

	<b>Addictive and Mental Disorders Division</b>  Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health
	<b>Date effective:</b> July 1, 2020  <b>Date revised:</b> July 1, 2020
<b>Policy Number:</b> 002	<b>Subject:</b> Definitions

For the purpose of the manual, the following definitions apply:

- (1) **“The ASAM Criteria”** means the American Society of Addiction Medicine’s (ASAM) guidelines for substance use disorders. The ASAM is standard reference for clinical practice in the substance use disorder health field.
- (2) **“Authorized Representative”** means as defined in Administrative Rules of Montana (ARM) 37.5.304(2).
- (3) **“Care coordinator”** means the person that works with each member to ensure they receive the right care at the right time by coordinating services and referrals and tracking clinical outcomes. The care coordinator also works with members to identify social factors that may impede their treatment (like insecure or unsafe housing, lack of transportation, or food insecurity) and helps navigate the member and family toward community resources that can help address those factors.
- (4) **“Code of Federal Regulations (CFR)”** means the codification of the general and permanent rules published in the Federal Register by the departments and agencies of the Federal Government produced by the Office of the Federal Register (OFR) and the Government Publishing Office.
- (5) **“Community adjustment”** means a service that assists a member with acquiring the ability to use community resources such as stores, clinical professional services, recreational facilities, and government agencies. Services can be provided by a program manager or behavioral health aide.
- (6) **“Community reintegration”** means a service that restores a member’s independent community living skills including communication skills, vocational activities, community integration, social skills, establishment and maintenance of a community support network, and restoring daily structure. The service assists to restore the interaction between the member and their peers and to improve skills related to exhibiting appropriate behavior in a

variety of environments including home, work, school, and community settings. Services can be provided by a direct care rehabilitation worker, program manager, licensed or supervised in-training vocational rehabilitation counselor, psychologist, licensed clinical social worker (LCSW), licensed clinical professional counselor (LCPC), RN, or LPN.

- (7) **“Crisis stabilization”** means development and implementation of a short-term intervention to respond to a crisis, for the purposes of reducing the severity of a member’s behavioral health symptoms, and attempting to prevent admission of the member to a more restrictive environment.
- (8) **“Crisis services”** are services that are provided with the goal of crisis stabilization.
- (9) **“Continued Stay Review”** means a review used to determine that a members stay in a service is medically necessary and that care is being rendered at the appropriate level.
- (10) **“Diagnostic and Statistical Manual of Mental Disorders (DSM)”** means the American Psychiatric Association’s classification of mental disorders manual. The DSM is the standard reference for clinical practice in the mental health field.
- (11) **“Face-to-Face”** means services provided which is either:
  - (a) in person; or
  - (b) electronically. The transmission must:
    - (i) be two-way;
    - (ii) be interactive;
    - (iii) be real-time;
    - (iv) be simultaneous;
    - (v) provider for both audio and visual interaction.
- (12) **“Independent living”** means a service to assist a member with skills needed for daily living including maintenance of physical health and wellness, personal hygiene, safety, and symptom management. The service can be provided by a direct care rehabilitation worker, behavioral health aid, or program manager.
- (13) **“Individualized Treatment Plan (ITP)”** means as defined in ARM 37.106.1902 and ARM 37.106.1720.
- (14) **“Licensure Candidate”** means as defined in ARM 24.219.301 and meets the requirements set forth in administrative rule Title 24, Chapter 219.
- (15) **“MMIS”** means the Medicaid Management Information System.
- (16) **“Member”** means an individual enrolled in the Montana Medicaid Program under 53-6-131, MCA, or receiving Medicaid-funded services under 53-6-1304, MCA.
- (17) **“Mental Health Center (MHC)”** means a facility providing services for the prevention or diagnosis of mental health issues, the care and treatment of mental health issues, the rehabilitation of members with mental health issues, or any combination of these services. Only a MHC can bill and receive reimbursement from Montana Medicaid for services

provided by mental health professional licensure candidates. Information pertaining to becoming a licensed MHC is located at: <http://dphhs.mt.gov/qad/Licensure>.

- (18) **“Prior Authorization”** means when a provider must obtain approval prior to the provision of a service to verify that the service is medically necessary.
- (19) **“Severity specifier”** means a designation in the DSM to guide clinicians in rating the intensity, frequency, duration, symptom count, or other severity indicator of a disorder.
- (20) **“State-approved program”** means a program reviewed and accepted by the department to provide substance use disorder services under 53-24-208, MCA.
- (21) **“Targeted Case Management”** means as defined in the Code of Federal Regulations (CFR) 42 CFR 440.169.
- (22) **“Tenancy Services”** means provides tenancy services by assessing the member’s needs for housing assistance, helping them find and get housing, and securing other resources needed to maintain housing stability. This includes identifying roadblocks to housing, individual housing transition services, individual housing and tenancy sustaining services, acts as a liaison with landlords and housing authorities, makes sure the member has the appropriate documents and resources to rent (includes SSI/SSDI Outreach, Access, and Recovery (SOAR) activities and services), and provides state-level, housing related, collaborative activities for the member.
- (23) **“Utilization Review Contractor (UR Contractor)”** means the entity under contract with AMDD to complete agreed upon utilization review activities for Montana Medicaid Services.