

Posted online for public comment on August 9, 2021

**Medicaid State Plan Amendment
Effective September 1, 2021**

On or before September 30, 2021, the Montana Department of Public Health and Human Services (DPHHS) is submitting the following Medicaid State Plan Amendment effective September 1, 2021.

DPHHS's Children's Mental Health Bureau worked in collaboration with the mental health centers to review the Early Periodic Screening, Diagnosis and Treatment State Plan Comprehensive School and Community Treatment (CSCT) benefit and is proposing the following programmatic changes to enhance the quality of services provided to youth and families:

1. **Medical necessity criteria.** A youth is eligible for CSCT services based on severity of need as indicated by a score of moderate or higher in their functioning and/or family relationships as determined by a standardized assessment tool.
2. **Increased reimbursement rates for providers of CSCT services.** DPHHS proposes to adopt and incorporate by reference a revised fee schedule, dated September 1, 2021, which reflects a reimbursement rate of a \$96 daily rate. In order to promote increased statewide access to the CSCT service and address the additional costs a provider incurs when serving remote communities, the revised fee schedule includes a frontier differential payment of 115% of the proposed rate, resulting in a rate of \$110.40 daily. Providers rendering CSCT services to a youth residing in a Montana county with a per capita population of fewer than six people per square mile will be eligible to receive the frontier differential. Forty-six of Montana's 56 counties will qualify for the frontier differential.
3. **Reimbursement limits.** One CSCT team will be limited to reimbursement for no more than 360 service days each month.
4. **Service requirements.** DPHHS proposes eliminating the requirement for the CSCT clinician to provide 40% of the billable service. Three core services must be provided to each youth by a CSCT clinician per month.
5. **Core service requirements.** DPHHS proposes to implement core service requirements for daily rate. A youth must receive service from a CSCT provider for a minimum of 30 minutes to be eligible for billing the daily rate. Core services include intake and/or annual assessment, individual therapy, family therapy, group psychotherapy or psychoeducation, behavioral interventions, crisis response during typical working hours, and care coordination. Care coordination may only be considered a core service and be billable if two other core services are provided within that week (Monday-Sunday). Care coordination does not include documentation time.
6. **CSCT team structure.** One team of up to three staff may work between two schools. The CSCT team must consist of one clinician and up to two behavioral aides. The behavioral aides must be assigned to one school while the clinician may work between two buildings, except for non-school days or crisis situations.

7. **School collaboration.** The expectation that provider leadership meets with school administration will be adjusted from every 90 days to four times annually.
8. **Continuous treatment.** During the summer, the provider will document in the youth's medical record the reason why the youth did not receive services as well as an overview of attempts to engage the youth and family.
9. **Personnel training.** The training requirements will be adjusted to include trauma-informed practices and topics supportive of staff increasing competency in working with youth with serious emotional disturbance.
10. **Funding Mechanism.** State match for the CSCT service will be provided by Local Education Agencies (LEAs). LEAs will be notified of required match monthly, submit required state match to the Office of Public Instruction (OPI). At this time, the OPI will transfer the state match funds to the State's Medicaid agency, DPHHS, to draw down Medicaid match and pay claims to LEAs.

The CSCT change will potentially increase access to CSCT services for all youth.

The total estimated annual fiscal impact of this amendment is \$5,400,941. We invite your public comments and questions postmarked **through August 21, 2021**. You may direct comments to Mary Eve Kulawik, Medicaid State Plan Amendment and Waiver Coordinator, at (406) 444-2584 or mkulawik@mt.gov; or Director's Office, PO Box 4210, Helena MT 59604-4210.