

# Comprehensive School and Community Treatment

Montana DPHHS  
Children's Mental Health Bureau  
August 2022

# Welcome and Introductions

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# Overview of This Presentation

## The Children's Mental Health Bureau and CSCT Program

- Eligibility and Referrals
- Requirements and Rules
- Role of the School
- Role of the Mental Health Center
- Program Updates

*Note: The bulleted points on these slides do not include the full or exact wording of the Administrative Rules of Montana (ARM) that pertain to CSCT. They are written for training purposes only. ARMs are subject to change so always consult the Montana Secretary of State's website before making decisions related to billing or program development.*

# Who is the CMHB

- The Children's Mental Health Bureau (CMHB) is responsible for designing, developing, managing, and evaluating mental health services for youth enrolled in Healthy Montana Kids Plus (Medicaid)
- The population served is youth with serious emotional disturbance (SED)
- Resource to Providers

# What is CSCT?

ARMs 37.87.1803, 37.106.1956

- Comprehensive School and Community Treatment is a mental health center service provided by a public school district. CSCT services are provided by treatment teams of one licensed or supervised in-training practitioner and up to two behavioral aides. Teams are assigned a unique team number for billing purposes.
- Once admitted into the program, a youth may receive services at the **school**, the **home**, or in the **community**. Services are focused on improving the youth's functional level by facilitating the development of skills related to exhibiting appropriate behaviors in the school and community settings.

Comprehensive School and Community Treatment includes:

- Individual, Group and Family Therapy
- Behavioral and life skills training

# The CSCT Team

ARMs 37.87.1803, 37.106.1956, 37.106.1960

## Up to Three Team Members

- A Licensed or In-training Mental Health Professional as defined in ARM 37.87.702
- Behavioral Aides – up to two per team

## Team Training:

- The CSCT program must be delivered by adequately trained staff. Training should be competency-based and must be documented and maintained in personnel files.
- All CSCT program staff are required to receive a **minimum of 18 hours of orientation training during the first three months of employment.**
- All CSCT program staff are required to receive a **minimum of 18 hours training per year** in topics that support staff competency in working with youth with serious emotional disturbance (SED) to decrease severity of presenting symptoms.

# Why CSCT Is School-Based

ARMs 37.87.1802, 37.106.1956

- CSCT helps to eliminate the risk of removing students from school and/or home.
- CSCT provides therapy, behavioral and life skills, and crisis intervention in **real time**, so children lose less instructional and social/peer interaction time.
- CSCT facilitates coordination with school staff and other services.
- CSCT is an MTSS Tier 3 intervention.

# What CSCT Is Not

- Academic Support
- Extra school Staff
- A Replacement for School Counselors or School Psychologists
- A Tier 1 Universal or Tier 2 Intervention
- Habilitation Service

# Who Is Eligible

- Youth ages three through five who are receiving special education services from the public school in accordance with an individualized education program (IEP) under the Individuals with Disabilities Education Act (IDEA) or attending a preschool program offered through a public school.
- Youth ages six up to age 20, if they are enrolled in a public school.
- Meet SED and functional impairment criteria.\*
- Services must be made available to all children, not just Medicaid eligible recipients.

*\*The full definition of SED and functional impairment is in the [Children's Mental Health Bureau Medicaid Services Provider Manual](#) (dated October 1, 2021)*

# Services for Youth Without SED

ARM 37.87.1803

- A youth who **does not meet the SED criteria** may be referred to the CSCT program for **brief intervention, assessment, and referral** regardless of the diagnosis of the youth. They can receive up to 10 service days per state fiscal year.
- For a youth to qualify for additional services after the 10 service days, a full clinical assessment is required, and the youth must meet the SED criteria.
- Code H2027 - Intervention, Assessment, and Referral (IAR)

# Financial Resources

ARM 37.87.1803

- CSCT is not contingent on Medicaid eligibility. The school district may use a sliding-fee schedule.
- The school district must bill all available financial resources for support of services including third party insurance and parent payments.
- Youth must be served in order as described in ARM 37.87.1801.

# Reimbursable Services

## For Youth with SED - Procedure Code H0036

- **Treatment, face-to-face**
  - Includes individual, family (with/without youth as directed by the ITP) and group counseling
  - During the Federal Public Health Emergency, we are allowing therapy via telehealth.
- **Behavioral Interventions/Redirection** with student

## For Youth without SED – Procedure Code H2027

- **Intervention, Assessment, and Referral (IAR)**
  - Up to ten service days per youth, per state fiscal year, may be billed for an intervention, assessment, and if necessary, referral to other services. There is no limit on the number of youth that may be served.

# Non-Reimbursable Services

ARM 37.87.1803

- Documentation time/reports and progress notes
- Observation & monitoring (watching movies, recess, etc.)
- Educational/academic assistance with schoolwork

Please refer to ARM 37.87.1803 for allowable care coordination services after core service requirements have been met.

# CSCT Services

37.106.1956

- Individual, group and family therapy
- Behavioral intervention
- Other evidence and research-based practices effective in the treatment of youth with SED
- Direct crisis intervention services during the time the youth is present in a school-owned facility.
- Crisis plan
- Treatment plan coordination with substance use disorder and mental health treatment services the youth receives outside of the CSCT program.
- Access to emergency services.
- Referral and aftercare coordination with inpatient facilities (psychiatric residential treatment facilities, or other appropriate out-of-home placement programs).
- Continuous treatment that must be available twelve months of the year.
- Other services as determined by the identified needs of the youth.

# Service Coordination

ARM 37.106.1956

- Providers must inform the youth and the parent(s)/legal representative/guardian that Medicaid requires coordination of CSCT with Home Support Services (HSS) and Outpatient Therapy (OP).
- Treatment plan coordination with Substance Use Disorder and Mental Health treatment services the youth receives outside the CSCT program.
- Medicaid services must not be provided to a youth at the same time as another service that is the same in nature and scope regardless of source, including Federal, State, local, and private entities. Youth receiving CSCT services may **not** concurrently receive the following Children’s Mental Health services\*:

Acute Hospital  
PRTF

PRTF-AS  
Day Treatment

Outpatient\*  
Partial Hospitalization

CBPRS\*  
ENA

\*The exceptions are:

- CBPRS may not be provided during the regular school hours of the youth when the youth is enrolled in CSCT.
- See Coordination of OP with TGH and CSCT section for exceptions and coordination requirements.

*The complete list of requirements is in the [Children’s Mental Health Medicaid Services Provider Manual \(10/1/2021\)](#)*

# Waiting List

ARM 37.87.1801

Youth referred to the CSCT program must be served in sequential order as determined by the priorities below based upon acuity and need, regardless of payer:

- (a) without treatment the youth may become at risk of self-harm or harm to others;
- (b) the youth requires support for transition from intensive out-of-home or community-based services;
- (c) the youth is currently receiving CSCT services and is transitioning to a new school or provider;
- (d) the youth meets the serious emotional disturbance criteria;
- (e) the youth has not responded to positive behavior interventions and supports; or
- (f) the youth is not attending school due to the mental health condition of the youth.

*Please note, the Bureau may audit waiting lists.*

# Individualized Treatment Plan (ITP)

ARMs 37.106.1916, 37.106.1956

Each youth enrolled in the program must:

- Have an individualized treatment plan (ITP). The clinical assessment will direct the ITP; the ITP directs the service.
- Meetings for establishing an ITP and for treatment plan review must be conducted face-to-face. (*During the public health emergency, we are allowing telehealth.*)
- The treatment plan must be reviewed at least every 90 days for each client and whenever there is a significant change in the client's condition. A change in level of care or referrals for additional mental health services must be included in the treatment plan.
- ITP team must mutually assess program effectiveness.

CSCT services for youth with SED must be provided according to an **ITP designed by a licensed or in-training mental health professional who is a staff member of a CSCT program team.**

# Discharge from CSCT Services

ARM 37.106.1916

- A discharge plan must be formulated upon admission of a youth into a service and:
  - be reviewed and updated during the treatment team meetings;
  - identify specific target dates for achieving the goals and objectives of the youth;
  - define criteria for conclusion of treatment at the current level of care; and
  - identify alternatives, if applicable.
- A youth must be discharged when the treatment plan goals have been sufficiently met such that the youth no longer meets the clinical guidelines of the level of care for the service.
- The discharge plan may include MTSS Tier 2 Interventions

# CSCT Record Requirements

ARM 37.106.1961, CMH Medicaid Services Provider Manual

In addition to any clinical records required in ARM [37.85.414](#) or elsewhere in these rules, the licensed mental health center's CSCT program must maintain the following records for youth with serious emotional disturbance (SED):

- A signed verification indicating the parent(s)/legal representative/guardian has been informed by the licensed mental health center that Medicaid requires coordination between CSCT, HSS, and OP
- A copy of the clinical assessment which documents the presence of SED, **including results of CASII/ECSII**
- The individualized treatment plan for CSCT
- 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:
  - When any therapy or therapeutic intervention **begins and ends**
  - The **sum total number of minutes spent each day** with the youth
- 90-day treatment plan reviews
- Discharge plan
- The [Comprehensive School and Community Treatment Data Collection Template](#)

*See additional requirements as described in Administrative Rule and the Children's Mental Health Bureau Medicaid Services Provider Manual.*

# The ITP Team

ARM 37.106.1956

For CSCT, the school is the Medicaid Provider of record and must be involved in the ITP, 90-day review, and more.

- The CSCT ITP Team must include:
  - Licensed or in-training mental health professional;
  - School administrator or designee;
  - Parent(s) or legal representative/guardian;
  - The youth, as appropriate
  - Other person(s) who are providing services, or who have knowledge or special expertise regarding the youth, as requested by the parent(s), legal representative/guardian, or the agencies.

# Contract

ARM 37.87.1802

The School District and Mental Health Center contract must:

- Provide a description of the mental health services provided by the mental health center during and outside of normal classroom hours.
- Specify a referral process to the CSCT program
- Ensure youth have access to services prioritized according to acuity and need
- Consider the current caseload of the CSCT program
- Identify the role of the school counselor and the school psychologist in the delivery of mental health services and supports to youth including coordination with the CSCT
- The school must describe the implementation of a school-wide positive behavior intervention and supports program (PBIS/MTSS/MBI)
- Describe annual training offered to school personnel, parents, and students.

*Refer to ARM for complete list of contract requirements.*

# CSCT and Special Education

ARM 37.106.1965

- CSCT Services can be provided for students without an IEP; this is different from all other Medicaid-funded school-based services in Montana.
- The CSCT program must be coordinated with the special education program of the youth, if the youth is receiving special education services under the Individuals with Disabilities Education Act (IDEA).
- The licensed or in-training mental health professional or behavioral aide(s) (as appropriate) must attend the IEP meeting when requested by the parent(s)/legal representative/guardian or the school.

# CSCT Summer Program

ARM 37.106.1955

- CSCT services provide continuous treatment that **must be available twelve months of the year.**
- The program **must provide a minimum of four service days per month** of CSCT services in summer months.
- For any youth who does not receive CSCT services in the summer, providers **must document** in the youth's medical record the reason why the youth did not receive such services, as well as a summary of attempts to engage the youth and family.

# Updates to CSCT

- **Daily Rate:** CSCT now reimburses on a daily rate instead of 15-minute unit allowing the team to better meet the needs of students
- **Core Services:** Core services include intake and/or annual assessment, individual therapy, family therapy, group psychotherapy or psychoeducation, behavioral interventions, crisis response during typical working hours, and care coordination.
- **Care Coordination:** phone calls, treatment team meetings, IEP meetings, referrals, and school advocacy for youth. Care coordination does not include documentation time.
- **Frontier Differential:** CSCT rendered to youth attending school in a frontier community are eligible to receive a frontier differential (ARM 37.87.1803). Modifier for frontier differential is TN. When using the frontier differential TN modifier along with the telehealth GT modifier, the TN modifier needs to be Modifier 1 and GT needs to be Modifier 2.
- **Prior Authorization for Change in Team Staffing Numbers if Monthly Unit Limits Remain the Same:** Prior authorization is required for a CSCT team of one staff to provide over 120 service days/month or for a CSCT team of two staff to provide over 240 service days/month. Providers may email CMHB CSCT Program Officer for authorization.
- **CSCT Team Serving Two Schools:** The CSCT team may be assigned to provide services in two schools if the CSCT team responds to crisis situations for youth enrolled in CSCT in each school building during typical school hours.

# CSCT Data Collection

The CMHB is implementing two new data collection tools to better evaluate the program and measure student progress.

## **CALOCUS-CASII or ECSII**

Effective August 1, 2022, the provider must administer and document the CALOCUS-CASII or ECSII in each individualized treatment plan and 90-day treatment plan review. The treatment plan will include anchor points identified in the CALOCUS-CASII or ECSII as areas of treatment focus.

- **Youth six and older** must have a moderate environmental stress in recovery environments as indicated by CALOCUS-CASII Dimension IV.A. level 3 or higher and/or a moderate functional impairment as indicated by CALOCUS-CASII Dimension II level 3 or higher.
- **Youth under the age of six** must have an indication of stressors and vulnerabilities within the caregiver environment as indicated by a moderate score within Domain III B of the ECSII.

## **CSCT Data Collection Template**

Beginning March 2022, using the existing HB 589/HB 583 data system, CSCT providers will collect and report outcomes for CSCT youth. This data will be collected bi-annually (March and September) to monitor the status of children receiving CSCT services to determine whether, after receiving CSCT services, the children are able to remain at home, in school, and out of trouble.

# CSCT Medicaid Billing Codes

Service	Procedure Code	Modifier 1	Modifier 2
Comprehensive School and Community Treatment (CSCT)	H0036	No modifier	No modifier
CSCT Intervention, Assessment and Referral (IAR)	H2027	No modifier	No modifier
Comprehensive School and Community Treatment (CSCT) <i>Frontier Differential</i>	H0036	TN	No modifier
CSCT Intervention, Assessment and Referral (IAR) <i>Frontier Differential</i>	H2027	TN	No modifier

For the complete Medicaid Youth Mental Health Fee Schedule, please click on the following link:

<https://medicaidprovider.mt.gov/>

# Contacts

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# Where to Go for More Information

**Children's Mental Health Bureau**

<http://dphhs.mt.gov/dsd/CMB>

**Comprehensive School and Community Treatment Webpage**

[Comprehensive School and Community Treatment \(mt.gov\)](http://dphhs.mt.gov/dsd/CMB/Manuals)

**CMHB Medicaid Services Provider Manual**

<https://dphhs.mt.gov/dsd/CMB/Manuals>

**Montana Medicaid Provider Information**

<https://medicaidprovider.mt.gov/>

**Montana Secretary of State - Administrative Rules of Montana (ARM)**

<http://www.mtrules.org/default.asp>

# Questions?