

Targeted Case Management for Youth with Serious Emotional Disturbance (SED) Redesign

Updated Administrative Rules of Montana

37.87.805 TARGETED CASE MANAGEMENT SERVICES FOR YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE, ELIGIBILITY (1) If otherwise eligible for Medicaid services, youth with SED may receive medically necessary targeted case management services in the community setting or when transitioning to a community setting as provided in this subchapter.

37.87.807 TARGETED CASE MANAGEMENT SERVICES FOR YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE, COVERED SERVICES (1)

Targeted case management services include:

(a) comprehensive assessment and periodic reassessment of an eligible youth and the youth's family or caregivers to determine the need for any medical, educational, social, or other services. The assessment activities include the following:

- (i) taking youth and the youth's family or caregivers history;
- (ii) identifying the needs of the youth and the youth's family or caregivers, and completing related documentation; and
- (iii) gathering necessary information from other sources, such as family members, medical providers, social workers, and educators to make a complete assessment of the eligible youth.

(b) development and periodic revision of a specific care plan based on the information collected through the assessment that includes the following:

- (i) specific goals and actions to address the service needs of the youth and the youth's family or caregivers, including but not limited to medical, social, and educational needs;
- (ii) the active participation of the eligible youth and the youth's family or caregivers in developing the goals and actions of the care plan; and
- (iii) a course of action designed to respond to the assessed needs of the eligible youth and the youth's family or caregivers.

(c) referral and related activities, such as making referrals and scheduling appointments for the youth, helping the eligible youth and the youth's family or caregivers obtain needed services, helping to link the youth and the youth's family or caregivers with medical, social, and educational providers or other programs and services that provide needed services to address identified needs and achieve goals specified in the care plan; and

(d) monitoring and follow-up activities, including activities and contacts necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the eligible youth and the youth's family or caregivers. The monitoring and follow-up activities may be with the youth, family members or caregivers, service providers, or other entities or individuals and may be conducted

as frequently as necessary, including at least one annual monitoring review to help determine whether the following conditions are met:

- (i) services are being furnished in accordance with the youth's care plan;
- (ii) services in the care plan are adequate to meet the needs of the youth and youth's family or caregivers; and
- (iii) changes in the needs or status of the eligible youth have been accommodated. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

(2) Targeted case management may include contacts with noneligible individuals who are directly related to the identification of the eligible youth's needs and care for the purpose of helping the youth access services, identifying needs and supports to assist the eligible youth in obtaining services, providing case managers with useful feedback, and alerting case managers to changes in the eligible youth's needs.

37.87.809 TARGETED CASE MANAGEMENT SERVICES FOR YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE, REIMBURSEMENT (1) Targeted case management (TCM) services for youth with SED will be reimbursed on a fee per unit of service basis. For purposes of this rule, a unit of service is based on a 15-minute unit increment:

- (a) one unit of service is equal to 8 minutes but less than 23 minutes;
- (b) two units of service are greater than or equal to 23 minutes but less than 38 minutes;
- (c) three units of service are greater than or equal to 38 minutes but less than 53 minutes;
- (d) four units of service are greater than or equal to 53 minutes but less than 68 minutes;
- (e) five units of service are greater than or equal to 68 minutes but less than 83 minutes;
- (f) six units of service are greater than or equal to 83 minutes but less than 98 minutes;
- (g) seven units of service are greater than or equal to 98 minutes but less than 113 minutes; and
- (h) eight units of service are greater than or equal to 113 minutes but less than 128 minutes.

(2) Targeted case management services rendered to youth residing in a Montana county with a per capita population of fewer than 6 people per square mile are eligible to receive a frontier community differential of 115% of the current fee schedule, as provided in ARM 37.85.106.

(3) The department will pay providers of targeted case management services for youth with SED the lesser of:

- (a) the provider's actual submitted charge for services; or
- (b) the rate established in the department's Medicaid fee schedule, as adopted in ARM 37.85.106.

(4) Case managers may not bill for time spent writing progress notes. This activity is included in the rate for TCM services.

(5) TCM services may be billed whether provided face-to-face or by telephone.

37.87.823 TARGETED CASE MANAGEMENT SERVICES FOR YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE, PROVIDER REQUIREMENTS

(1) The requirements in this subchapter are in addition to those contained in provisions generally applicable to Medicaid providers.

(2) Targeted case management services for youth with SED must be provided by a licensed mental health center as defined in ARM 37.87.102. A mental health center must:

(a) have a current license endorsement permitting the mental health center to provide targeted case management services; and

(b) be enrolled in the Montana Medicaid program as a targeted case management services provider.

(3) Targeted case management services for youth with SED must be supported by narrative documentation in accordance with ARM 37.85.414 record keeping requirements.

(4) Targeted case management services for youth with SED must be provided under a case management plan in accordance with ARM 37.86.3305.

(5) Case management plans for youth with SED must be completed within the first 21 days of admission to targeted case management services and updated at least every 90 days or whenever there is a significant change to the youth's condition. ~~and~~ The case management plan must include:

(a) use the standardized assessment tool approved by the department to determine the appropriate level of service intensity needed by the youth and the youth's family or caregivers;

(b) incorporate standardized assessment tool findings into the plan;

(c) support continued benefits from TCM reflected in youth service planning;

(d) reflect the least restrictive and appropriate level of care;

(e) identify the strengths of the youth and the youth's family or caregivers;

(f) include a crisis response plan;

(g) include a plan for each youth age 16 1/2 and older to transition to adult mental health services; and

(h) include a discharge and transition plan from targeted case management services.

(6) Upon admission to TCM services and prior to all treatment team meetings of TCM services, the targeted case manager shall meet face-to-face with the youth's family or caregivers to complete a family treatment team meeting preparation checklist and questionnaire. If the meeting cannot be accomplished face-to-face, the targeted case manager shall document in the youth's file the reason for conducting the meeting through phone contact or telehealth. The checklist and questionnaire must contain and document the following components:

(a) explanation of the purpose of the treatment meeting and documentation of the youth's family or caregivers understanding;

(b) identification of natural supports in the youth's life;

(c) a notice to the family that the youth's treatment plan shall be delivered at times and in locations that are flexible, accessible, and convenient to the youth and

the youth's family or caregivers, including evenings and weekends;

d) evaluation with the youth and the youth's family or caregivers to identify and address risks and safety concerns at home and in the school and in the community; and

(e) evaluation with the youth and the youth's family or caregivers to identify strengths that can be used as the basis of the treatment plan in the areas of school, vocational, family, social, and community functioning as well as towards meeting developmental skills and abilities.

(7) Individual treatment plans and those participating in treatment team meetings must:

(a) use language that is understandable to the youth and the youth's family or caregivers and, where necessary, translate clinical terminology including but not limited to diagnoses and acronyms into language that is understandable; and

(b) actively seek to understand and demonstrate respect for the unique and diverse backgrounds of the youth and the youth's family or caregivers including but not limited to roles, values, beliefs, races, ethnicities, sexual orientations, gender expressions, gender identities, languages, traditions, communities, and cultures.

(8) In addition to the requirements outlined in (7), individual treatment plans must include:

(a) identification of natural supports or treatment goals intended to develop natural supports; and

(b) a crisis plan that identifies safety concerns, potential crises, triggers, de-escalation and coping strategies, actionable stabilization steps, prevention measures, and identified supports of the youth and the youth's family or caregivers.

(9) Targeted case management providers shall share with the youth and the youth's family or caregivers baseline and updated outcome measurements including measurements of the youth's emotional and behavioral functioning, living situation, school outcomes, risk of harm to self or others, substance use, and progress toward individualized goals. Targeted case management providers shall meet with the youth and the youth's family or caregivers at least every 90 days for the purpose of sharing this information.

(10) In addition to the discharge requirements outlined in ARM 37.106.1917, a youth must be discharged from targeted case management services when treatment plan goals have been met, when the youth no longer desires targeted case management, or when the youth no longer meets the criteria for entry into targeted case management services.

(11) Mental health centers with a youth targeted case management endorsement must have policies and procedures in place to provide timely access to services for youth by:

(a) ensuring mental health centers have adequate resources to provide timely access to the standard assessment tool for intake of youth; and

(b) detailing a communication plan to the youth's family or caregivers if the youth is placed on a waitlist, including a process for referral to other services providers.

37.106.1906 MENTAL HEALTH CENTER: SERVICES AND LICENSURE

(1) Each applicant for licensure must submit a license application to the department requesting approval to provide the services in (3) and may request approval to provide one or more of the services in (4).

(2) Services provided by a mental health center must be rendered by a single administration in a discrete physical facility or multiple facilities or by written agreement or contract with licensed health care professionals, licensed mental health professionals or other facilities such as hospital, clinics, or educational institutions which may combine to provide services.

(3) For a mental health center to be licensed, it must provide to its clients all of the following services:

- (a) crisis telephone services;
- (b) medication management services;
- (c) outpatient therapy services;
- (d) community-based psychiatric rehabilitation and support; and
- (e) chemical dependency services.

(4) A licensed mental health center, with the appropriate license endorsement, may provide one or more of the following services:

- (a) youth targeted case management;
- (b) adult targeted case management;
- (c) youth day treatment;
- (d) adult day treatment;
- (e) adult foster care;
- (f) mental health group home;
- (g) an inpatient crisis stabilization facility;
- (h) an outpatient crisis response facility;
- (i) a comprehensive school and community treatment program; or
- (j) a forensic mental health facility.

(5) Each service listed in (4) that is endorsed by the department must be recorded on the mental health center's license.

(6) A mental health center may not condition a client's access to one of its services upon the client's receipt of another service provided by the mental health center unless continuity and quality of care require that services be provided by the same agency.

(7) Mental health center services must be available to recipients continuously throughout the year.

(8) A mental health center must report to the department, in writing, any of the following changes within at least 30 days before the planned effective date of the change:

- (a) a change of administrator;
- (b) a change of medical director;
- (c) any change in administrative location or service location;
- (d) a change in the name of the agency;
- (e) the addition of any endorsement service site; or
- (f) the discontinuation of providing a service for which the mental health center has an area of endorsement.

37.106.1935 MENTAL HEALTH CENTER: YOUTH AND ADOLESCENT AND ADULT TARGETED CASE MANAGEMENT

(1) In addition to the requirements established in this subchapter, each mental health center providing youth and adolescent and adult targeted case management services shall comply with the requirements established in this rule.

(2) Each mental health center providing targeted case management program services shall:

(a) ensure each targeted case manager is meeting with a supervisor at least once per month, as necessary based on the case manager's documented skills and skill sets such as developing treatment plans, facilitating family or caregivers treatment team meetings, and educating the youth and the youth's family or caregivers about the mental health system. In addition, targeted case managers must have access to clinical consultation through the treatment team meeting;

(b) employ or contract with case managers who have the knowledge and skills needed to effectively perform targeted case management duties. Minimum qualifications for a case manager are a bachelor's degree in a human services field with at least one year of full-time experience serving people with mental illnesses. Individuals with other educational backgrounds who, as providers, consumers, or advocates of mental health services have developed the necessary skills, may also be employed as targeted case managers. The mental health center's targeted case management position description must contain equivalency provisions;

(c) train the supervisor and program staff in the therapeutic de-escalation of crisis situations to ensure the protection and safety of the clients and staff. The training must include the use of physical and non-physical methods of managing clients and must be updated, at least annually, to ensure the maintenance of necessary skills;

(d) develop a written protocol for case managers and supervisors that includes a minimum of 20 hours of initial training, and 20 hours of annual continuing education. Areas of focus should include:

(i) competencies in key skill sets such as developing treatment plans, facilitating treatment team meetings, and educating the youth and the youth's family or caregivers about the mental health system; and

(ii) training on suicide prevention, including crisis and safety planning.

(e) maintain progress notes for each client. The progress notes must be entered into the client's clinical record at least every 30 days and upon the occurrence of any significant change in the client's condition;

(f) ensure caseload sizes are sufficiently small to permit case managers to respond flexibly to differing service needs of youth and families, including frequency of contact;

(g) develop written policies and procedures addressing the independence of the targeted case manager and targeted case management program. At a minimum, the policies and procedures must address:

(i) the targeted case manager acting as a client's advocate in involuntary commitment proceedings;

(ii) the targeted case manager's role in conflicts between the client and the mental health center or other agencies;

(iii) the ability of the targeted case manager to freely advocate for services from or outside of the mental health center on behalf of the client;

(iv) and (v) remain the same.

(vi) the ability of the targeted case manager to contact an advocacy organization if the case manager believes the mental health center is unresponsive to the needs of the client.

(3) The availability of targeted case management services may not be made contingent upon a client's willingness to receive other services. A client suspended or excluded from other programs or services provided by the mental health center may not be restricted or suspended from targeted case management services solely due to the action involving the other program or services.

(4) Targeted case management services are largely provided throughout the community rather than in an office or a facility. All contacts with clients must occur in a place that is convenient for the client. More than 50% of a case manager's in person contacts with clients must be outside of the mental health center's facility. Restrictions may not be placed on a case manager's ability to meet with a client in any reasonable location.