

Medical Necessity Criteria

Youth must meet the SED criteria as described in this manual and the parent/caregiver gives consent and agrees to participate in TCM, and:

- (1) Within 14 days of admission, the youth and family have been assessed and have documented need for case management based on:
 - (a) complexity of youth and family service needs and/or interventions;
 - (b) severity of youth’s behavioral health symptoms; or
 - (c) strengths, preferences, and needs within family capacity; and
- (2) Youth and family’s needs have been assessed and documented that TCM services are necessary to maximize benefit and leverage resources from other systems in which the family is involved, with an emphasis on natural supports.

Addition of Functional Impairment / Acuity Standardized Assessment Tool

The [Child and Adolescent Service Intensity Instrument \(CASII\)](#) is a standardized assessment tool that provides a determination of the appropriate level of service intensity needed by a child or adolescent and his or her family. It is unique in its capacity to determine a service intensity need, guide treatment planning, and monitor treatment outcome in all clinical and community-based settings.

The CASII is developmentally informed and developed on the foundation of a System of Care approach -- embracing individualized service planning, supporting the use of intensive care coordination or wraparound planning teams, and providing a broad service array. The CASII recognizes that the use of home and community-based services and natural supports can provide increased service intensity instead of relying just on “bricks and mortar” to achieve higher levels of service intensity.

Family Engagement Standards and Requirements

Upon admission and prior to all treatment team meetings of Targeted Case Management Services, a family treatment team meeting preparation checklist / questionnaire must be completed by the targeted case manager with the youth and family/caregiver. Family treatment team meeting preparation checklist / questionnaire must contain the following components:

- Explanation of the treatment meeting to parent/caregivers
- Documentation of natural supports in child’s life
- Documentation that service delivery and individual treatment plans are delivered at times and in places that are flexible, accessible, and convenient to the youth and caregivers, including evenings and weekends, and sessions located at the location of the youth and caregivers’ choice.
- Evaluation with the youth and caregivers to identify and address risk and safety concerns across the home, school, and community.
- Evaluation with the youth and caregivers to identify strengths that can be used as the basis for elements of the treatment plan in the areas of: school, vocational, family, social, and community functioning as well as towards meeting developmental skills/abilities.

Outcome and Program Measurements

CMHB and MHCs will use these measurements to inform decision-making, aid in external reporting of CMHB services, and as a tool for continuous evaluation and program improvement on our capacity to serve Montana youth within the state of Montana.

Additionally, these measures will assist DPHHS and providers in the growth of behavioral health outcome measurements to assist in the development of pay for performance payment models.

- **Emotional and Behavioral Functioning of the Youth**
 - Within 21 days after service and 90 day CASII / ECSII assessments will be performed by MHCs
 - Data will be collected by MHCs and sent to CMHB
 - Information will be used to evaluate future changes within the CMHB Continuum of Care.
- **In-Home, In-School and Out of Trouble**
 - Biannual HB 583 Template – Required by law September and February
 - Data is collected by MHCs and sent to CMHB
 - Information will be shared with providers and reported on to the Legislature
- **Youth and Caregiver Satisfaction Survey**
 - Annual MSHIP Survey – already being performed on an annual basis
 - CMHB to further develop utilization of data received and reporting methods
 - Data is collected by MHCs and sent to AMDD
- **Fidelity to Family Engagement**
 - Quality review tool that will be posted on the Children’s Mental Health Bureau website which will include criteria for family engagement and/or observation of program. CMHB will perform biannual review of selected cases.
- **Utilization Reports**
 - CMHB will perform analysis on TCM Medicaid claims to monitor utilization
 - Analysis will be used for internal monitoring by DPHHS and will be shared with MHCs

Rural Differential

Use criteria to identify services provided to children who live in frontier communities. Incentivize services in frontier communities by offering a rural differential payment of 115% of unit rate.