DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES	**Behavioral Health and Developmental Disabilities (BHDD) Division** Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health
	Date effective: March 8, 2025
Policy Number: *455*	**Subject:** Montana Community Treatment (MCT)

Definition

MCT is a member-centered, recovery and resiliency-oriented, rehabilitative mental health services delivery model for facilitating community living, psychosocial rehabilitation, and recovery for members who have not benefited from traditional outpatient services who reside in a rural or frontier area. MCT service delivery is provided by a multidisciplinary, self-contained clinical team, 24 hours a day, 7 days a week, 365 days a year. MCT is based on evidence-based practice that is intended to be provided in the community setting where problems may occur, or where support is needed, rather than in offices or clinics. MCT is modified from the Assertive Community Treatment model with specific requirements for Montana.

Medical Necessity Criteria

(1) The member must meet the SDMI criteria, as defined in this manual, and have at least ONE of the following:

(a) Recurrent inpatient admissions (2 or more inpatient psychiatric admissions within the last 12 months);

(b) Re-occurring homelessness, and/or at risk of homelessness, due to mental health symptoms, within the last 12 months;

(c) Incarceration and/or involvement in the criminal justice system, due to mental health symptoms, within the last 12 months;

(d) Member has utilized emergency services more than 2 times within the last 90 days, such

as emergency department, police department, crisis receiving/stabilization, mobile crisis response services, or 988; and/or

(e) Member has shown difficulty benefiting or properly utilizing mental health outpatient services, outlined in this manual, and requires a coordinated and intensive delivery approach to meet the needs of the member.

(2) The member must have a high level of impairment (LOI), regardless of diagnosis, in one of the following areas:

(a) Area 3 – Family/Interpersonal Relationships

(b) Area 4 – Mood/Thought Functioning

The SDMI eligibility and LOI can be found at:
https://dphhs.mt.gov/BHDD/FormsApplications/index

(3) The member is assessed to not be at risk of imminent danger to self or others, as defined in 53-21-102, MCA (7)(a)(b), as an "emergency situation".

(4) The member must need at least three of the core MCT service bundle options listed under service requirements below.

(5) Member is able and willing to actively engage in MCT services.

Provider Requirements

(1) MCT may be provided by a Montana Medicaid provider through a MCT team that has been approved by the department to provide MCT services.

(2) For department approval, the provider must submit the designated application for MCT team approval to the Behavioral Health and Developmental Disabilities (BHDD) Division. The department will not approve a MCT team where there is not demonstrated need for services.

(3) Each MCT team may provide services for up to 50 members.

(4) At minimum, MCT teams must consist of the following full-time equivalency (FTE) staff, as defined on the staffing roster:

(a) Psychiatric Prescriber – 0.375-0.5 FTE;

(b) Team Lead – 1.0 FTE;

(c) Nursing Staff – 1.0 FTE;

(d) Co-occurring clinical staff – 1.0 FTE;

(e) MCT Generalist or MCT Specialist – 1.0 FTE;

(f) Certified Behavioral Health Peer Support Specialist – 1.0 FTE; and

(g) Administrative Assistant – 0.375-0.5 FTE.

(5) MCT teams may have a Registered Nurse (RN) or a Licensed Practical Nurse (LPN), with RN supervision. The supervising RN must create the initial care plan and have check-ins with the LPN every 24 hours.

(6) MCT teams must maintain a maximum of 1:10 ratio of team staff serving members, excluding psychiatric prescribers and administrative assistants.

(7) MCT team staff will comply with position-specific education and experience requirements that are defined on the designated staffing roster.

(8) MCT teams must submit an initial staffing roster to the department, and an updated staffing roster when there is a change in the team staff within 14 days of the change.

(9) MCT teams may request staffing waivers of up to 120 days to fill vacant positions. If vacancies persist beyond 120 days, the provider will be expected to work in conjunction with the department through a variance request form, on a plan to meet the staffing requirements.

(10) MCT teams must submit a MCT monthly report and other MCT quality measures at the frequency established in the Community Treatment Quality Measures guidelines, Policy 455qm of this manual.

(11) Every MCT team staff must complete a comprehensive MCT training within 60 days of hire. This training may be provided live, via teleconference, or through a pre-recorded production that is provided by the department. This training must be completed annually by each MCT team employee. Documentation of the completed training must be kept in the employee's file.

(12) MCT services must be billed as the appropriate bundled service.

Service Requirements

(1) The provision of MCT services must comply with the fidelity standards of the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Assertive Community Treatment, as modified for the Montana specific requirements for this service, as

demonstrated by MCT quality reviews. MCT programs that fail to comply with Assertive Community Treatment fidelity standards as modified for the Montana specific requirements for this service are subject to corrective action, remediation, and/or possible suspension of the MCT program.

(2) The core MCT service components which must be available and provided by each MCT team are as follows:

(a) Medication management, administration, delivery, and monitoring;

(b) Case/care management;

(c) 24-hour crisis services;

(d) Illness management and recovery skills;

(e) Community living skills, including side-by-side assistance with activities of daily living;

(f) Intervention with support networks;

(g) Employment-support services;

(h) Integrated treatment for co-occurring disorders, including substance use disorder treatment;

(i) Individual, family, and group therapy; and

(j) Peer support.

(3) Members utilizing MCT services will receive a minimum of 2 quality contacts each week and must be documented per policy 130 of this manual. Quality contacts must be integrated as part of services listed in (2) of this section. Quality contacts are the purposeful interaction between the MCT team and members that contribute to the assessment and care planning processes. Quality contacts include:

(a) Promotion of member's active participation in decision making and self-advocacy skills in all aspects of services and recovery;

(b) Support for recovery and resilience activities, including assisting the member to identify, improve, and sustain social determinants of health, which may assist in recovery/resiliency and how to use them; and identification of barriers to recovery/resiliency and how to overcome them;

(c) Assistance in building and maximizing family/significant other support skills;

(d) Assisting the member in identifying and utilizing community and social supports for treatment and recovery;

(e) Monitor a member's health care; and

(f) Provide intensive treatment and rehabilitative services to aid the member in recovery and reduce disability.

(4) Members utilizing MCT services must have contact with more than one MCT team staff during treatment.

(5) Medically necessary services that are billed must be documented clearly in the member's individualized treatment plan in the member's file.

(6) Member must transfer any psychiatric services to MCT services.

(7) MCT interventions must be provided, in person, in the member's natural setting outside of the provider's office(s) such as where the member lives, works, or interacts with other people at least 50% of the time.

(8) Telehealth may be used 50% of the time for the member's services.

(9) MCT teams must complete all documentation outlined in this manual, and in accordance with SAMHSA toolkit.

The toolkit can be found at: *https://store.samhsa.gov/product/assertive-community-treatment-act-evidence-based-practices-ebp-kit/sma08-4344*.

(10) Teams must meet at least two days per week to discuss the progress of each member.

(11) MCT teams may be reimbursed for the weekly rate for a core MCT member, up to four consecutive weeks, who is hospitalized or in an inpatient setting provided the following are met:

(a) Services provided must not duplicate services that are available and/or provided in the hospital/inpatient setting;

(b) Services provided must be focused on the member's transition to the community;

(c) MCT teams must make contact at least twice throughout the member's hospital/inpatient stay with inpatient staff to discuss the member's continuum of care, including admission and discharge planning. These contacts are per individual admission to inpatient hospitalization, and can be provided through telephone, audiovisual, or face-to-face; and

(d) Member is discussed at team meetings each week.

(12) If the MCT member is not hospitalized or in an inpatient setting and the MCT member is unable to receive the weekly contacts, MCT teams may still be reimbursed at the weekly

rate, up to two consecutive weeks, before the member must be reassessed for appropriateness for this level of care if the following conditions are met:

(a) The provider must document all efforts to engage the MCT member which must include community outreach, telephonic outreach, and any other form of attempted contacts;

(b) Member must continue to meet the medical necessity criteria for MCT services; and

(c) Member is discussed at team meetings each week.

(13) The exception in (12) can occur multiple times during a member's course of treatment.

Utilization Management

(1) Prior authorization is required and may be approved for up to 270 days.

(2) Continued stay reviews are required every 270 days.

(3) The provider must document in the file of the member that the member meets the medical necessity criteria.

(4) For continued stays, the member must meet the following criteria:

(a) Member continues to meet the SDMI criteria as defined in this manual;

(b) Member continues to meet the high level of impairment required for MCT services;

(c) Member is assessed to not be at risk of imminent danger to self or others, as defined in 53-21-102, MCA (7)(a)(b), as an "emergency situation";

(d) Member is willing and able to continue participation in MCT services; and

(e) Member also meets at least one of the following:

(i) Member has not achieved the desired outcome(s) of their treatment plan, which continues to address the medical necessity deficiencies;

(ii) Member's level of functioning has not been restored, improved, or sustained over the time frame outlined in the individual treatment plan;

(iii) Member has achieved current individual treatment plan goals, but additional goals are indicated as evidenced by documented symptoms;

(iv) Member is making satisfactory progress towards meeting goals and there is documentation that supports the continuation of MCT services shall be effective in addressing the goals outlined in the individualized treatment plan; or

(v) Member is failing to make progress, or shows regression in meeting goals, though

interventions and modifications have been made in the treatment plan to continue to address medical necessity deficiencies.