

 <p>DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES</p>	<p>Behavioral Health and Developmental Disabilities (BHDD) Division</p> <p>Non-Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health</p>
	<p>Date effective:</p> <p>July 1, 2023</p>
<p>Policy Number:</p> <p>305NM</p>	<p>Subject:</p> <p>Individual Specialized Services: Goal 189</p>

Definition

Individual Specialized Services Program, also known as Goal 189, is a short-term assistance program meant to facilitate stabilized housing for individuals who are being discharged from Montana State Hospital, at risk of admission to Montana State Hospital, being discharged from an acute inpatient psychiatric facility, or receiving tenancy support services through the Healing and Ending Addiction through Recovery and Treatment (HEART) Waiver. This program is designed to promote independent living and lessen the probability of homelessness while supporting behavioral health services in Montana.

Determination of Need

1. An Individual must:
 - a. Be 18 years of age or older; and
 - b. Have been discharged from a crisis facility, inpatient, or outpatient psychiatric facility within the last six months.

Provider Requirements

Goal 189 may be utilized by a Montana Medicaid provider to provide reimbursement for approved expenditures.

Service Requirements

1. Services allowed for reimbursement under the Goal 189 program are limited to the following:
 - c. Hotel room fees, except for any damages caused by the individual;
 - d. Assisted living facility rent for individuals being discharged from Montana State Hospital, pending Medicaid eligibility;

- e. Foster or group home rent;
 - f. Rent and deposit;
 - g. Maintenance fees of rental;
 - h. Housing application fees;
 - i. Furniture, and essential furnishings such as bedding and dishes;
 - j. Food, clothing, and/or hygiene items;
 - k. Cell phones and phone minutes;
 - l. Medications not covered by Medicaid or third-party insurance;
 - m. Utilities;
 - n. Transportation costs, such as minor vehicle repairs and fuel; and
 - o. Identification cards and documents.
2. Funding may be approved for up to 30-day increments.
 3. Funding may be approved for up to a maximum of six months.
 4. The Department will review the request and provide an initial approval or a denial to the provider within 10 working days.
 5. If a request is approved, funds will be dispersed after services are completed.
 6. Providers must submit an invoice with the appropriate receipts and the original request form for reimbursement.
 7. The Department will review the submitted receipts and issue a final authorization through the Provider Services Portal and notify the provider within 10 business days.
 8. Claims must be submitted into the Provider Services Portal within 30 days of the final authorization of expenditures. Any claims not submitted within 30 days, may not be paid by the Department.
 9. If the Department determines that services or items were not necessary, or otherwise not in compliance with applicable requirements, the Department may deny payment or may recover any overpayments in accordance with applicable requirements.

Utilization Management

Provider must use documents provided by the Department to request authorization under the Goal 189 program. Services must be authorized and billed using department-provided documents located at:

<https://dphhs.mt.gov/BHDD/FormsApplications/index>