



Montana Healthcare Programs Provider Notice

April 2, 2024

Effective May 12, 2023

Mental Health Centers and Therapeutic Group Homes

Telehealth Policy Clarification for Children's Mental Health Services

To improve safe access to services throughout the Public Health Emergency (PHE), Montana Healthcare Programs removed some face-to-face delivery requirements.

With the PHE ending on May 11, 2023, Montana Healthcare Programs re-evaluated face-to-face delivery requirements and proposed permanent flexibilities for some children's mental health services.

With the finalization of the rulemaking MAR 37-1031, the following face-to-face flexibilities were made permanent effective May 12, 2023:

- Comprehensive School and Community Treatment (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.

There are no specific requirements for technologies used to deliver services via telemedicine/telehealth and it can be provided using secure portal messaging, secure instant messaging, telephone conversations, and audio-visual conversations.

Contact and Website Information

If you have questions, please contact Brittany Craig, Children's Mental Health Bureau Program Officer, at (406) 444-6018 or email Brittany.Craig@mt.gov.

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.

Visit the [Contact Us page](#) on the Provider Information website for additional DPHHS contact numbers.