



## Healthy Montana Kids Extended Mental Health Benefits for Children with a Serious Emotional Disturbance (SED)

### WHO'S ELIGIBLE?

A Healthy Montana Kids (HMK) coverage group enrolled child whom DPHHS determines to have a SED.

### WHAT IS A SED?

Serious Emotional Disturbance (SED) means a child has a current SED diagnosis with a severity specifier of moderate or severe. The youth must demonstrate behavioral abnormalities well outside normative developmental expectations. The complete definition including a diagnosis list can be found in the Children's Mental Health Bureau Medicaid Services Provider Manual. <http://dphhs.mt.gov/Portals/85/dsd/documents/CMB/providermanuals/CMHB-MedicaidServicesProviderManual.pdf>.

### WHAT ARE THE SERVICES? (Benefit table on reverse)

- **HMK BASIC MENTAL HEALTH** benefits are available to all enrolled HMK members without limits. Available benefits include pharmacy services, inpatient mental health services, therapeutic group home services with prior approval, and individual, family, and group psychotherapy office visits.
- **HMK EXTENDED MENTAL HEALTH (EMH)** benefits include additional home and community based services. Services include: home support services/therapeutic family care, youth day treatment, respite care and community based psychiatric rehabilitative and support (CBPRS). **All HMK EMH benefit claims are processed by Blue Cross and Blue Shield of Montana, with one exception.**
  - **CBPRS** claims are processed by **XEROX**. Please follow Medicaid billing guidelines since payment is based on the Medicaid reimbursement rate identified in the Medicaid Youth Mental Health Fee Schedule, located at <http://medicaidprovider.mt.gov/Portals/68/docs/feeschedules/2015/mentalhealthyouthfs012015.pdf>. The XEROX provider phone number is 1-800-624-3958. More information is available from Montana's Health Care Programs' provider website at [www.medicaidprovider.mt.gov](http://www.medicaidprovider.mt.gov).

### HOW DOES A CHILD QUALIFY FOR HMK EMH BENEFITS?

- A HMK mental health provider completes a clinical/psychological assessment of the child and faxes it to 877-418-4533 or mails it to: **HMK Program Officer, DPHHS, PO Box 202951 Helena, MT 59620-2951.**
- The assessment must be completed within the last six months, include the SED qualifying DSM-IV diagnosis, extensive social history, and description of how the child's SED impacts their interactions at home, school, and in the community. The assessment must be signed by a licensed psychologist, social worker, or professional counselor.

### WHEN DO SERVICES BEGIN?

Once approved, the child is eligible for HMK benefits beginning the first day of the month in which the assessment is received.

### WHAT ELSE DO I NEED TO KNOW?

- HMK EMH benefit limits begin anew each October 1.
- An updated SED assessment is required each year when the family renews their HMK coverage.
- The HMK EMH benefits do not require co-payments or prior authorization of services.

### FOR MORE INFO:

- Contact HMK at 1-877-KidsNow (543-7669) extension 6002 or (406) 444-6002 or FAX 1-877-418-4533 or e-mail [hmk@mt.gov](mailto:hmk@mt.gov).

## HMK Extended Mental Health Benefits Billing

Limits are counted from October 1 – September 30

*All services must be medically necessary*

| Service Procedure Code          | Service Description  | Unit                         | Service Limit | Bill To   |
|---------------------------------|--|------------------------------|---------------|---|
| H2020                           | Home Support Services/<br>Therapeutic Family Care              | Day                          | 90 days       | Blue Cross and Blue Shield of Montana (BCBSMT). 1-800-624-3958. More information can be found at <a href="http://www.bcbsmt.com">www.bcbsmt.com</a> or <a href="http://www.hmk.mt.gov">www.hmk.mt.gov</a> . |
| H2012 with modifier HA          | Youth Day Treatment  | Hour with max of 6 hours/day | 120 hours     |   |
| S5150 with modifier HA          | Respite Care   | 15 minutes                   | 144 hours     |   |
| H2019 or H2019 with modifier HA | Community Based Psychiatric Rehabilitation and Support (CBPRS) | 15 minutes                   | 120 hours     | XEROX Provider Relations 1-800-624-3958. More information can be found at <a href="http://www.mtmedicaid.org">www.mtmedicaid.org</a> .  |