DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Children's Mental Health Bureau Non-Medicaid Services Provider Manual

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Chapter 1 - Children's Mental Health Bureau (CMHB) Non-Medicaid Services Programs

Introduction

The purpose of this manual is to provide clear and complete information about the Non-Medicaid services. This manual, titled "Children's Mental Health Bureau Non-Medicaid Services Provider Manual", dated March 1, 2024 supersedes the previous version dated October 1, 2017. All of the CMHB Non-Medicaid services requirements are located in this manual. Much of the information remains the same as in the previous version, is a change to note:

(a) The limitations to the Supplemental Services Program (SSP) have changed to increase access.

Overview

The Children's Mental Health Bureau (CMHB) in the Behavioral Health and Developmental Disabilities (BHDD) Division administers the CMHB Non-Medicaid services programs for youth with serious emotional disturbances. Supplemental Services Program (SSP), Room and Board Account (R&B), System of Care Account (SOCA), and Respite care services are the CMHB Non-Medicaid services. They are for short-term use and are not entitlement programs.

SSP, R&B, and SOCA

Planning towards family reunification must be the primary objective, with transition planning essential for youth in out-of-home care. Goals consistent with SSP, R&B, and SOCA include:

(a) prevent youth placement at a higher level of care;
(b) step youth down from psychiatric residential treatment facility (PRTF) level of care;
(c) return the youth to his/her home;
(d) stabilize the family to increase the likelihood that the youth can remain at home; and
(e) maintain the youth in his/her current "in-home" placement and avoid higher levels of care.

SSP, R&B, and SOCA are available only when Healthy Montana Kids Plus (HMK+/Medicaid) or Healthy Montana Kids (HMK/CHIP) does not cover the requested service. Non-Medicaid Services are provided under capped appropriations. Services will not be authorized beyond available funding.

Youth is defined in ARM 37.87.102.

SSP, R&B, and SOCA services must be:

(a) specified in the youth's integrated treatment plan;
(b) identified during a planning process that includes the family and youth, when appropriate;
(c) related to the mental health needs of the youth;
(d) not eligible for reimbursement from any other source; and
(e) prior-authorized by CMHB.

SSP, R&B, and SOCA cannot be used for:

(a) therapeutic group care (except for room and board);

(b) therapeutic foster care (except for room and board);
(c) inpatient hospitalization;
(d) cash assistance;
(e) public assistance provided by TANF, e.g. food, rent, utilities, clothing, etc.;
(f) extension of coverage limits for services already covered under HMK+/ Medicaid or HMK/CHIP; or
(g) items that are purely recreational in nature.

Funding requests for room and board costs for therapeutic group home or therapeutic foster care must have a written plan in place for appropriate discharge. Priority must be given to a group home or therapeutic foster home closest to where the family resides.

It is crucial that youth have permanency. When a youth is unable to return to the family home or the parent/legal representative refuses to take a youth home or make suitable arrangements for another appropriate caretaker upon discharge from the therapeutic group home (TGH) or therapeutic foster care (TFC), the provider must make efforts towards improved permanency and stability. This may require multi-agency planning, including a referral to Child and Family Services for assistance with permanency for the youth. When it is anticipated that a youth will need adult services, a referral for the adult services must be scheduled no less than six months prior to the 18th birthday of the youth.

Parental contributions are expected whenever possible. The SSI of the youth and adoption or guardianship subsidies are expected to be used toward the cost of room and board when the youth is out of the home. When a youth has an adoption subsidy, the parent must contact the Child and Family Services Adoption Subsidy Program Officer to renegotiate the subsidy and to request consideration for the balance of room and board payment from post adoption services funds. If CMHB receives written verification from a CFSD representative involved with the funding of post adoption services that CFSD is unable to cover the entire cost of room and board, CMHB may consider assisting with funding.

Funding may be terminated if the parent/legal representative is not participating in the treatment of the youth. If a parent/legal representative elects not to have the youth return to their home following initial non-Medicaid services approval, funding may be terminated. When the youth is in an out of home placement funded by Non-Medicaid services, the parent/legal representative is expected to:

(a) participate in family therapy;
(b) maintain regular telephone contact; and
(c) have in-person visits when possible.

Chapter 2 – Supplemental Services Program (SSP)

The purpose of SSP is to strengthen families and support their ability to work. SSP is reimbursed by state general fund Maintenance of Effort (MOE) from Temporary Assistance for Needy Families (TANF) and is considered a non-assistance program by TANF. SSP must be the fund of first choice for all applicable service requests if the youth/family meets the eligibility criteria.

Services must be directed at the stabilization and preservation of the family and the youth and ultimately at treatment of the youth in the home environment if the youth is out of the home. SSP requires that discharge be to the parent (biological or adoptive). An acceptable alternative is the home of a specified caretaker relative within the fifth degree of kinship who is willing to become the legal representative of the youth. (See appendix for definitions.)

- SSP funds are for short-term use and cannot exceed four months or 120 days in a twelve-month federal fiscal year (October 1-September 30), regardless of service cost or the service provided. The four months or 120 days do not have to be consecutive.
- Flexible funding within other agencies and from other sources, when available, must be considered prior to, or in conjunction with, SSP funds.

For SSP funded services *except* for room and board, CMHB ***MUST*** be invited to participate in all treatment team meetings during the time Non-Medicaid services funding is provided. CMHB has the discretion to attend or utilize a different format to review the service funded. Funding may be terminated if CMHB is not invited to participate in treatment team meetings held on behalf of the youth by the agency receiving funding.

Eligibility Criteria

In order to be considered eligible for SSP the youth must:

(a) have a qualifying SED diagnosis as defined in ARM 37.87.903;
(b) receive HMK+/Medicaid or HMK/CHIP;
(c) be in the legal custody of a parent or parents (biological or adoptive) or another specified caretaker relative; and
(d) if the request is for TGH room and board, have a prior authorization for TGH therapeutic services from CMHB for HMK+ /Medicaid or from the third-party administrator for HMK/CHIP.

A youth may NOT receive SSP funding when the youth:

(a) is in the custody of any state or tribal agency;
(b) has been adjudicated as a delinquent youth or youth in need of intervention under provisions of the Montana Youth Court Act. Youth with pending or active charges either in youth court or adult court may be ineligible for SSP funding;
(c) is absent from home greater than 90 consecutive days, except 1) for the purpose of receiving medical care, including residential treatment or therapeutic group home or 2) to attend boarding school if they are expected to return to the parent at the end of the school year; or
(d) will NOT return to a parent or a relative caretaker within the fifth degree of kinship. CMHB must be notified when this determination is made. SSP funding will be terminated. This also applies to youth entering Job Corps, Project Challenge, or independent living arrangements.

***See Appendix A for frequently asked questions and definitions pertaining to SSP.**

Chapter 3 – CMHB Room and Board Account

CMHB Room and Board Account is directed to therapeutic group homes and therapeutic foster care in order to prevent youth from going into higher levels of care and is reimbursed with state general fund as authorized by the 2013 Legislature. If all eligibility requirements are met, the youth may be considered for Room and Board Account funding. Approvals are limited to 120 days, with full applications required for additional time periods.

Eligibility Criteria

In order to be considered eligible for CMHB Room and Board Account a youth must:

(a) have a qualifying SED diagnosis as defined in ARM 37.87.903;
(b) receive either HMK+/Medicaid or HMK/CHIP;
(c) be receiving treatment in Montana; and
(d) if the request is for TGH room and board, have a prior authorization for TGH therapeutic services from CMHB for HMK+/Medicaid or from the third party administrator for HMK/CHIP.

***CMHB Room and Board Account may not be used to pay room and board for out-of-state placements.**

Chapter 4 – System of Care Account (SOCA)

The purpose of this service is to allow high risk youth with multi-agency service needs to be served in the least restrictive and most appropriate setting. The funding for System of Care Account (SOCA) comes from CMHB's general fund appropriation, as authorized by 52-2-309, MCA. Multi-agency service needs means the youth is currently involved with at least two of the following governmental agencies, either formally or informally:

- Children's Mental Health Bureau
- Developmental Disabilities
- Child and Family Services
- Treatment Bureau
- Youth Court
- Department of Corrections
- Tribal agencies
- Special Education (identified as a youth with special education needs who has an Individualized Education Plan or 504 plan).
- Transition to Adult Mental Health Services

The services the youth receives:

(a) must provide for the care and protection and mental, social, and physical development of the high-risk youth with governmental multi-agency service needs; and
(b) must maintain the youth in a community setting or return the youth to a community setting as a priority.

For SOCA funded services *except* for room and board, CMHB ***MUST*** be invited to participate in all treatment team meetings held during the time non-Medicaid services funding is provided. CMHB has the discretion to attend or utilize a different format to track the service funded. Funding may be terminated if CMHB is not invited to participate in treatment team meetings held on behalf of the youth by the agency receiving funding.

Eligibility Criteria

In order to be considered eligible for SOCA the youth must:

(a) have a qualifying SED diagnosis as defined in ARM 37.87.903;
(b) meet the requirements in the definition of "youth" in ARM 37.87.102;
(c) receive HMK+/Medicaid or HMK/CHIP; and
(d) be at high risk for one of the following:
    (i) needing a more restrictive level of care;
    (ii) remaining in a restrictive level of care if no other appropriate placement options are available;
    (iii) posing a safety risk to self or others; and
    (iv) having multiple treatment or placement failures.
(e) if the request is for room and board for TGH, have a prior authorization for TGH therapeutic services from CMHB for HMK+/Medicaid or from the third party administrator for HMK/CHIP..

Chapter 5 – Non-Medicaid Respite

Non-Medicaid respite care services are temporary short-term relief services that allow family members who are regular care givers of a youth with a serious emotional disturbance to be relieved of their care giver responsibilities for a short period of time.

(1) Providers of CMHB non-Medicaid respite care services must be a licensed:
    (a) mental health center; or
    (b) therapeutic foster home.
(2) Persons delivering CMHB non-Medicaid respite care services must be employed by a provider agency or be therapeutic foster parents.
(3) The individualized treatment plan must document CMHB non-Medicaid respite care in accordance with ARM 37.106.1916(1)(c).
(4) The provisions of ARM 37.85.402 apply for purposes of provider enrollment.
(5) The provisions of ARM 37.85.414 apply for purposes of provider record keeping and retention.
(6) A provider of CMHB non-Medicaid respite care services must ensure that its employees or a licensed therapeutic foster parent providing the services are:
    (a) physically and mentally qualified to provide this service to the youth;
    (b) aware of emergency assistance systems and crisis plans;
    (c) knowledgeable of the physical and mental conditions of the youth;
    (d) knowledgeable of the safety, risks, and proper administration or supervision of medications the youth requires; and
    (e) capable of administering basic first aid.

Eligibility Criteria

(1) The youth must be receiving the following Medicaid-funded mental health services:
    (a) home support services (HSS);
    (b) therapeutic foster care (TFC) services; or
    (c) upon authorization by the department.
(2) The youth must be 17 years of age or younger.

Chapter 6 – SSP and SOCA Covered Services

SSP and SOCA covered services may include the following. Only youth receiving HMK+/Medicaid or HMK/CHIP can be considered for use of SSP and SOCA funding.

Mental Health Treatment

(a) In-home support or therapy for the youth and the family or the family alone if the youth is out of the home. These services will be billed on a fee-for-service basis. Sex offender treatment or therapy cannot be funded using SSP or SOCA;
(b) Training and education to include parenting classes, parental education on mental illness, or Wellness Recovery Action Plan (WRAP) training; and
(c) Evaluation of the parent or relative/legal representative to assess that person's ability to meet the needs of the youth, with an emphasis on making recommendations to support the person in this role.

Community-Based Services

Community-based services including developmentally appropriate activities that promote the inclusion and social skills development of the youth. This may also include opportunities to strengthen the culture of the youth.

Hard Services (Equipment)

Hard services (equipment) not covered by HMK+/Medicaid or HMK/CHIP that are beyond the ability of the family to provide. Expenses under this category may not include construction, appliances, or transportation methods. Equipment must be:
(a) specified in the treatment plan of the youth; and
(b) considered necessary to treat the youth's serious emotional disturbance.

Transportation

Transportation related to the mental health needs of the youth when it is not covered by HMK+/Medicaid or HMK/CHIP. Requirements for transportation-related services are:
(a) transportation reimbursement requires additional prior authorization from the CMHB bureau chief and fiscal services;
(b) travel requires additional approval from the department;
(c) CMHB Non-Medicaid Services Program cannot pay an additional amount when travel is covered at Medicaid rates;
(d) efforts must be made to cost share with the parent;
(e) original receipts must be submitted to CMHB for reimbursement;
(f) travel rates will be reimbursed at the same rate as state employee travel rates including per diems;
(g) CMHB may pay to pre-purchase airline tickets and hotel reservation in some situations;
(h) an advance for meals, mileage or related travel expenses is not available; and
(i) unless otherwise stated, the Non-Medicaid Services Program will use state travel policy and procedure for both in-state and out-of-state travel.

For more information about Medicaid Transportation and per Diem requirements, see ARM 37.86.2402 and the state travel policies.

Specialized Discharge Training

Training, either in the community or at the facility, must be for caregivers and providers who will serve the child after discharge.

(a) Training and travel costs for the parents or other family members responsible for direct care of the youth must be related to preparing for the discharge of the youth and eventual return home within one month.

(b) Other caregivers, including those employed by a provider or a school, may also be authorized to travel for this purpose. Travel costs may only include transportation costs not covered by HMK+/Medicaid or HMK/CHIP. (See Transportation section for details.)

Case Consultation

When case consultation is needed from a member of the care team of the youth and is not covered by HMK+/Medicaid or HMK/CHIP. For example, when a youth receives therapy from an individual practitioner, that individual may assist the care team to develop treatment goals for the youth. All providers will receive the established fee for the services.

Other Services

Other services that meet all of the above eligibility criteria and support the purpose of the Non-Medicaid services may be considered at the discretion of the department as funding allows.

Chapter 7 – Request for SSP, R&B, and SOCA

All applications for SSP, R&B, and SOCA must be reviewed and approved by CMHB. Electronic forms can be obtained on our website at: https://dphhs.mt.gov/BHDD/cmb/ChildrensMentalHealthProviderForms

Do not email completed requests. Email does not meet Health Insurance Portability and Accountability Act (HIPAA) standards. Faxes must be HIPAA compliant.

- Requests must be submitted on the current Non-Medicaid Services application form available online or requested from CMHB.
- Requests can be completed electronically, which is the preferred method. Requests that cannot be easily read or are incomplete will be returned to the applicant for correction.
- HMK+/Medicaid or HMK/CHIP coverage must verified before the application is submitted.
- Requests for Non-Medicaid services must provide enough information to help CMHB understand how the funding will support the youth and family to help the youth remain at or return home and to manage or recover from the symptoms of the serious emotional disturbance.
- The application for all three funding sources MUST specify how the parent or relative/legal representative will be involved. Description of the family's past involvement is helpful. CMHB staff may request additional information before approving or denying the request.
- Applications must be submitted to the CMHB within ten (10) days of an approved TGH prior authorization.

CMHB will provide a written decision within fifteen (15) workdays after the receipt of a completed application. When the request is approved, the department's designee will send a letter of approval (for all providers and services) setting forth the conditions, limits, rates, etc., to the provider identified for the service requested, to the youth case manager or referral source, and to the parent/legal representative. Approval may be provided for all, or only a portion, of the requested services at the discretion of CMHB.

If the request is denied, a letter will be sent to the parent/legal representative with a copy to the case manager, provider, or other referral source. The letter will include a rationale for the denial.

If a denial is due to an incomplete application or financial attestation, the provider must submit a new complete application to be considered; the Department will not retroactively authorize days.

Chapter 8 – Billing and Payment

SSP, R&B, and SOCA

Billing for SSP, R&B, and SOCA is submitted to CMHB (**not through HMK+/Medicaid or HMK/CHIP**). The authorization letter will include billing instructions. Please refer to the letter for specific information regarding submission of the bill.

The provider must have a letter of approval from CMHB to receive payment for Non-Medicaid services. Once the service has been provided, the provider can submit a monthly billing to CMHB based upon approved rates, limits, etc. as set forth in the letter of approval.

Billing for services must be on the provider's standard invoice form or letterhead and include:

(a) Name of the service being billed;
(b) Dates and amount of the service provided;
(c) Rate (fee) for service and total billed;
(d) Name of the identified youth receiving services;
(e) Name of the provider of the service; and
(f) The name, email, and phone number of a contact person for clarifying any invoice questions.

A W-9 form must be submitted with the billing or be on file with CMHB. The W-9 form may be obtained from the IRS website at: https://www.irs.gov/pub/irs-pdf/fw9.pdf

- Billing must be **submitted within 10 workdays** following the month in which services were provided.
- CMHB may withhold payment if requested information, reports, etc. are not provided in a timely manner.
- Payment is limited to the services provided and to the terms set forth in the letter of approval provided by CMHB.
- Once CMHB approves the invoice, it is processed for payment.

When a youth leaves a program or is no longer in need of SSP, SOCA, or R&B, the provider must submit a discharge notification form prior to, or within 5 days of, the last date for which service is authorized to the CMHB financial officer via fax, USPS mail, or State of Montana File Transfer Service (E-Pass).

Respite

Providers must submit claims to the department's Medicaid Management Information System (MMIS) contractor according to requirements set forth in ARM 37.85.406. Payments will be made to the provider through the department's MMIS contractor.

1) Reimbursement for respite care services is as provided in the department's Medicaid fee schedule, as adopted in ARM 37.85.105.
2) Providers of respite care services must accept the amounts payable under this rule as payment in full for the respite care services provided.
3) Retroactive funds for CMHB non-Medicaid respite care services are not available.
4) CMHB non-Medicaid respite care services are limited to available funding each state fiscal year.

Appendix A

SSP: Frequently Asked Questions

1. **Q:** Does using SSP impact the TANF five-year time clock?

   A: No. The use of these funds does not impact the five-year TANF time clock. Only "assistance" funds impact the time clock.

2. **Q:** Can a family use SSP for a one-month period and then six months later, use the remaining three months?

   A: Yes, as long as six months later still falls within the federal fiscal year. (October 1 through September 30). Four months (or 120 days) of eligibility begins at the beginning of each federal fiscal year.

3. **Q:** If a family accesses SSP funds late in the month, does that constitute a month?

   A: No, the funds are approved by total days, not months.

4. **Q:** Medicaid transportation reimbursement rates are much lower than actual costs. Can SSP funds be used to assist with these additional costs?

   A: No. SSP funds cannot be used to supplement Medicaid transportation rates. However, SSP may be accessed for transportation, meals, and hotel costs if the travel has been denied by Medicaid Transportation and the travel meets other SSP criteria. For example, Medicaid Transportation may cover airfare and hotel costs for one night when a parent picks up a youth being discharged from a treatment facility. If Medicaid Transportation does not reimburse for the day of parent training at the facility, the uncovered meals, hotel and transportation may be covered at Montana state travel rates by SSP *if the travel has been pre-approved.*

5. **Q:** What if a family has more than one child with SED?

   A: TANF rules allow a maximum of four months of service per family member per federal fiscal year.

6. **Q:** What if a plan does not call for reunification? For example, a youth is in an out of state treatment facility and it becomes apparent after he has been there for a while that he will not be able to return to live with family?

   A: Once it becomes clear that a youth cannot return home to his or her family, the child will lose eligibility for the use of the SSP funds. The child may still be eligible for other CMHB services.

7. **Q:** What else can be done for services after the four month or 120 day limit?

   A: The parent/guardian or another agency can assume responsibility for reimbursing the services. When SSP is no longer available after four months, the youth may still have their other coverage for mental health services through HMK+/Medicaid or HMK/CHIP.

8. **Q:** Is the four month or 120 day limit within the federal fiscal year? Can you use four months at the end of the year and then an additional four months at the beginning of the next fiscal year for a total of eight consecutive months?

    A: The four-month limit is within a federal fiscal year.

9. **Q:** Is a family required to give us access to TANF assistance if they are also accessing SSP funds?

    A: No.

10. **Q:** Regarding the four month or 120 day limit, is there a difference between group home (TGH) and foster care (TFC)? Would each have four months of eligibility?

    A: There is no difference. There is a four month or 120 day limit on SSP funding for services regardless of the type of service provided.

11. **Q:** How do SSP and HMK/CHIP work together?

    A: A youth who is eligible for HMK/CHIP and has a serious emotional disturbance may be eligible for SSP.

12. **Q:** Will a rationale for a denial be provided?

    A: Yes.

13. **Q:** If a youth loses HMK+/Medicaid coverage, will SSP pay for case management (under case consultation) for the case manager to find other funding, fill out forms for eligibility, etc.?

    A: No. Case management is not the same as case consultation.

14. **Q:** Will SSP cover case management services for youth on HMK/CHIP?

    A: No.

15. **Q:** Could SSP be used to support a summer program, certain socialization activities?

    A: Community-based services include developmentally appropriate activities that promote the youth's inclusion and social skills development. A summer program or other socialization activities must address specific symptoms of the youth's serious emotional disturbance and be included in the youth's treatment plan to be considered eligible for SSP. All other eligibility criteria of SSP must also be met.

16. **Q:** When would a youth with insurance coverage be eligible for SSP?

    A: A youth with insurance coverage AND enrolled in HMK+/Medicaid may be eligible for SSP. A youth with insurance coverage is not eligible for HMK/CHIP.

17. **Q:** Do all youth on HMK/CHIP have access to SSP?

    A: No. Only those youth on HMK/CHIP who have a serious emotional disturbance and meet the

eligibility requirements.

18. Q: Can a youth enroll in HMK/CHIP and SSP at the same time?

A: Yes. The two separate application processes for these benefits could be coordinated for services to begin at the same time. HMK benefits begin on the first day of a month. Application for SSP requires that an additional clinical assessment of the youth be submitted so that a determination of SED can be made. Verification of the SED or a TGH therapeutic services authorization through HMK's third party administrator is necessary before SSP can be authorized.

19. Q: If HMK+/Medicaid does not cover the full cost of a service such as a music therapy program, can SSP help with the unreimbursed costs?

A: No. This is considered "supplanting." Any agency that accepts HMK+/Medicaid for a reimbursable service must consider that reimbursement as full payment.

SSP Definitions

Federal fiscal year means: October 1st through September 30th.

Specified Caretaker Relative to the fifth degree of kinship means: any relations by blood, marriage or adoption that is within the fifth degree of kinship to the youth. A specified relative caretaker may be one of the following:

(a) Father, mother, grandfather, grandmother, brother, sister, uncle, aunt, first cousin, nephew, niece;
(b) Great grandparent, great-great grandparent, great-great-great grandparent, great aunt, great uncle, great-great aunt and great-great uncle;
(c) Stepfather, stepmother, stepsister, stepbrother;
(d) One who legally adopts the youth and his/her parent as well as the natural and other legally adopted children of such persons, and other relatives of the adoptive parents;
(e) Spouses of anyone named in the above groups even after the marriage is terminated by death or divorce; or
(f) First cousin once removed.

Custody means: the legal authority and responsibility to provide for the day-to-day needs of a youth and to authorize treatment or placement. A youth's **custodian** is the person (parent, relative) or entity (Child and Family Services, Department of Corrections, the District Court, a Tribal Court or Tribal Social Services, etc.) who has custody.