



# MONTANA HEALTHCARE PROGRAMS NOTICE

June 5, 2019

All Mental Health Providers

**Effective Immediately**

## Reminder – Comprehensive School and Community Treatment (CSCT) Summer Program Requirements

The Children’s Mental Health Bureau (CMHB) reminds providers of the Administrative Rules of Montana (ARM) for Comprehensive School and Community Treatment (CSCT) summer program requirements. With school wrapping up and summer programs beginning, it is important to remember that CSCT is a 12-month program and the requirements in areas such as staffing, billing and documentation remain the same. This notice offers a recap of several of the ARMs that apply to CSCT. Please be sure to access [Montana Secretary of State - Administrative Rules of Montana](#) for complete language pertaining to CSCT or Mental Health Centers.

This Provider Notice covers the following ARMs

- CSCT summer program requirements
- CSCT team requirements
- CSCT services and staffing
- Individualized treatment plans
- Service Documentation

*Please review the following and call if you have questions:*

### CSCT summer program requirements [ARM 37.106.1956\(1\)](#)

- (i) continuous treatment that must be available twelve months of the year. The program must provide a minimum of 16 hours per month of CSCT services in summer months.

### CSCT Team requirements [ARM 37.87.1803\(3\)](#)

(3) One team with two full-time employees will not be reimbursed for more than 720 billing units per team per month. Services must be billed for the month the service is provided. The licensed or in-training mental health professional must provide at least 40 percent of the units billed by the team each month. Billing units are calculated based on the sum total of minutes each professional spent with the youth per day.

### Mental Health Center: Comprehensive School and Community Treatment Program (CSCT), Services and Staffing [ARM 37.106.1956](#)

(5) The CSCT program must employ sufficient qualified staff to deliver all CSCT services to youth as outlined in the ITP for the youth and in accordance with the contract between the school and mental health center.

(6) The CSCT program must employ or contract with a program supervisor who has daily overall responsibility for the CSCT program and who is knowledgeable about the mental health service and support needs of the youth. The program supervisor may provide direct CSCT services, but this position may not fill the functions of the staff positions described in (6) and (7) for more than three months.

(7) Each CSCT team must include a full-time equivalent mental health professional, who may be a licensed or in-training mental health professional, as defined in ARM [37.87.702\(3\)](#). In-training mental health professionals must be:

- (a) supervised by a licensed mental health professional; and
- (b) licensed by the last day of the calendar year following the state fiscal year (July 1 through June 30) in which supervised hours were completed.

(8) Each CSCT team must include a full-time equivalent behavioral aide. A behavioral aide must work under the clinical oversight of a licensed mental health professional and provide services for which they have received training that do not duplicate the services of the licensed or in-training mental health professional. All behavioral aides initially employed after July 1, 2013 must have a high school diploma or a GED and at least two years:

- (a) experience working with emotionally disturbed youth;
- (b) providing direct services in a human services field; or
- (c) post-secondary education in human services.

**Mental Health Center: Individualized Treatment Plans** [ARM 37.106.1916](#)

(1) Based upon the findings of the assessment(s), each mental health center must establish an individualized treatment plan for each client within 24 hours after admission for crisis stabilization program services and within five contacts, or 21 days from the first contact, whichever is later, for other services. The treatment plan must:

- (a) identify treatment team members, from within and outside of the mental health center, who are involved in the client's treatment or care;
- (b) specifically state measurable treatment plan objectives that serve the client in the least restrictive and most culturally appropriate therapeutic environment;
- (c) describe the service or intervention with sufficient specificity to demonstrate the relationship between the service or intervention and the stated objective;
- (d) identify the staff person and program responsible for each treatment service to be provided;
- (e) include the client's or parent/legal representative/guardian's signature and date indicating participation in the development of the treatment plan. If the client's or parent/legal representative/guardian's participation is not possible or inappropriate, written documentation must indicate the reason;
- (f) include the signature and date of the mental health center's licensed mental health professional and of the person(s) with primary responsibility for implementation of the plan indicating development and ongoing review of the plan. If intensive care management is the only service being received from the mental health center, a program supervisor must sign the treatment plan indicating the supervisor's review and approval for appropriateness; and
- (g) state the criteria for discharge, including the client's level of functioning which will indicate when a particular service is no longer required.

**Service Documentation** [ARM 37.106.1961\(1\)](#)

- (e) daily progress notes from each team member that document individual therapy sessions and other direct services provided to the youth and family throughout the day including:
  - (i) when any therapy or therapeutic intervention begins and ends; and
  - (ii) the sum total number of minutes spent each day with the youth.

## **Contact Information**

[Christine White, Children's Mental Health Bureau, email chwhite@mt.gov](mailto:chwhite@mt.gov) or telephone 406-444-5916.

[For claims questions or additional information, contact Montana Provider Relations at \(800\) 624-3958 or \(406\) 442-1837 or email MTPRHelpdesk@conduent.com.](tel:(800)624-3958)

[Visit the Montana Healthcare Programs Provider Information website at https://medicaidprovider.mt.gov.](https://medicaidprovider.mt.gov)