

# DEVELOPMENTAL SERVICES DIVISION

# CHILDREN'S MENTAL HEALTH BUREAU

May 2014, (REPLACES ALL PREVIOUS VERSIONS)



*Healthy People. Healthy Communities.*

Department of Public Health & Human Services

# PURPOSE OF TODAY'S TRAINING

- ◉ To thank all service providers, mental health outpatient billers, and other child serving agencies for your participation today and your interest in serving 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

# Montana Medicaid Programs for Children's Mental Health

## **CMHB ADMINISTRATIVE FUNCTIONS:**

- ✓Design
- ✓Develop
- ✓Manage
- ✓Evaluate

All in accordance with Federal and State Rules and Regulations.

Medicaid is a payer, not a placing agency. CMHB does not "place kids". CMHB administers payment for services provided to eligible youth who are entitled to mental health services that are medically necessary.

# YOUTH SERVED BY PROVIDER TYPE (DUPLICATED)

| Service Expenditure                               | # Served | Expenditures   |             |
|---|----------|----------------|-------------|
| Comprehensive School & Community Treatment (CSCT) | 4,024    | \$ 39,502,742  | 34.9%       |
| THERAPEUTIC GROUP HOME (PT61)                     | 599      | \$ 18,052,413  | 15.9%       |
| PSYCHIATRIC RES TREATMENT FAC (PT38)              | 443      | 13,938,340     | 12.3%       |
| THERAPEUTIC FOSTER & FAMILY CARE (PT64)           | 1,352    | 9,793,334      | 8.6%        |
| MENTAL HEALTH CENTER (PT59)                       | 2,415    | 6,435,186      | 5.7%        |
| CASE MANAGEMENT - MENTAL HEALTH (PT60)            | 4,017    | 5,951,009      | 5.3%        |
| HOSPITAL - INPATIENT (PT01)                       | 620      | 4,006,168      | 3.5%        |
| LICENSED PROFESSIONL COUNSELOR (PT58)             | 5,375    | 3,715,322      | 3.3%        |
| DIRECT CARE WAGE (CMHB) - Not a Service Type      |          | 2,798,118      | 2.5%        |
| PSYCHIATRIST (PT65)                               | 3,075    | 1,777,570      | 1.6%        |
| SOCIAL WORKER (PT42)                              | 3,076    | 1,662,996      | 1.5%        |
| HOSPITAL - OUTPATIENT (PT02)                      | 2,302    | 1,326,441      | 1.2%        |
| PHYSICIAN (PT27)                                  | 4,070    | 853,492        | 0.8%        |
| HOME & COMM BASED SERVICES (PT28)                 | 74       | 789,861        | 0.7%        |
| PSYCHOLOGIST (PT17)                               | 1,211    | 678,680        | 0.6%        |
| RESPIRE (PT59)                                    | 809      | 638,318        | 0.6%        |
| MID-LEVEL PRACTITIONER (PT44)                     | 1,721    | 508,550        | 0.4%        |
| RURAL HEALTH CLINIC (PT55)                        | 715      | 287,446        | 0.3%        |
| FEDERALLY QUAL HEALTH CENTER (PT56)               | 609      | 285,969        | 0.3%        |
| PERSONAL CARE AGENCY (PT12)                       | 26       | 170,553        | 0.2%        |
| CRITICAL ACCESS HOSPITAL (PT74)                   | 472      | 124,295        | 0.1%        |
| LABORATORY (PT40)                                 | 126      | <u>8,588</u>   | <u>0.0%</u> |
| Total Children's Medicaid Mental Health and CSCT  | 14,184*  | \$ 113,305,391 | 100%        |

Expenditures through October 23, 2012 based on Date of Service. Providers have 365 days to bill. \*unduplicated amount  
Includes CHIP funded HMK+ Medicaid Expansion and CSCT School Match Expenditures.

# CMHB HMK *PLUS*/MEDICAID ELIGIBILITY

## Eligibility Requirements:

- ◉ Youth under 18 years of age (or up to 20 if still in an accredited secondary school) who meet the definition of having a serious emotional disturbance with household income under 133% FPL
- ◉ Non SED youth up to 18, (or up to 20 if still in school) may receive up to 24 sessions of individual and/or family (combined) outpatient psychotherapy per SFY. Group psychotherapy sessions are not limited. Find the full definition of SED at <http://www.mtrules.org/gateway/ChapterHome.asp?Chapter=37%2E87>, ARM 37.87.303

# UTILIZATION REVIEW

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 before payment for the intended service is authorized. The purpose of utilization management is to ensure that requested services are appropriate to address each person's symptoms according to established clinical guidelines.

# UTILIZATION REVIEW, CONT.

Currently, CMHB contracts with Magellan to complete some of CMHB utilization reviews. Magellan is responsible to complete utilization for the following services, which also require prior authorization:

- ◉ Acute Inpatient Hospital Services
- ◉ Psychiatric Residential Treatment Facilities
- ◉ Continued stays in Therapeutic Group Homes

The CMHB completes the utilization review for the remaining services through prior authorization and retrospective reviews, depending on the service.

# CHANGES TO PRIOR AUTHORIZATION REQUIREMENTS

## Changes to Prior Authorization Requirements

Effective Tuesday, September 24, 2013, Magellan Medicaid Administration will no longer prior authorize (PA) the following services:

- Therapeutic Group Home (Initial PA; first 120 days);
- Outpatient Therapy concurrent with Therapeutic Group Home;
- Partial Hospitalization Programs; Therapeutic Foster Care-Permanency;
- Therapeutic Home Visits (PRTF).

In order to assist in expedient reimbursement for the initial 120 days of a TGH stay, an initial payment authorization number must be requested.

For the TGH Initial Stay Payment Authorization Request form go to:  
<http://www.dphhs.mt.gov/forms/results.jsp?catchchoose=5&keywords>

# POLICY AND RULE CHANGES

CMHB communicates policy and rule changes through public notice via websites and emails.

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

Melissa Higgins: [mhiggins@mt.gov](mailto: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

## Developmental Services Division

[Contact DSD](#)

[DSD Organizational Chart](#)

### Programs

[Developmental Disabilities Program](#)

[Montana Developmental Center](#)

[Children's Mental Health Bureau](#)

### Services

[DSD Council](#)

[Administrative Rules](#)

## Developmental Services Division

In July 2009, the Disability Services Division (DSD) of the Montana Department of Public Health and Human Services (DPHHS) was restructured under the Medicaid and Health Services Branch of DPHHS. In January 2010, the name was changed to Developmental Services Division.

Services are now provided through two primary programs: the **Developmental Disabilities Program** and the **Children's Mental Health Bureau**.

The **Developmental Disabilities Program** contracts with private, non-profit corporations to provide services across the lifespan for individuals who have developmental disabilities and their families. The focus of the program is to tailor care to the individual and provide it in as natural environment as possible.

The **Montana Developmental Center** is administered by the Developmental Disabilities Program and is the State's only residential facility for individuals with developmental disabilities that provides 24-hour care for those with the most severe behaviors or severe self help deficits.

The **Children's Mental Health Bureau** provides care and support to individuals under 18 years of age who have been diagnosed with serious emotional disturbance (SED).

*Page last updated: 01/21/2011*

- Interested Parties information
- Proposal Notices
- Proposed Manuals
- Adoption Notices
- Secretary of State

<http://www.dphhs.mt.gov/dsd/adminrules.shtml>

## Developmental Services Division

Contact DSD

DSD Organizational Chart

### Programs

Developmental Disabilities Program

Montana Developmental Center

Children's Mental Health Bureau

### Services

#### DSD Council

#### Administrative Rules

## Developmental Services Division

### Administrative Rules

In an on-going effort to inform and interact with the public about rulemaking matters, the Developmental Services Division welcomes and appreciates all comments on its rule notifications.

### Interested Parties

Developmental Services Division maintains a list of interested persons who request to receive notices of rulemaking actions proposed by this Division. If you would like to have your name added to this list, please submit a written request that includes:

- name;
- e-mail;
- mailing address of the person to receive notices; and
- identify which program; Developmental Disabilities or Children's Mental Health or both.

**Notices are sent by e-mail unless a mailing preference is noted in the request**

Submit written requests to:

#### Melissa Higgins

Department of Public Health and Human Services

Developmental Services Division

PO Box 4210

Helena, MT 59604-4210

fax: (406) 444-0230 or e-mail [HHSDSDrules@mt.gov](mailto:HHSDSDrules@mt.gov).

### Proposal Notices

Each proposal notice includes:

- proposed rule changes;
- reasons for the changes;
- date and location of public hearing (if scheduled);
- deadline for written comments;
- instructions for requesting a reasonable accommodation to participate in the rulemaking process; and
- instructions for requesting placement on interested person's mailing lists.

Concerned persons may submit their data, views, or arguments either orally or in writing at the hearing. Written data, views, or arguments may also be submitted to: Melissa Higgins, Department of Public Health and Human Services, Developmental Services Division, P.O. Box 4210, Helena, Montana, 59604-4210; fax (406) 444-0230; or e-mail [HHSDSDrules@mt.gov](mailto:HHSDSDrules@mt.gov), and must be received no later than 5:00 p.m., on the end of comment period.

- [Children's Mental Health Bureau Provider Manual and Clinical Guidelines for Utilization Management](#)
- [Medicaid Youth Mental Health Fee Schedule](#)
- [Manual For The Screening Of Persons Being Considered For Civil Commitment To The Montana Developmental Center Or To A Community Treatment Plan](#)
- [Incident Management - Reporting and Handling Manual](#)
- [1915\(i\) Home And Community Based Services Provider Policy Manual](#)

### Adoption Notices

The department posts notices of final rule actions after the public comment period ends.

- There are no adoption notices at this time.

### Secretary of State's Office

- [Administrative Rules of Montana \(ARM\)](#)

# UPCOMING RULE CHANGES

- ◉ ARM 37.85.105 Medicaid Provider Fee Schedules effective July 1, 2014
- ◉ ARM 37.87.903 Utilization Review and Clinical Guidelines
- ◉ ICD-10 Administrative rule changes, Summer 2014, Serious Emotional Disturbance definition will also be updated to align with ICD-10

# PROVIDER NOTICES

To locate all provider notices go to:

<http://medicaidprovider.hhs.mt.gov/providerpages/providerpage/providerpage/59.shtml>

Provider notices are organized by provider type. Most of the CMHB provider notices are also under Mental Health Center provider type.

Montana Medicaid

New or Existing Provider Enrollment

Log in to Montana Access to Health

Member Information

Provider Information

- 5010 HIPAA Information
- Claim Instructions
- Claim Jumper Newsletter
- Contact Us
- Definitions and Acronyms
- Early and Periodic Screening, Diagnosis and Treatment
- Electronic Billing
- Electronic Health Records Incentives
- Emergency Services
- Enhanced Payment
- FAQs
- Forms
- Health Improvement Program
- ICD-10 Information
- Medicaid Fraud and Abuse
- Medicaid Information
- National Provider Identifier
- Nurse First
- Passport to Health
- Plan First
-  Presumptive Eligibility
- Provider Locator Search

Resources by Provider Type (manuals, fee schedules, notices, etc)

# Montana Medicaid Provider Information

## What's New on the Website This Week

### Web Postings

A list of the [documents posted to the website](#) for the current week.

## Announcements

### Xerox EDI Solutions Website Now Available

The WINASAP 5010 software download is now available. Visit the [Software Downloads](#) page for the WINASAP software or visit the home page, <http://www.acs-gcro.com/gcro/>.

### 2014 Spring Provider Fair

Plan to attend the 2014 Spring Provider Fair hosted by DPHHS and Xerox on May 20-21, 2014 in Helena! For more information and to register, visit the [Training](#) page.



### Montana Medicaid ICD-10 Readiness Survey III

Click to take the survey: [ICD-10 Readiness III Survey](#)

Important ICD-10 information and the survey link are on the [ICD-10 Information](#) page of the Montana Medicaid Provider Information website.

### Retroactive Eligibility

Effective January 1, 2014, providers must use the **Notice of Retroactive Eligibility (160-M)** if a member has been determined retroactively eligible. The FA-455 and FA-454 will no longer be accepted.

Providers should attach the Notice of Retroactive Eligibility (160-M) when submitting claims for retroactively eligible member for which the date of service is more than 12 months earlier than the date the claim is submitted. **Claims without the Form 160-M will not be paid.**

Contact the member's local Office of Public Assistance to request the form. See <http://www.dphhs.mt.gov/contactus/humancommunityservices.shtml>.

### Medicaid and G-Codes

Beginning January 1, 2014, Medicare changed to a single code (Go463) for the facility fee on clinic visits and Medicaid will follow suit per ARM.

Provider-based clinics will use Go463 (which will group to APC 0634) for the facility fee portion of the outpatient clinic visits. The change applies only to the hospital or facility



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# Public Health and Human Services



Welcome to the  
Department of Public  
and Human Services  
Richard H. Opper, MD

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## Montana Medicaid

[New or Existing Provider Enrollment](#)

[Log in to Montana Access to Health](#)

### Member Information

### Provider Information

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- [Definitions and Acronyms](#)
- [Early and Periodic Screening, Diagnosis and Treatment](#)
- [Electronic Billing](#)
- [Electronic Health Records](#)
- [Incentives](#)

## End User Agreement for Providers

Much of the provider information contained on the Montana Medicaid website is copyrighted by the American Medical Association and the American Dental Association. This includes items such as CPT codes and CDT codes.

Before you can enter the Resources by Provider Type section of the site, please read and accept an agreement to abide by the copyright rules regarding the information you use within this section. If you choose not to accept the agreement, you will return to the Montana Medicaid home page.

[I ACCEPT.](#)

[I DO NOT ACCEPT.](#)

### License for Use of "Physicians' Current Procedural Terminology" ("CPT")

#### End User Point and Click Agreement

Current Procedural Terminology (CPT) codes, descriptions and other data are copyrighted 1999 American Medical Association (AMA). All Rights Reserved (©) (other date of publication of CPT). CPT is a trademark of the AMA.



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## Select Your Provider Type

[A - C](#)

[D - F](#)

[G - K](#)

[L - O](#)

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### Provider A - C

- 02/06/2014 [Ambulance](#)
- 02/03/2014 [Ambulatory Surgical Center](#)
- 01/29/2014 [Audiologist](#)
- 01/29/2014 [Chemical Dependency](#)
- 01/29/2014 [Chiropractor](#)
- 01/29/2014 [Clinic \(Freestanding Dialysis\)](#)
- 02/24/2014 [Clinic \(Public Health\)](#)

### Provider D - F

- 01/29/2014 [Dental \(Dentist, Dental Hygienist\)](#)
- 01/29/2014 [Denturist](#)
- 01/29/2014 [Dialysis Clinic \(Freestanding\)](#)

# CMHB KEY PROVIDER NOTICES

- ◉ June 24, 2013 - Montana Medicaid DSM-5 Implementation released on May 19, 2013
- ◉ July 30, 2013 - Home Support Services Billing clarification, payment system will not allow for more than one unit of service per day for the following procedure codes: H2020, S5145 HR, S5145 HE.
- ◉ August 14, 2013 - New CSCT code H2027 for youth who are being assessed for SED. SFY limit of 20 units per youth.

# KEY NOTICES CONTINUED

- ◉ December 23, 2013 - Reimbursement changes for cover ancillary services provided to youth in a PRTF.
- ◉ February 6, 2014 - Effective February 6, 2014, licensed psychologists, LCPCs, and LCSWs must attach the modifier GT to all outpatient psychotherapy codes provided via interactive audio and video telecommunication systems.

# FEE SCHEDULES

- ❖ Most fee schedule changes are annually.
- ❖ Two fee schedules apply to CMHB programs.
  - ❖ RBRVS
  - ❖ CMHB Medicaid Youth Mental Health Fee Schedule

# RBRVS FEE SCHEDULE

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



**Public Health  
and Human Services**

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## Montana Medicaid

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## Montana Medicaid Provider Information

### What's New on the Website This Week

#### Web Postings

A list of the documents posted to the website for the current week.

### Announcements

#### Resource-Based Relative Value Scale (RBRVS)

- 07/2013 [RBRVS Fee Schedule, SFY 2014](#)

# SEARCH HINTS FOR RBRVS

- ◉ In order to search the PDF, press Ctrl F.
- ◉ Be aware that the columns on the right side of the table provide different rates depending on provider type.

# CMHB FEE SCHEDULE

<http://www.dphhs.mt.gov/mentalhealth/children/>

MONTANA.GOV  
OFFICIAL STATE WEBSITE

SERVICES

AGENCIES

## Developmental Services Division Children's Mental Health

What's



### Home

1915(i) Services

Services

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System of Care (SOC) Planning  
Committee

Staff Directory

Administrative Rules

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#### For Families

Information

1915(i) Services

#### For Youth

Information

Organizations & Groups

Training Opportunities

#### For Providers

Bridge Waiver Fee Schedule  
Effective July, 2013

Forms & Applications

Information

Magellan Medicaid  
Administration

Manuals

Medicaid Youth Mental Health Fee  
Schedule

## Children's Mental Health



*On the road to improved mental health.....*

Our **Mission** is to support and strengthen Montana youth and families through Medicaid mental health services.

Our **Vision** is strong youth functioning in healthy families, living in supportive Montana communities.

Our **Values**: Leadership, Efficiency, Collaboration, Transparency, Integration, Self-efficacy

### Overall Strategic Priorities

**Provide ongoing collaborative leadership in an integrated Medicaid health care system for Montana youth and families.**

- Effectively manage existing Medicaid children's mental health services in compliance with federal and state requirements.
- Use Quality Reviews to promote service quality, enforce policy, and manage utilization.
- Implement a home and community-based service package (Montana i-home) to support seriously emotionally disturbed youth with intensive complex needs to remain with or near their families.

**Promote adaptive system changes that benefit stakeholders, youth, and families.**

# RESOURCES

## **Main Montana Medicaid**

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

RBRVS fee schedule, provider notices, General Medicaid Manual, CMBH provider Manual. Xerox information, provider relations, and enrollment questions. Medicaid information

## **CMHB website**

<http://www.dphhs.mt.gov/mentalhealth/children/>

## **Clinical Guidelines and UR**

<http://www.dphhs.mt.gov/publications/index.shtml#cmh>

## **Main Fee schedule**

<http://www.dphhs.mt.gov/mentalhealth/children/>

## **Proposed rule changes**

<http://www.dphhs.mt.gov/dsd/adminrules.shtml>

## **Non-Medicaid services manual**

<http://www.dphhs.mt.gov/publications/index.shtml#cmh>

# FREQUENTLY ASKED QUESTIONS

- What are the requirements for Outpatient Therapy, in excess of 24 sessions and concurrent with other services?
  - To review the standards for Outpatient Therapy, in excess of 24 sessions and concurrent with other services, see the Children's Mental Health Bureau Provider Manual and Clinical Guidelines for Utilization Manual found on the CMHB website.
- How to bill ENA in a TGH?
  - When ENA is provided in a TGH, the TGH claim must be submitted and paid prior to submitting the claim for ENA.

# FAQ'S CONTINUED

- How many units can be billed daily for a CSCT team?
  - Claims over 28 units per youth per day will be suspended and reviewed for clinical necessity.
- 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 PRTFs, ancillary services are still included in the bundled per diem rate.
- When is a Certificate of Need (CON) required to be submitted to Magellan?
  - Currently, a CON is required for initial stay Acute Hospital and PRTF.
  - A CON is required for continued stays after 120 days in a TGH.
  - For Partial Hospital, TFOC-P, and TGH initial stay, the CON must be completed and placed in the file of the youth.

# FAQs CONTINUED

- What services may be provided concurrently with HHS?
  - Services excluded from simultaneous reimbursement may be found in Appendix B of the CMHB Mental Health Bureau Provider Manual and Clinical Guidelines for Utilization Management
- How do I bill an initial assessment for CSCT?
  - Code H2027 - Assessment, intervention, and referral services.

# CONTACT INFORMATION

- ◉ Developmental Services Division  
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111 N Sanders Room 307  
PO Box 4210  
Helena, MT 59601-4210  
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# CMHB CENTRAL OFFICE

## DSD DIVISION ADMINISTRATOR

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## CMHB BUREAU CHIEF

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## SUPERVISORS

- ◉ Dan Ladd, Medicaid Program Supervisor (406) 444-7064 dladd@mt.gov
- ◉ Laura Taffs, Clinical Supervisor (406) 444-3814 ltaffs@mt.gov

## MEDICAID PROGRAM

- ❖ Sally Tilleman, Program Manager (406) 444-6962 STilleman2@mt.gov
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- ❖ Cynthia Erler (406) 329-1594 Cerler@mt.gov

# CENTRAL OFFICE STAFF CONT.

## FAMILY LIAISON

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## 1915(i) State Plan Program

- ❖ Jane Bernard, Program Officer, (406) 444-1822, [jbernard@mt.gov](mailto:jbernard@mt.gov)

## Office Manager

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# REGIONAL STAFF

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## KALISPELL

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