4 of the 8 units to be telehealth service delivery.
  - Maintain bi-weekly clinical lead requirements, allow up to 1 telehealth meeting per month.
  - Face-to-face services delivery is preferred. Telehealth may be substituted if clinically indicated or if the youth does not have access to face-to-face services. Case notes must include reason, including documentation of attempts to identify local supports, if related to access.
- Therapeutic Foster Care
  - Maintain 2 scheduled treatment sessions in each four-week period, allow for 1 visit in the four-week period to be telehealth delivery.
  - Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the youth does not have access to face-to-face services. Case notes must include reason, including documentation of attempts to identify local supports, if related to access.
- Targeted Case Management – Youth with Serious Emotional Disturbance
  - No permanent updates; pre-PHE Administrative Rules of Montana apply.

## Developmental Disabilities Program (DDP)

The changes include:

- 0208 Waiver Services
  - Face-to-face service delivery is preferred. Telehealth may be substituted for some services when clinically appropriate. Please see the applicable [Montana Developmental Disabilities Program Service Manual](#) for information on services that require face-to-face delivery and do not allow for telehealth.
- Targeted Case Management – Developmental Disabilities
  - Returning to a minimum of 3 face-to-face contacts per year.
- Applied Behavior Analysis Services
  - Face-to-face service delivery is preferred. Telehealth may be substituted if clinically appropriate. Complete the Telehealth Exception Request Form available on the [Applied Behavior Analysis Services page of the Provider Information website](#). You must read and accept the end user agreement at the link. **Telehealth exception requests must be approved prior to the delivery of services via telehealth.**

## Health Resources Division (HRD)

The **proposed** changes include:

- Targeted Case Management – High Risk Pregnant Women
  - No permanent updates; pre-PHE Administrative Rules of Montana apply.
- Occupational, Physical, and Speech Therapy
  - Telehealth may continue to substitute face-to-face care for services when clinically appropriate.
- School-Based Providers
  - Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the youth does not have access to face-to-face services. Case notes must include reason, including documentation of attempts to identify local supports, if related to access.
- Rural Health Clinics (RHC)/Federally Qualified Health Centers (FQHC)
  - Telehealth may continue to substitute face-to-face care for services when clinically appropriate.

## Senior and Long-Term Care (SLTC) Division

The **proposed** changes include:

- Community First Choice/Personal Assistance Services
  - Face-to-face, in-home visits are mandated and the preferred method for intakes, annual and 180-day recertifications to ensure that the member is receiving appropriate services within the parameters of the CFC/PAS program. See CFC/PAS Policies 702 and 703 in the [CFC/PAS Self-Direct Policy Manual](#) and the [CHC/PAS Agency Based Policy Manual](#).
  - Telehealth may substitute face-to-face visits when there are extenuating circumstances. Agencies should reach out to their Regional Program Officer when this occurs.
- Big Sky Waiver
  - Telehealth may substitute face-to-face visits when there are extenuating circumstances. Agencies should reach out to their Regional Program Officer when this occurs. Electronic method of service delivery (e.g., telephonic) may be provided remotely in the home setting for:
    - Case Management
    - Personal care services that only require verbal cueing.
    - Monthly monitoring (e.g., to meet the reasonable indication of need for services requirement in 1915(c) waivers).
    - Medication assistance for those members who can respond to verbal prompting.

## Contact and Website Information

If you have questions, please contact:

- BHDD Treatment Bureau at (406) 444-3964
- Children's Mental Health Bureau at (406) 444-4545
- Developmental Disabilities Program at (406) 444-2995
- Health Resources Division at (406) 444-4455
- Senior and Long-Term Care Division at (406) 444-4077

For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email [Montana Provider Relations Helpdesk](#).

Visit the [Montana Healthcare Programs Provider Information website](#) to access your provider type page. Choose Resources by Provider Type in the left-hand menu.