

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) "Behavioral modification and management" means assisting the member in identifying the member's needs for independent living within the community, learning to put what they have identified into practice, and preparing the member to live independently in the community.
- (4) "Care manager" means a designated staff member on the care team that delivers care management services to clients and works directly with each client to ensure they receive the right care at the right time by coordinating services and referrals and tracking clinical outcomes.
- (5) "Care management" means the management and coordination of services to meet individual treatment needs of a client and includes:
  - (a) conducting a needs assessment;
  - (b) developing, implementing, revising, or monitoring the care plan;

- (c) facilitating and coordinating treatment and services among other professionals and agencies; and
- (d) continuity of care provided by a designated member of the treatment team.
- (6) "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.
- (7) "Continued Stay Review" means a review used to determine that a member's continued stay in a service is medically necessary and that care is being rendered at the appropriate level of care or service intensity.
- (8) "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.
- (9) "Interdisciplinary team" means a group of licensed or certified individuals trained in different professions, disciplines, or severe areas who function interactively and interdependently in conducting a client's biopsychosocial assessment, individualized treatment plan, and treatment services.
- (10) "International Classification of Diseases (ICD)" means a globally used diagnostic tool for epidemiology, health management and clinical purposes.
- (11) "Licensure Candidate" means as defined in ARM 37.85.213 and meets the requirements set forth in administrative rule Title 24, Chapter 219.
- (12) "MMIS" means the Medicaid Management Information System.
- (13) "Member" means an individual enrolled in the Montana Medicaid Program under 53-6131, MCA, or receiving Medicaid-funded services under 53-6-1304, MCA.
- (14) "Mental Health Center (MHC)" means a facility licensed by the Office of Inspector General, Quality Assurance Division, Licensure Bureau under administrative rule Title 37, Chapter 106, subchapter 19.
- (15) "Prior Authorization" means a review used to verify that the service is medically necessary prior to the provision of the service.

- (16) "Skilled treatment services" means structured services such as individual and group counseling, medication management, family therapy, educational groups, occupational and recreational therapy, and other therapies provided to the client. Skilled treatment services do not include attendance at self/mutual help meetings, volunteer activities, or homework assignments such as watching videos, journaling, and workbooks. Must be provided by appropriately credential addiction treatment professionals.
- (17) "State-approved program" means a program reviewed and accepted by the department to provide substance use disorder services under 53-24-208, MCA.
- (18) "Substance use disorder facility" means a facility licensed by the Office of Inspector General, Quality Assurance Division, Licensure Bureau under administrative rules Title 37, Chapter 106, subchapter 14.
- (19) "Tenancy Services" means services that assist eligible members who are experiencing chronic homelessness or frequent housing instability with housing-related pre-tenancy supports and tenancy sustaining supports. Pre-tenancy supports include activities to support an individual's ability to prepare for and transition to housing. Tenancy sustaining services include services to assist members in maintaining housing.
- (20) "Utilization Review Contractor (UR Contractor)" means the entity under contract with BHDD to complete agreed upon utilization review activities for Montana Medicaid Services.