



Children's Mental Health Work Session

Out of State Placements / CSCT

1/16/2023 Work Session



General Overview

Out of State Placements

CSCT



Children's Mental Health General Overview

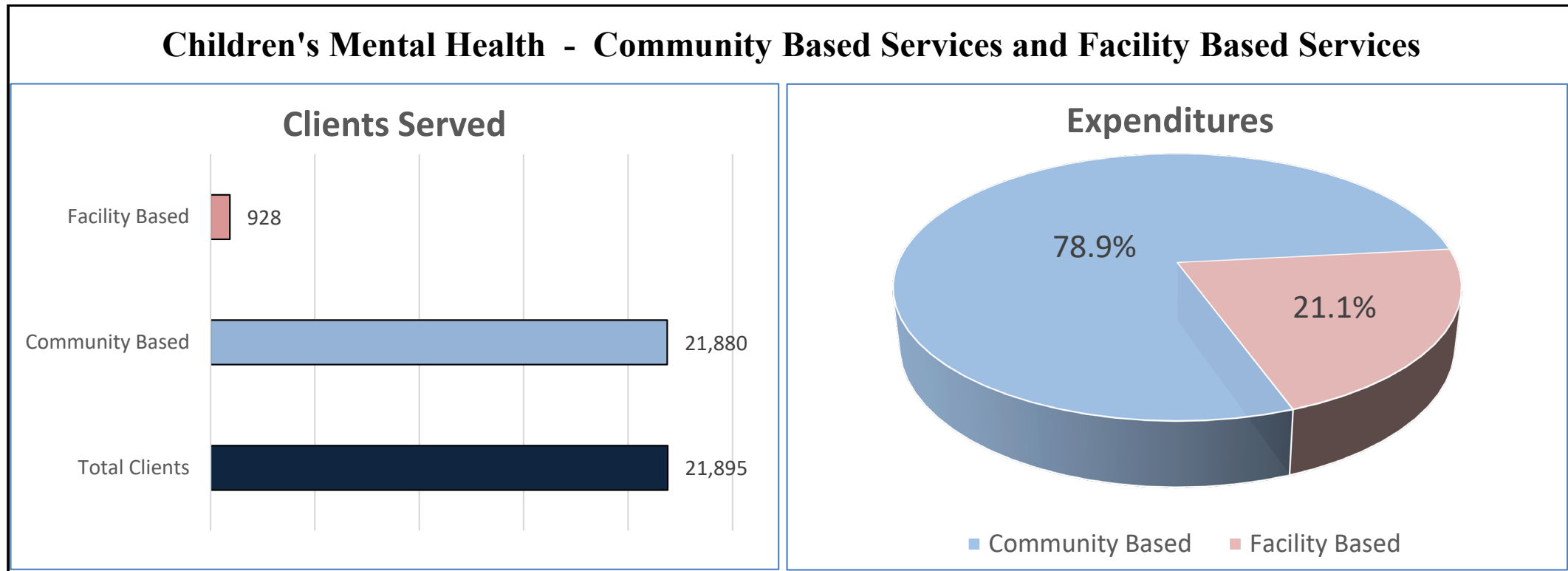
General Overview

Continuum of Care Document

Data on Expenditures and Youth Served

Program Redesigns and Priorities

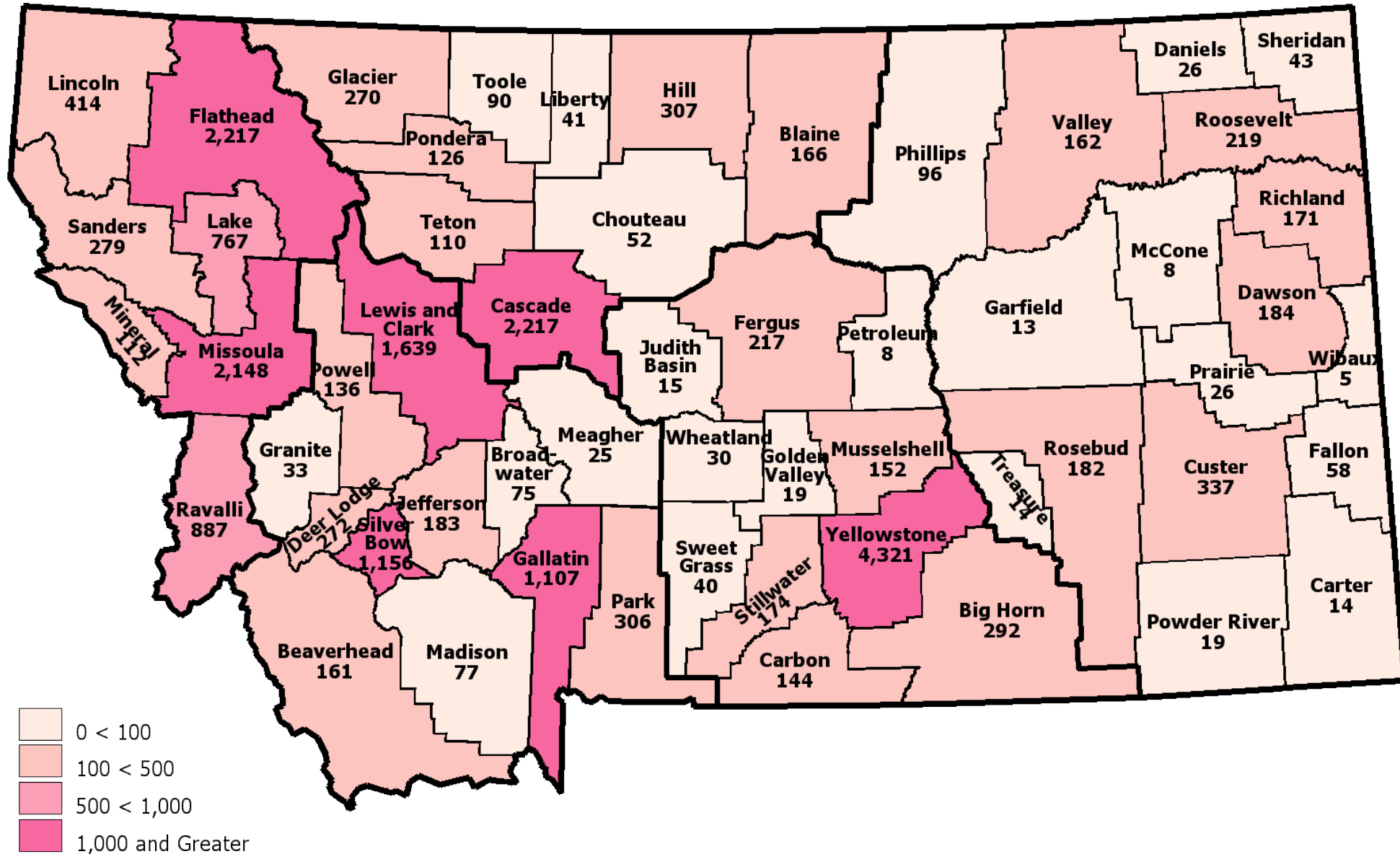
Community-Based Services



Facility based is services provided in an Inpatient Hospital (PT01), PRTF (PT38), or Inpatient Critical Access Hospital (PT74) - including EPSDT single case agreements.

DPHHS Children's Medicaid Mental Health

FY2022 Number of Clients Served by Client County



Community Service Redesigns

- Targeted Case Management - 3/1/2019
- Home Support Services – 11/1/2020
- CSCT – 10/1/2021

Program Redesign Priorities

- Increased operational flexibility for providers
- Quality and Outcome Measurements
- Evidence Based Assessment
- Increased Family Engagement
- Collaboration and Transparency with Stakeholders



Healthy People. Healthy Communities.

Department of Public Health & Human Services

Out of State Placements

Out of State Placements

Out of State Placement Report

Landscape of Montana's Residential Care

Current Biennium Work

Out of State Placement Report



Table 1: Number of Youth who Received Treatment in an Out-of-State Residential Program

Reporting Agency	SFY 21 (07/01/20-06/30/21)		SFY 22 (07/01/21-06/30/22)	
	PRTF	TGH	PRTF	TGH
Children's Mental Health Bureau/ Medicaid (Parent/Guardian Placement)	158	59	102	10
Child and Family Services Division (CFSD)	46	39	63	37
Juvenile Justice	12	49	24	30
Juvenile Justice & CFSD	2	6	4	14
Department of Corrections	0	2	1	0
Totals	218	155	194	91

Report Highlights

In State Denial Reasons

Reimbursement Rates

Steps Taken to Reduce OOS Placements

Provider List

Montana's Residential Landscape

Residential Provider Survey Summary, Conducted February 16, 2022

Organization	Type	Accreditation	Licensed Beds	Avg Annual Census	Census as of Survey Date	Medicaid Census as of Survey Date	Out of State Kids	Out of State Census as of Survey Date	Annual Out of State Census	Avg LOS (days)	Ages Served	Male Beds (up to)	Female Beds (up to)	Trans non-binary	School
Shodair	PRTF	JCAHO	74		34		Yes	0						Yes	On-site
Yellowstone Boys and Girls Ranch	PRTF	COA	88	67	65	22	Yes	14	48	189	5 to 18	21	47	Yes	On-site
Intermountain	TGH	COA	40	23.8	19	7	Yes	12		456	5 to 12			Yes	On-site
Partnership for Children	TGH	COA	12	11	10	9	Yes	0	0	402	5 to 12	12	12	Yes	No
Youth Dynamics	TGH	CARF	80	78	55	49	Yes			208	5 to 18	40	40	Yes	On-site
Youth Homes	TGH	COA	18	15.31	17	17	No	NA	NA	270	12 to 18	12	6		No
Montana Community Services, Inc.	TGH	CARF (in process)	18	6	7	6	Yes	0	2	291	18	12	6	No	No
Florence Crittenton		COA	12	9	8	8	Yes	0	0	365	5 to 18	12	12	No	No
Aware All Houses	TGH	CARF	89	64	58	58	Yes	0	0	298	5 to 18	58	30	Yes	Yes

Current Biennium Work - OOS

Care Coordination for Youth

Quality Audit Reviews

Increased Collaboration with Child Serving Agencies

Challenging Placements Staffings – DPHHS Divisions

Clinical Staffings – CMHB / Providers



Comprehensive School and Community Treatment

CSCT Program



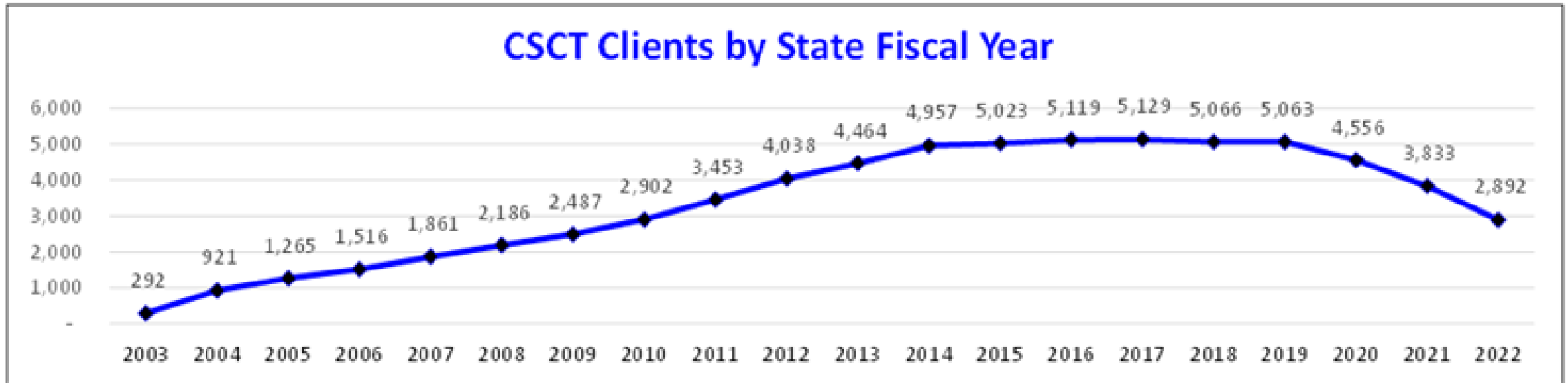
- Comprehensive School and Community Treatment is a mental health center service provided by a public school district. CSCT services are provided by treatment teams of licensed or supervised in-training practitioners and a behavioral aides. Teams are assigned a unique team number for billing purposes.
- 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

Changes in 2022-2023 Biennium

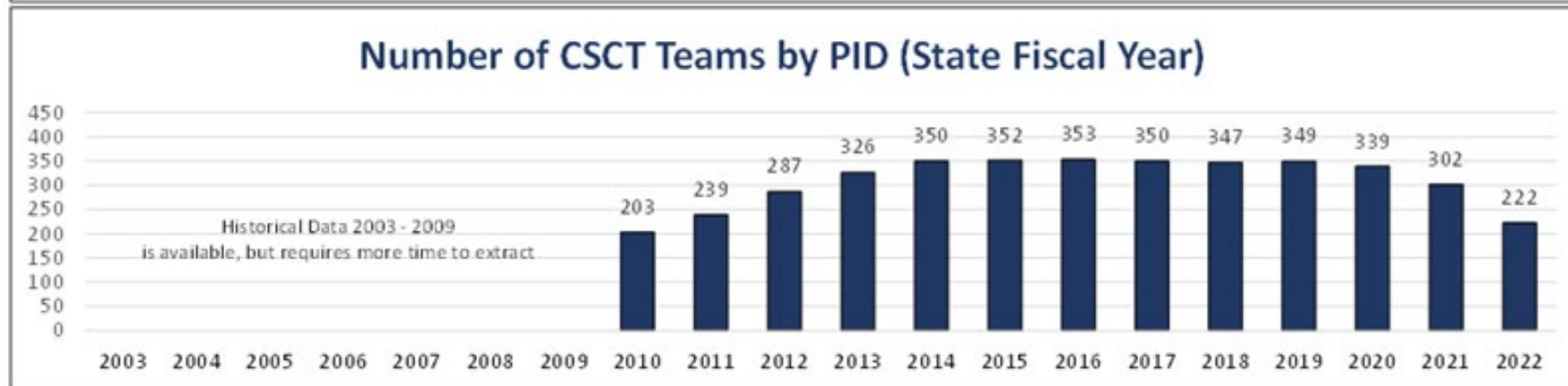
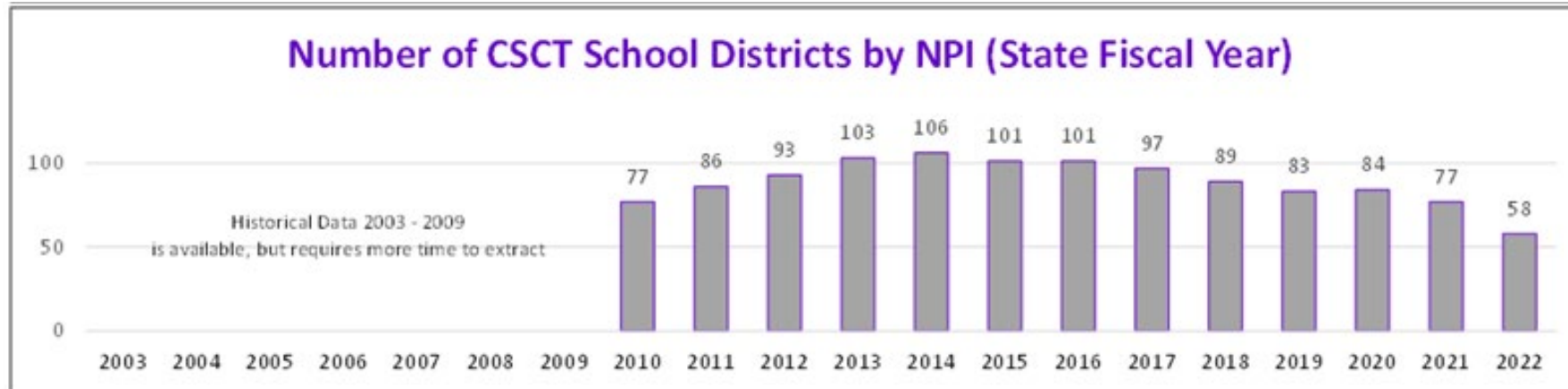


- Funding Methodology
 - From in-kind match to intergovernmental transfer (IGT)
- Program Changes
 - Addition of Evidence Based Assessment Tool for medical necessity Criteria and Treatment Planning
 - Additional operational flexibility for providers
 - Reimbursed at a Daily Rate
 - In home, In School, Out of Trouble Data Measurement

CSCT Utilization



CSCT Providers



Financing the State Share of Medicaid

Medicaid Financing

- States must use non-federal dollars to draw down the federal matching funds for Medicaid expenditures
- The non-federal state share can be funded through a number of potential sources.

Potential Funding Sources for Non-Federal Share



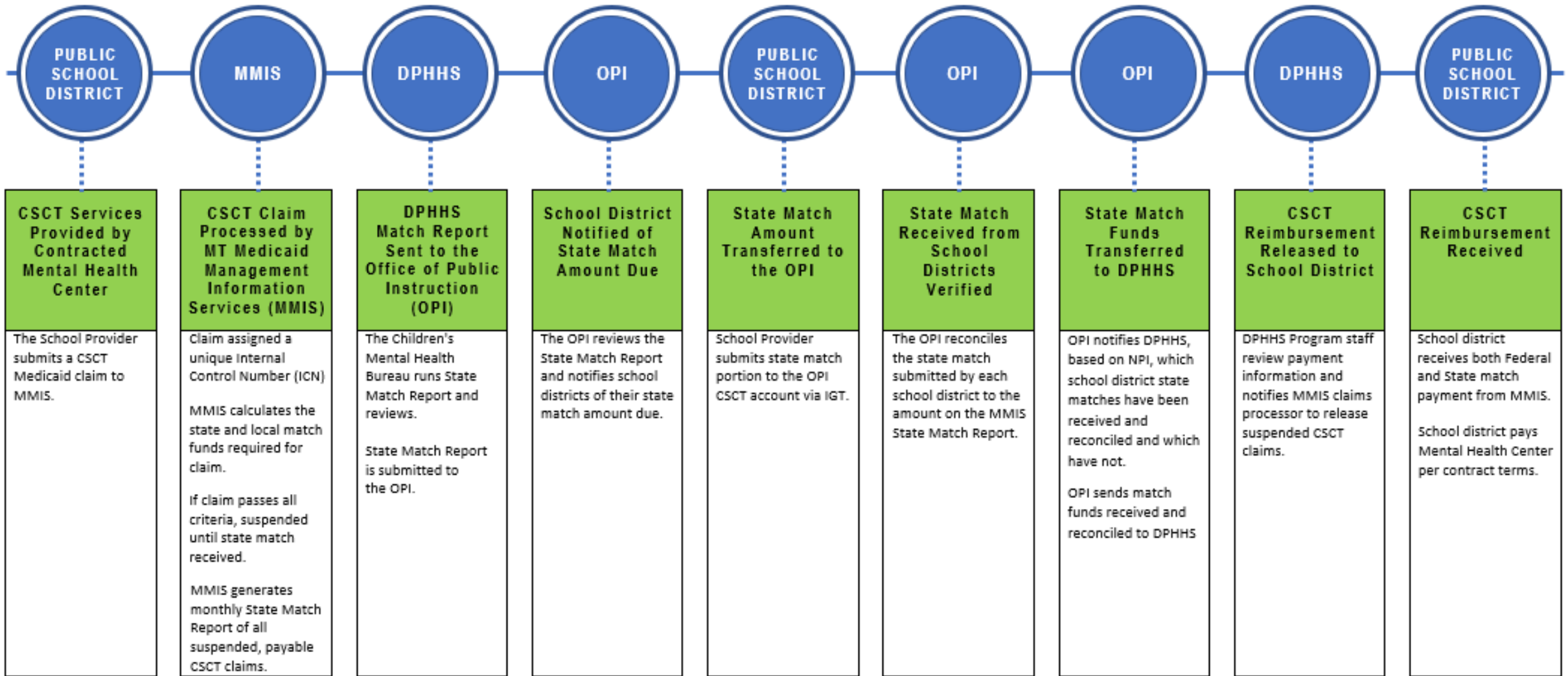
Common sources of funding the non-federal share of Medicaid programs

Intergovernmental Transfers (IGT)

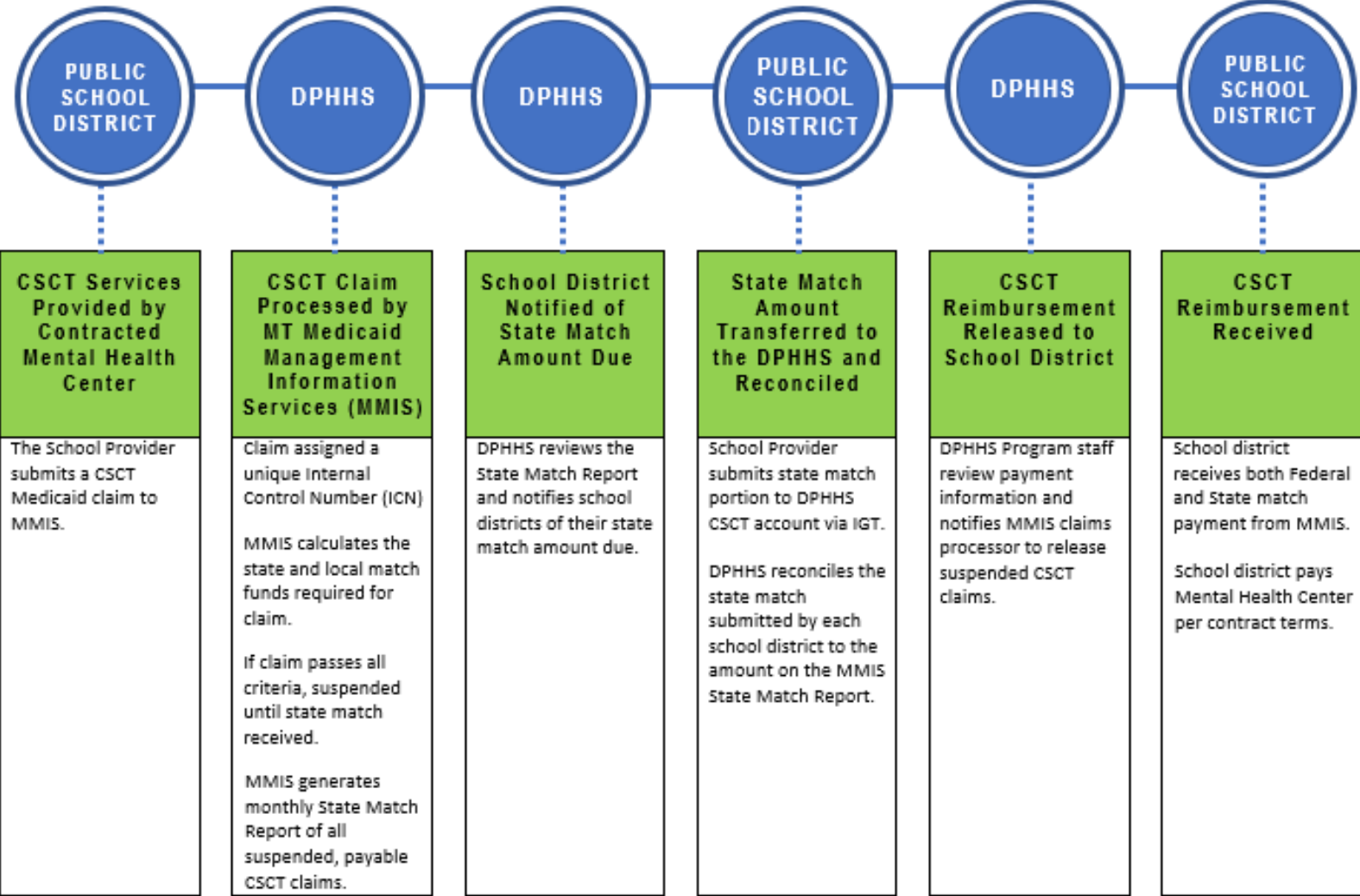
Overview

- IGTs are transfers of public funds between different levels of government (e.g., county or state agency) and are a common feature in states' Medicaid financing approaches.
- Funds transferred from a “public agency”—which could be a public entity **or** a county/city **or** public hospital—to the State.
- Public entities that make IGTs:
 - Must use **non-federal funds**
 - Are not guaranteed in writing to receive an amount back from the State equivalent to its IGT
- States use county or state IGTs to finance the state share in order to draw down federal matching dollars to support Medicaid services.

Current IGT Process



Proposed IGT Process



Transfer of CSCT to DPHHS



What Will Stay the Same?

- IGT Methodology
- State match required by schools
- Payment Infrastructure
- CSCT Benefit Package

What Will Change?

- DPHHS Management of Fiscal Component
- IGT Memorandum of Agreement (MOU)