

Comprehensive School and Community Treatment

Montana DPHHS Children's Mental Health Bureau
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DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

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
- Assessments
- Record Requirements
- Data Collection
- Role of the School
- Program Updates
- Resources

Note: The bulleted points on these slides do not include the full or exact wording of the Administrative Rules of Montana (ARMs) 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.



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The CMHB and CSCT Program



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Who is the Children's Mental Health Bureau

- 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



Children's Mental Health Continuum of Care

Outpatient Services

- Psychiatric Services and Medication Management
- Outpatient Therapy (OP)

For CMH service descriptions, please go to:

[Children's Mental Health Services \(mt.gov\)](http://childrensmh.mt.gov)

Home & Community Services

To prevent or minimize the need for more restrictive levels of care.

- Community Based Psychiatric Rehabilitation and Support (CBPRS)
- Targeted Youth Case Management (TCM)
- Intensive Outpatient Therapy (IOP)
- Home Support Services (HSS)
- Therapeutic Foster Care (TFC)
- Comprehensive School and Community Treatment (CSCT)
- Youth Day Treatment (Day Tx)
- Partial Hospitalization Program (PHP)

Residential Services

- Therapeutic Group Home (TGH)
- Extraordinary Needs Aide (ENA)
- Psychiatric Residential Treatment Facility (PRTF)
- Acute Inpatient Hospital



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What is CSCT?

ARMs 37.87.1803, 37.106.1956

- Comprehensive School and Community Treatment (CSCT) 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.
- Once admitted into the program, a youth may receive services at the **school**, the **home**, or in the **community**.
- **CSCT Services** include 1) individual, group and family therapy and 2) behavioral and life skills training.
- 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.



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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 a Multi-Tiered Systems of Support (MTSS) Tier 3 intervention.



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What CSCT Is Not

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



The CSCT Team

ARMs 37.87.1803, 37.106.1956, 37.106.1960. 37.87.702

Up to Three Team Members

- A licensed or in-training mental health professional
- Behavioral aide – 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
- **training per year** in topics that support staff competency in working with youth with serious emotional disturbance (SED)



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CSCT Staffing

ARMs 37.87.1803 and 37.106.1956

CSCT Team Serving Two Schools: The CSCT team may be assigned to provide services in two schools if the CSCT team can respond to crisis situations for youth enrolled in CSCT in each school building during typical school hours.

Prior Authorization Required for Reduction 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 complete the prior auth form and email to the CSCT Program Officer for review and approval: [CSCT Team Composition Prior Authorization Form \(mt.gov\)](#).

- CSCT team of one staff up to 120 service days per team per month
- CSCT team of two staff up to 240 service days per team per month.
- CSCT team of three staff up to 360 service days per team per month.



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Eligibility and Referrals



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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.
- Youth must 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)



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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.

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)



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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.



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Service Requirements and Rules



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CSCT Services

ARM 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
- **Continuous treatment** that must be available **twelve months of the year**.
- **Other services as determined** by the identified needs of the youth.



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Reimbursable Services for Youth with SED

Procedure Code H0036

ARM 37.87.1803

Core Services: intake and/or annual assessment, therapy (individual, family), group psychotherapy or psychoeducation, behavioral interventions, crisis response during typical working hours, and care coordination.

Treatment, face-to-face

- Includes individual, family (with/without youth as directed by the ITP) and group counseling.
- For CSCT, the CMHB is maintaining telehealth flexibility where possible. **Face to face delivery is preferred.** Telehealth may be substituted if clinically indicated or if the youth does not have access to face-to-face services.

Behavioral Interventions/Redirection with student



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Reimbursable Services for Youth with SED

Procedure Code H0036 *continued*

ARM 37.87.1803

Care Coordination

- May only be considered a core service and be billable if **two other core services are provided within that week.**
- Care coordination **includes:**
 - Phone calls;
 - Treatment team meetings;
 - Individualized education program (IEP) meetings;
 - School advocacy for youth; and
 - Referrals.
- Care coordination does **not include** documentation time.



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Reimbursable Services 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.
- Units billed with Procedure Code H2027 count towards monthly limit.



Non-Reimbursable Services

ARM 37.87.1803

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



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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.



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Service Coordination *continued*

ARMs 37.106.1956, 37.34.1924

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. Youth receiving CSCT services may **not** concurrently receive the following **Children's Mental Health*** or **Developmental Disabilities services****:

- Acute Hospital
- PRTF
- PRTF-AS
- Partial Hospitalization
- Day Treatment
- ENA
- Outpatient*
- CBPRS*
- Applied Behavior Analysis Services**

The exceptions are:

- * **OP**: See Coordination of **OP** with TGH and **CSCT** section for exceptions and coordination requirements.
- * **CBPRS** may not be provided during the regular school hours of the youth when the youth is enrolled in CSCT.
- ** **ABA** services must be provided and billed outside authorized treatment hours of other programs and the providers must demonstrate and document their attempts to coordinate with community-based services.

Complete list of requirements: [Children's Mental Health Medicaid Services Provider Manual](#) and [Montana Medicaid Applied Behavior Analysis Services Manual](#)



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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.
- 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.**



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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.



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The ITP Team

ARM 37.106.1956

For CSCT, the **school district 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; and
- 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.



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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.



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Assessments



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Assessments

ARM 37.106.1915, CMH Medicaid Services Provider Manual

In Administrative Rule:

Clinical intake assessment within

- **12 hours after admission for crisis stabilization** program services
- **Three contacts, or 14 days from the first contact**, whichever is later, for other services.

Intake assessments **must be conducted by a licensed mental health professional trained in clinical assessments** and must include information in a narrative form to substantiate the client's diagnosis and provide sufficient detail to individualize treatment plan goals and objectives. See *ARM 37.106.1915 for list of required information*.

Based on the client's clinical needs, each mental health center shall conduct additional assessments which may include, but are not limited to, physical, psychological, emotional, behavioral, psychosocial, recreational, vocational, psychiatric, and chemical dependency evaluations.



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Assessments *continued*

ARM 37.106.1915, CMH Medicaid Services Provider Manual

In Children's Mental Health Medicaid Services Provider Manual:

- **CSCT Service Requirements:** (1)(a) Each youth enrolled in the program must: have an annual assessment as specified in Chapter 3 of this manual.
- **Chapter 3:** (3) A youth must be re-assessed annually (within 12 calendar months of the last determination) by a licensed mental health professional to determine the youth still meets the criteria in (1) or (2) above. The clinical assessment must document how the youth meets the criteria for having a SED, including specific functional impairment criteria.



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Record Requirements



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CSCT Record Requirements

ARMs 37.106.1961, 37.85.414, CMH Medicaid Services Provider Manual

In addition to any clinical records required elsewhere, the licensed mental health center's CSCT program must maintain the following records for youth with an 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 **CASII/ECSII** results
- 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**
- **CSCT Vital Factors** [Comprehensive School and Community Treatment Data Collection Template](#)



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CSCT Record Requirements *continued*

ARM 37.85.414

General Medicaid Services – Maintenance of Records

- All providers of service must maintain records which **fully demonstrate the extent, nature and medical necessity of services** and items provided to Montana Medicaid recipients. **The records must support the fee charged or payment sought for the services and items and demonstrate compliance with all applicable requirements.**
- All records which support a claim for a service or item must be complete within 90 days after the date on which the claim was submitted to Medicaid for reimbursement. **A record that is required to be signed and dated**, including but not limited to an order, prescription, certificate of medical necessity, referral or progress note, **is not complete until it has been signed and dated.**
- **When reimbursement is based on the length of time spent in providing the service**, the records must specify the time spent or the **time treatment began and ended** for each procedure billed to the nearest minute. Total time billed using one or multiple procedure codes may not exceed the total actual time spent with the Medicaid client.



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Data Collection



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CSCT Data Collection

The CMHB has implemented **two data collection tools** to better evaluate the program and measure student progress.

1. CALOCUS-CASII or ECSII

The provider must administer and document the CALOCUS-CASII or ECSII in each ITP 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 ages 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

continued

2. CSCT Data Collection Template (Vital Factors)

Using the HB 589/HB 583 data system, CSCT providers collect and report outcomes for CSCT youth. This data is 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 Vital Factors** [Comprehensive School and Community Treatment Data Collection Template](#)



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Role of the School



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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 trainings** offered to school personnel, parents, and students.

Refer to ARM for complete list of contract requirements.



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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.**



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Resources



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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

Frontier Differential: CSCT rendered to youth attending school in a frontier community are eligible to receive a frontier differential (ARM 37.87.1803). See list of counties: [CSCT Frontier and Non-Frontier Counties \(mt.gov\)](https://medicaidprovider.mt.gov/). Modifier for frontier differential is TN.

For the complete Medicaid Youth Mental Health Fee Schedule: <https://medicaidprovider.mt.gov/>



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Where to Go for More Information

Children's Mental Health Bureau

[Children's Mental Health \(mt.gov\)](https://www.mt.gov/childrens-mental-health)

Comprehensive School and Community Treatment Webpage

[Comprehensive School and Community Treatment \(mt.gov\)](https://www.mt.gov/comprehensive-school-and-community-treatment)

CMHB Medicaid Services Provider Manual

[Manuals and Guides \(mt.gov\)](https://www.mt.gov/cmhb-manuals-and-guides)

Montana Medicaid Provider Information

[Home \(mt.gov\)](https://www.mt.gov/montana-medicaid-provider-information)

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

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



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Questions?



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