

Welcome

Today's Presenters:

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Manager

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Training Topics

Rulemaking process overview

Introduction and review of the Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health, May 1, 2018

Important changes

The SDMI and Level of Impairment (LOI) Worksheet

Prior Authorization and Continued Stay Requests
Overview

Prior Authorization and Continued Stay Requests
Submission Process

Approval Process

Appeal Submission Process

Rulemaking Objective

Adopt and Incorporate into Administrative Rule a new Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health, May 1, 2018

Adopted in ARM 37.88.101 and 37.27.902

Consolidates information into one easily accessible document

Rulemaking Process

1. Proposal published in Montana Administrative Register (MAR)
2. Notification sent to Interested Parties list
3. Public hearing and comment period
4. Adoption Notice

MAR Access – www.mtrules.org



Montana Secretary of State
Corey Stapleton

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Administrative Rules of Montana (Updated through December 31, 2017)

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e.g., 42.26.203

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e.g., 42.26

By Department, Chapter, and Rule Table of Contents

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e.g., 2-3-103

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e.g., 10, 37

Montana Administrative Register

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MAR

Rules affected

Rule text

Statement of reasonable necessity

Comment submission information

Public hearing information

Public Hearing and Comment Period

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 the Department as detailed in the MAR notice by mail, fax, or email

Interested Parties List

<http://dphhs.mt.gov/amdd>

More Information



[Interested Parties - Rule Making Notifications](#)

Submit written requests to:

Interested Parties Coordinator
Department of Public Health and Human Services
100 North Park, Ste 300
PO Box 202905 Helena, MT 59620-2905
fax (406) 406-444-9389 or e-mail
hhsamdemail@mt.gov

Manual – Mental Health

Introduction/Purpose/Definitions

Section 1: Utilization Management

Section 2: Medicaid Adult Mental Health Services

Section 3: Medicaid Substance Use Disorder
Services

Introduction

SDMI Definition

SDMI Diagnosis list

Level of Impairment (LOI) worksheet

Section 1 Utilization Management

Prior Authorization (PA) and Continued Stay Reviews (CSR)

Reconsideration Review Process

Notifications

Retrospective Reviews

At-A-Glance Table

Section 2 – Adult Mental Health Medicaid Services

Adult Mental Health Services

Provider Requirements

Medical Necessity Criteria

Service Requirements

Utilization Management

Section 3 – Medicaid Substance Use Disorder

Medicaid Substance Use Disorder Services

Provider Requirements

Medical Necessity Criteria

Service Requirements

Utilization Management

Introduction

This manual replaces the Medicaid portions of the current Chemical Dependency (CD) Provider Manual. The non-Medicaid portions of the CD Provider Manual remains in effect.

Services

Outpatient Mental Health Individual and Group Therapy

Mental Health Targeted Case Management (TCM)

Proposed fiscal year limits have been removed

Limit: Group therapy limited to 16 members

Services

Intensive Community Based Rehabilitation (ICBR)

Program for Assertive Community Treatment (PACT)

Crisis Stabilization Program

Adult Group Home

UM: Magellan

Services

Acute Partial Hospitalization Program (PHP)

Adult Foster Care (AFC)

Dialectical Behavioral Therapy (DBT)

Illness Management and Recovery (IMR)

UM: N/A

Services

Community Based Psychiatric Rehabilitation and Supports (CBPRS)

Changed – Limit: 2 hours/day (Individual and Group)

Day Treatment (Day TX)

Unchanged – Limit: 3 hours/day

Services

SUD Outpatient Individual and Group Therapy

SUD Targeted Case Management (TCM)

Proposed fiscal year limits have been removed

Limit: Group therapy limited to 16 members

Services

SUD Medically Monitored Intensive Inpatient (ASAM 3.7) Adult / SUD Medically Monitored High Intensity Inpatient (ASAM 3.7) Adolescent

SUD Clinically Managed High-Intensity Residential (ASAM 3.5) Adult / SUD Clinically Managed Medium-Intensity Residential (ASAM 3.5) Adolescent

SUD Clinically Managed Low-Intensity Residential (ASAM 3.1) Adult and Adolescent

UM: Magellan

Services

SUD Partial Hospitalization (ASAM 2.5) Adult and Adolescent

SUD Intensive Outpatient Services (ASAM 2.1) Adult and Adolescent

SUD OP Therapy (ASAM 1.0) Adult and Adolescent

UM: N/A

Services

SUD Biopsychosocial Assessment

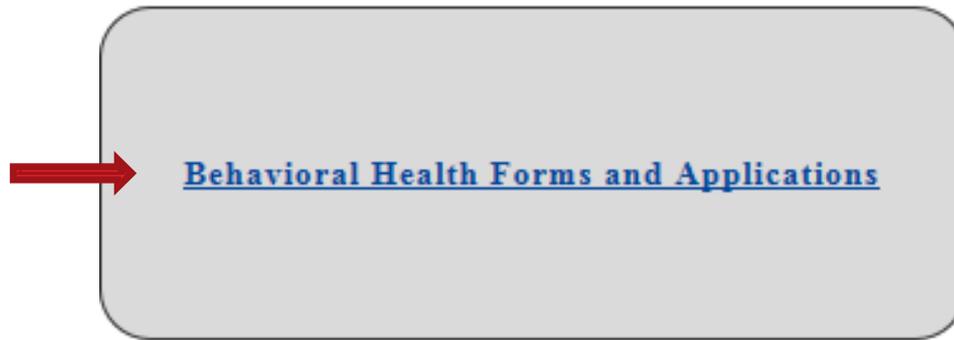
SUD Screening, Brief intervention, and Referral to Treatment (SBIRT)

SUD Drug Testing

UM: N/A

Forms and Worksheets

<http://dphhs.mt.gov/amdd>



SDMI Level of Impairment (LOI) worksheet

Adult Mental Health Prior Authorization and Continued Stay

SDMI Definition

SDMI is defined as an adult 18 years or older who presently or any time in the past 12 months has had a diagnosable mental illness that has interfered with functioning and has resulted in significant difficulty in community living without supportive treatment or services of a long-term or indefinite duration. These individuals struggle daily with severe mental illness that is chronic and persistent resulting in impaired functioning.

SDMI Eligibility

Automatic Eligibility if the member:

Has been involuntarily hospitalized for at least 30 consecutive days because of a mental disorder at Montana State Hospital within the past 12 months, or

Has a diagnosis within the Schizophrenia Spectrum Disorder category. (F20.0, F20.1, F20.2, F20.5, F22, F25.0, or F25.1)

If one of the above is not met, then the member must meet one of the following diagnostic categories with a level of impairment score.

SDMI criteria

Diagnosis category I

- ▶ Bipolar I and II Disorders
- ▶ Major Depressive Disorders, Severe
- ▶ Posttraumatic Stress Disorder
- ▶ Borderline Personality Disorder
- ▶ Autism Spectrum Disorder

SDMI criteria

Diagnosis category II

- ▶ Major Depressive Disorders, Moderate
- ▶ Dissociative Disorders*
- ▶ Panic Disorders
- ▶ Generalized Anxiety Disorder*
- ▶ Obsessive Compulsive Disorder
- ▶ Persistent Depressive Disorder*
- ▶ Feeding and Eating Disorders*
- ▶ Gender Dysphoria*

*added

SDMI Level of Impairment

Level A

3 areas of at least moderate level impairment for a total score of 6 or above; or

4 areas of at least moderate level impairment for a total score of 8 or above

Level B

3 areas of at least moderate level impairment for a total score of 9 or above; or

4 areas of at least moderate level impairment for a total score of 12 or above

ELIGIBILITY DETERMINATION FORMULA

To determine SDMI eligibility, diagnosis category must meet the following level of impairment:

Category I diagnosis **and** Impaired Level of Functioning A or B.

Category II diagnosis **and** Impaired Level of Functioning B.

SDMI Level of Impairment

Used to determine if a member has a SDMI.
The form must be completed by a licensed
mental health professional, as indicated with
a signature

Self-Care/Basic Needs	
LOI	Description of Mental Health Impairment
0	No problems in this area: Able to care for self and provide for own needs: hygiene is good; demonstrates acceptable grooming; follows treatment recommendations/medication compliant at this time
1	Mild level of impairment: No assistance needed in caring for self and obtaining basic needs; household cleanliness and/or hygiene are sporadic; misses 1 of 4 appointments; medication compliant 5 out of 7 days
2	Moderate level of impairment: occasional assistance required in caring for self and obtaining basic needs; household cleanliness and/or hygiene are marginal; regularly misses 50 percent of appointments; medication compliant 50 percent of the time
3	High level of impairment: assistance needed in caring for self and obtaining basic needs due to inability to care for self with poor household cleanliness and hygiene, lack of groceries and/or basic needs; inconsistent treatment and medication compliance
4	Severe level of impairment: unable to care for self and obtain basic needs in safe and sanitary manner (will only attend to grooming with assistance, will not grocery shop without assistance, not taking medication)
5	Gravely disabled: in extreme need of complete supportive care (shut in and requires grocery delivery, not taking medication)

Employment/Education/Housing/Financial	
LOI	Description of Mental Health Impairment
0	No problems in this area: has an adequate income, housing, and manages finances appropriately at this time
1	Mild level of impairment: problems in this area are by report only with minimal consequences
2	Moderate impairment: occasional problems due to limited income, some difficulties with finances (pays bills but often 30+ days behind), reprimands at work/school (2 or more incidents of absenteeism/tardiness, inappropriate behavior in the past 30 days); received housing complaints
3	High level of impairment: assistance needed in managing finances (impulsive with money, debt higher than income due to spending habits); job/school instability/insecurity due to disciplinary action in last 60 days; housing instability due to eviction or living in group home
4	Severe level of impairment: easily overwhelmed by finances (has not maintained checkbook in past 60 days or has a representative payee); easily overwhelmed by demands of work/school; unable to work/attend school; homeless, living with family/friends, couch surfing
5	Gravely disabled: severe and chronic difficulties; no income, risky/inappropriate financial behaviors (collection/garnishment/repossession); homeless with no options, living on the street/homeless shelter

Family/Interpersonal Relationships	
LOI	Description of Mental Health Impairment
0	No problems in this area: has an adequate support system with family and friends; gets along well with others
1	Mild level of impairment: problems in this area are by report only with minimal consequences
2	Moderate impairment: difficulty developing or maintaining healthy relationships (difficulty meeting/greeting people, lack of eye contact, presents as odd, identifies 1+ friends); strained family relationships
3	High level of impairment: Inadequate relational skills resulting in tenuous and strained relationships (argumentative, lack of give and take, does not wait turn, identifies 1 friend but not close)
4	Severe impairment: impaired relational skills resulting in poor relationship formation and maintenance (poor boundaries, intense love/hate interactions, impulsive, frequent angry outbursts)
5	Gravely disabled: interpersonal relationships are virtually nonexistent (has no friends, isolative or others avoid due to strange or intense behaviors/interactions)

Mood/Thought Functioning	
LOI	Description of Mental Health Impairment
0	No problems in this area: mood within normal limits, cognitive and thought process are appropriate
1	Mild level of impairment: mild impairment in mood, exhibits cognitive impairment 10% of the time (poor judgment, memory loss, insight, orientation); thought disturbance 10% of the time (worries, ruminations, obsessions, compulsions)
2	Moderate impairment: moderate impairment in mood, exhibits cognitive impairment 25% of the time (poor judgment, memory loss, insight, orientation); odd or impoverished thought process/content 25% of the time (worries, ruminations, obsessions, compulsions)
3	High level of impairment: severe impairment in mood, exhibits cognitive impairment 50% of the time (poor judgment, memory loss, insight, orientation); odd or impoverished thought process/content 50% of the time (worries, ruminations, obsessions, compulsions)
4	Severe impairment: severe impairment in mood, persistent cognitive impairment 75% of the time (poor judgment, memory loss, insight, orientation); odd or impoverished thought process/content 75% of the time (worries, ruminations, obsessions, compulsions)
5	Gravely disabled: severe impairment in mood, chronic impairment resulting in a higher level of care; thought processes are disorganized and tangential; persistent disruption in communication; extreme disconnection from reality

Self-harm Behaviors/Harm to Others

LOI	Description of Mental Health Impairment
0	No problems in this area: no self-harm; suicidal thoughts or behaviors; thoughts of harm to others or aggressiveness toward others
1	Mild impairment: in the past 90 days, thoughts of self-harm and/or suicide 1 to 2 times with no plan or intent; thought about harming others 1 to 2 times with no intent or plan; no history of aggressive behaviors
2	Moderate level of impairment: in the past 12 months, has recurrent thoughts of self-harm and/or suicide with no plan or intent; recurrent thoughts of harming others with no plan, intent, or actions
3	High level of impairment: has a history of self-harm behaviors but no thoughts of suicide; intent of self-harm behavior is not death; has a history of harming others that is impulsive without intent to harm others; verbal attacks
4	Severe impairment: recurrent thoughts of suicide; history of suicide attempts; recurrent aggressive behavior that is intended to cause injury or pain; verbal aggression leading to physical altercation
5	Gravely disabled: demonstrates imminent harm and/or danger to self or others

SDMI Level of Impaired Functioning (LOI) Areas

Category I diagnosis

Self care/Basic needs = 0

Employment/Education/Housing/Financial = 4

Family/Interpersonal = 0

Mood/Thought Functioning = 2

Self-Harm Behaviors/Harm to Others = 2

Level A Diagnosis: Scored in 3 areas for a total of 8 points – Qualifies as SDMI

SDMI Level of Impaired Functioning (LOI) Areas

Category II diagnosis

Self care/Basic needs = 0

Employment/Education/Housing/Financial = 0

Family/Interpersonal = 1

Mood/Thought Functioning = 2

Self-Harm Behaviors/Harm to Others = 3

Level B Diagnosis: Scored in 3 areas for a total of 6 points – Does not qualify as SDMI

Conclusion

The SDMI LOI worksheet provides an objective and consistent assessment tool to determine the appropriate level of care and assist in developing the individualized treatment plan

Forms and Worksheets

The SUD PA and CSR forms and documentation should support and provide evidence of all aspects of the Medical Necessity Criteria, including (but not limited to):

Intake and Assessment

Service Planning and Placement

Level of Care Placement

Forms and Worksheets

Dimensional Admission Criteria

The ASAM Criteria (pages 228–234, 254–264, 272–276)

Comparison of the language on pages noted above and the “crosswalk” overviews (pages 175–178)

Continued Stay Criteria

The ASAM Criteria (page 299–302)

Forms and Worksheets

Risk Ratings

The ASAM Criteria (pages 54–58)

Considerations from review of Biopsychosocial elements in the ASAM Criteria (page 40–42)

The DAPPER–3 TM (ASAM assessment tool developed by Mee–Lee, Shulman, and Hoffman)

The ASAM Criteria indicates adolescent considerations for clinicians (pages 90–104)

Prior Authorization Form

- ▶ Level of Care
- ▶ Client Information
- ▶ Current Medications
- ▶ Corresponding Form
 - Form 3.1 for ASAM 3.1
 - Form 3.5 for ASAM 3.5
 - Form 3.7 for ASAM 3.7

PA Form – Form 3.1

- ▶ Select Adult or Adolescent
- ▶ Additional documents
- ▶ Identify Risk Ratings (D1–D6)
- ▶ Check applicable considerations
- ▶ Clinical Rationale

PA Form – Form 3.1

Risk Rating (0-4)							
ASAM Dimensions		0	1	2	3	4	Considerations <i>Check all that apply</i>
1	Acute Intoxication and/or Withdrawal Potential	X					<input type="checkbox"/> Recent Use <input type="checkbox"/> Withdrawal Problems <input type="checkbox"/> Other:
2	Biomedical Conditions and Complications	X					<input type="checkbox"/> Medical Problems <input type="checkbox"/> Physical Health <input type="checkbox"/> Pregnancy <input type="checkbox"/> Other:
3	Emotional, Behavioral, or Cognitive Conditions or Complications		X				<input type="checkbox"/> Co-occurring Mental Disorder <input type="checkbox"/> Psychological Health <input type="checkbox"/> Psychiatric Symptoms <input type="checkbox"/> Emotional Problems <input type="checkbox"/> Behavioral Problems <input type="checkbox"/> Cognitive Problems <input type="checkbox"/> Other:
4	Readiness to Change		X				<input type="checkbox"/> Awareness of Problem <input type="checkbox"/> Understanding of Use as it Relates to Problems <input type="checkbox"/> Commitment to Treatment <input type="checkbox"/> Other:
5	Relapse, Continued Use, or Continued Problem Potential			X			<input type="checkbox"/> Coping skills <input type="checkbox"/> Strengths <input type="checkbox"/> Deficits/Impairments <input checked="" type="checkbox"/> Risk of Relapse (triggers, cravings, etc.) <input type="checkbox"/> Other:
6	Recovery Environment			X			<input type="checkbox"/> Community Support System <input type="checkbox"/> Family Relationships <input type="checkbox"/> Peer Relationships <input type="checkbox"/> Romantic Relationships <input checked="" type="checkbox"/> Living Environment <input type="checkbox"/> School, Work, Legal Issues <input type="checkbox"/> Other:

PA Form – Form 3.1

Substance Use Disorder (SUD) Admission	
Dimension 1 - Acute Intoxication and or Withdrawal Potential	
Dimension 2 - Biomedical Conditions and Complications	
Dimension 3 - Emotional Behavioral or Cognitive Conditions and Complications	
Dimension 4 – Readiness to Change	
Dimension 5 – Relapse, Continued Use, or Continued Problem Potential	
Dimension 6 – Relapse Potential	

PA Form – Form 3.5

- ▶ Select Adult or Adolescent
- ▶ Additional documents
- ▶ Identify Risk Ratings (D1–D6)
- ▶ Check applicable considerations
- ▶ Clinical Rationale

PA Form – Form 3.7

- ▶ Select Adult or Adolescent
- ▶ Additional documents
- ▶ Identify Risk Ratings (D1–D6)
- ▶ Check applicable considerations
- ▶ Clinical Rationale

Continued Stay Request Form

- ▶ Level of Care
- ▶ Client Information
- ▶ Current Medications
- ▶ Corresponding Form
 - Form 3.1 for ASAM 3.1
 - Form 3.5 for ASAM 3.5
 - Form 3.7 for ASAM 3.7

CSR Form – Form 3.1

- ▶ Select Adult or Adolescent
- ▶ Additional documents
- ▶ Identify Risk Ratings (D1–D6)
- ▶ Check applicable considerations
- ▶ Clinical Rationale

CSR Form – Form 3.1

Dimensions for Continued Service at the Current Level of Care						
Criteria	Dimension 1	Dimension 2	Dimension 3	Dimension 4	Dimension 5	Dimension 6
A - Making progress, not yet done with goals						
B – Not yet making progress, but has capacity and working on goals						
C – New problem(s) identified						

CSR Form – Form 3.5

- ▶ Select Adult or Adolescent
- ▶ Additional documents
- ▶ Identify Risk Ratings (D1–D6)
- ▶ Check applicable considerations
- ▶ Clinical Rationale

CSR Form – Form 3.7

- ▶ Select Adult or Adolescent
- ▶ Additional documents
- ▶ Identify Risk Ratings (D1–D6)
- ▶ Check applicable considerations
- ▶ Clinical Rationale

Conclusion

The SUD PA and CSR forms and documentation should support and provide evidence of all aspects of the Medical Necessity Criteria, which include admission criteria and continued stay criteria

It can also be used as a tool to track progress through the treatment process.

UM Timelines–PA and CSR

Review Type	Prior Authorization Request Timeline	Continued Stay Request Timeline
ICBR	<p>No earlier than 5 business days prior to admission.</p> <p>Initial authorization for up to 180 days.</p>	<p>No earlier than 5 business days prior to the end of the current authorization period</p> <p>CSR for up to 180 days</p>
PACT	<p>No earlier than 5 business days prior to admission</p> <p>Initial authorization for up to 180 days.</p>	<p>No earlier than 5 business days prior to the end of the current authorization period</p> <p>CSR for up to 180 days</p>
AGH	<p>No earlier than 5 business days prior to admission</p> <p>Initial authorization for up to 120 days.</p>	<p>No earlier than 5 business days prior to the end of the current authorization period</p> <p>CSR for up to 90 days</p>
Crisis Stabilization	<p>No review required on admission</p>	<p>No earlier than 3 days prior to the end of the initial 5 days or current certification period.</p> <p>CSR for up to 5 days</p>

Magellan UM Timelines

Review Type	Request Timeline
Prior Authorization Request (Initial)	Clinical Reviewer will complete the review process within 2 business days of receipt of complete information. If approved, notification will be mailed within 24 hours of determination.
Continued Stay Request	Clinical Reviewer will complete the review process within 3 business days of receipt of complete information. If approved, notification will be mailed within 24 hours of determination.
Deferral to MD	If the request does not appear to meet Medical Necessity Criteria (MNC), the case will be deferred to a Board Certified Physician for review and determination. MD will complete review and make determination within 4 business days or receipt of clinical information from reviewer.

Faxed Submission Guidelines

- MH Prior Authorization and Continued Stay Forms
 - Found at:
<http://dphhs.mt.gov/amdd/FormsApplications>
- Forms must be typed
 - Handwritten forms will be returned
 - List of required documents to include are listed on form
- **Fax** required forms and documents to Magellan at
1-800-639-8982
- To avoid delays:
 - Ensure forms are filled out completely
 - Clinical information is complete for all sections
 - Avoid generalities/ vague descriptions
 - Include required documentation

Determinations:

- ▶ **Approval** – approval of requested services
- ▶ **Denial** – does not meet medical necessity criteria; all days requested are denied
- ▶ **Partial Denial** – volume of days approved is less than volume of days requested
- ▶ **Technical Denial** – indicates that the request and/or information was out of specified timeframes or was incomplete

Active CSR Process

- ▶ Beginning May 1, 2018, all members currently receiving services subject to new utilization review requirements must have authorization for continuation of services at the current level of care.
- ▶ A Mental Health Continued Stay Request must be submitted utilizing the guidelines listed above. Include the **initial assessment and treatment plan** and the **most recent assessment and updated treatment plan**.
- ▶ Provide specific examples from the past 30–45 days which speaks to the member's level of functioning/impairment and diagnosis.

Active CSR Process

- ▶ Providers are requested to stagger submissions for Active CSRs during the implementation process.
 - Submit one half of CSRs by May 14th, 2018.
 - Submit the remainder by May 28th, 2018.
 - AMDD will monitor submissions to identify providers needing assistance.

Active CSR Process

- ▶ During the implementation process the department will utilize a grace period for active CSRs.
- ▶ **If the CSR is denied**, a PA number will be issued with the following **Grace Period*** to allow for discharge and transitional care planning.
 - ICBR – 60 days
 - Group Home – 60 days
 - PACT – 30 days

*Grace Period is considered a partial denial, which means a CSR cannot be submitted at the end of the certification.

Provider Forum

AMDD will facilitate weekly coaching calls for providers during the utilization review implementation process. A WebEx agenda is posted on the AMDD website.

Thank you!