	Behavioral Health and Developmental Disabilities (BHDD) Division
DPHHS	Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health
DEPARTMENT OF	Date effective:
PUBLIC HEALTH & HUMAN SERVICES	March 8, 2025
Policy Number:	Subject:
230	Integrated Service Delivery and Explanation of Concurrent Service Reimbursement

The Department encourages integrated services for members who have behavioral health needs. Integrated treatment is a best practice and recommended by SAMHSA. We encourage services with bundled reimbursement to provide integrated care to address the full person.

Many of the services have bundled rates. Bundled rates include multiple service components for a single rate, typically provided on a daily or per diem schedule. Medicaid does not allow concurrent reimbursement of services that share any service components because of Federal Medicaid regulations which prohibit duplicative billing. Services must not be provided to a member at the same time as another service if the service is the same in nature and scope regardless of funding source, including federal, state, local, and private entities. This does not prohibit members who have co-occurring diagnoses from receiving both mental health services and SUD treatment. This encourages integrated service delivery through the provision of cooccurring mental health services and SUD treatment to members with co-occurring disorders and prohibits the separate reimbursement for duplicative services outside of the bundled rate.

Please reference each service section for services that are provided as part of a bundled service rate and may not be reimbursed separately to ensure duplicate billing does not occur. If a provider has questions regarding duplicative billing, please contact BHDD for assistance in determining if a concurrent service is duplicative to prevent Medicaid recovery for duplicate billing.

Service	May Not be Reimbursed	Note/Exceptions
	Concurrently	-
Mental Health Targeted Case Management (TCM) Policy 405	<ul> <li>Acute Inpatient Hospital</li> <li>Adult Foster Care (AFC)</li> <li>Behavioral Health Group Home (BHGH)</li> <li>Crisis Receiving and Stabilization Program</li> <li>CMP</li> <li>MCT</li> <li>Mobile Crisis Care Coordination</li> <li>PACT</li> <li>Partial Hospitalization Program (PHP)</li> <li>SUD ASAM 2.5, 3.2WM, 3.3, 3.5, and 3.7</li> <li>**Other care/case management programs</li> </ul>	**Care/case management services and programs include those listed under ARM 37.86.3305, as well as other case management, care management, and care coordination, etc. (e.g., home and community-based services). TCM may be provided up to 180 days of a covered stay in a medical institution if provided for the purpose of transition into the community.
Illness Management and Recovery Services (IMR) Policy 410	<ul> <li>BHGH</li> <li>CBPRS</li> <li>Crisis Receiving and Stabilization Program</li> <li>Day Treatment</li> <li>CMP</li> <li>MCT</li> <li>PACT</li> </ul>	
Certified Behavioral Health Peer Support Services (CBHPS) Policy 415	<ul> <li>Acute Inpatient Hospital</li> <li>BHGH</li> <li>CMP</li> <li>MCT</li> <li>PACT</li> <li>PHP</li> <li>SUD CBHPSS</li> </ul>	
Community-Based Psychiatric Rehabilitation Support Services (CBPRS) Policy 420	<ul> <li>BHGH</li> <li>Day Treatment</li> <li>CMP</li> <li>MCT</li> <li>PACT</li> <li>PHP</li> <li>SUD ASAM 2.5, 3.1*, 3.2WM, 3.3, 3.5, 3.7, and 3.7WM</li> </ul>	*CBPRS may not be provided by on-site residential staff. Only billable concurrently if performed by separate and distinct staff, not those required under licensure.
Mental Health (MH) Outpatient (OP) Therapy – Individual and Group Policy 425	<ul> <li>Acute Inpatient Hospital</li> <li>BHGH</li> <li>Crisis Receiving and Stabilization Program</li> <li>CMP</li> <li>MCT</li> <li>Mobile Crisis Response Services</li> <li>PACT</li> <li>PHP</li> </ul>	

Service	May Not be Reimbursed Concurrently	Note/Exceptions
Dialectical Behavior Therapy (DBT) Policy 430	<ul> <li>Acute Inpatient Hospital</li> <li>BHGH</li> <li>CMP</li> <li>MCT</li> <li>PACT</li> <li>PHP</li> </ul>	
Day Treatment (Day TX) Policy 435	<ul> <li>Acute Inpatient Hospital</li> <li>CBPRS</li> <li>Crisis Receiving and Stabilization Program</li> <li>MH OP Therapy (group)</li> <li>Mobile Crisis Response Services</li> <li>PHP</li> <li>SUD 3.2WM, 3.3, 3.5, and 3.7</li> </ul>	*Day Treatment is reimbursable concurrently with PACT/MCT/CMP services provided PACT/MCT/CMP contacts are provided outside day treatment hours.
Adult Foster Care (AFC) Policy 440	<ul> <li>Acute Inpatient Hospital</li> <li>BHGH</li> <li>CMP</li> <li>MCT</li> <li>Mobile Crisis Care Coordination</li> <li>Mobile Crisis Response Services</li> <li>PACT</li> <li>PHP</li> <li>SUD ASAM 3.1, 3.2WM, 3.3, 3.5, and 3.7</li> <li>**Other care/case management programs</li> </ul>	**Care/case management services and programs include those listed under ARM <u>37.86.3305</u> , as well as other case management, care management, and care coordination, etc. (e.g., home and community-based services). TCM may be provided up to 180 days of a covered stay in a medical institution if provided for the purpose of transition into the community.
Behavioral Health Group Home (BHGH) Policy 445	<ul> <li>Acute Inpatient Hospital</li> <li>AFC</li> <li>CBHPSS</li> <li>CBPRS</li> <li>Crisis Receiving and Stabilization Program</li> <li>DBT</li> <li>CMP</li> <li>MCT</li> <li>MH Outpatient Therapy</li> <li>Mobile Crisis Care Coordination</li> <li>Mobile Crisis Response Services</li> <li>PACT</li> <li>PHP</li> <li>SUD ASAM 3.1, 3.2WM, 3.3, 3.5, and 3.7</li> <li>**Other care/case management programs</li> </ul>	**Care/case management services and programs include those listed under ARM <u>37.86.3305</u> , as well as other case management, care management, and care coordination, etc. (e.g., home and community-based services). TCM may be provided up to 180 days of a covered stay in a medical institution if provided for the purpose of transition into the community.

Service	May Not be Reimbursed Concurrently	Note/Exceptions
Crisis Receiving and Stabilization Program Policy 450	<ul> <li>Acute Inpatient Hospital</li> <li>AFC</li> <li>BHGH</li> <li>Day Treatment</li> <li>IMR</li> <li>MH Outpatient Therapy</li> <li>Mobile Crisis Care Coordination</li> <li>Mobile Crisis Response Services</li> <li>PHP</li> <li>SUD 3.2WM and 3.7</li> <li>**Other care/case management programs</li> </ul>	**Care/case management services and programs include those listed under ARM <u>37.86.3305</u> , as well as other case management, care management, and care coordination, etc. (e.g., home and community-based services). TCM may be provided up to 180 days of a covered stay in a medical institution if provided for the purpose of transition into the community.
Mobile Crisis Response Services Policy 452	<ul> <li>Acute Inpatient Hospital</li> <li>AFC</li> <li>BHGH</li> <li>Crisis Receiving &amp; Stabilization Services</li> <li>Day Treatment</li> <li>IMR</li> <li>CMP</li> <li>MCT</li> <li>MH and SUD Outpatient Therapy</li> <li>*Mobile Crisis Care Coordination</li> <li>PACT</li> <li>PHP</li> <li>SUD ASAM 2.1, 2.5, 3.1, 3.2WM, 3.3, 3.5, and 3.7</li> <li>**Other care/case management programs</li> </ul>	Mobile Crisis Response Services cannot be provided to members in a hospital or facility setting. If the member is not in a facility at the time of the response and instead in the community, services would be reimbursable. **Care/case management services and programs include those listed under ARM <u>37.86.3305</u> , as well as other case management, care management, and care coordination, etc. (e.g., home and community-based services). TCM may be provided up to 180 days of a covered stay in a medical institution if provided for the purpose of transition into the community.
Mobile Crisis Care Coordination Policy 454	<ul> <li>Acute Inpatient Hospital</li> <li>AFC</li> <li>BHGH</li> <li>Crisis Receiving &amp; Stabilization Program</li> <li>CMP</li> <li>MCT</li> <li>Mobile Crisis Response Services</li> <li>PACT</li> <li>PHP</li> <li>SUD ASAM 2.1, 2.5, 3.1, 3.2WM, 3.3, 3.5, and 3.7</li> <li>**Other care/case management programs</li> </ul>	**Care/case management services and programs include those listed under ARM <u>37.86.3305</u> , as well as other case management, care management, and care coordination, etc. (e.g., home and community-based services). TCM may be provided up to 180 days of a covered stay in a medical institution if provided for the purpose of transition into the community.

Service	May Not be Reimbursed Concurrently	Note/Exceptions
Montana Community Treatment (MCT) Policy 455	<ul> <li>AFC</li> <li>BHGH</li> <li>CBPRS</li> <li>DBT</li> <li>IMR</li> <li>Mental Health and SUD CBHPSS</li> <li>Mental Health and SUD Outpatient Therapy</li> <li>Mobile Crisis Response Services</li> <li>Mobile Crisis Care Coordination</li> <li>PACT</li> <li>CMP</li> <li>PHP</li> <li>SUD ASAM 2.1, 2.5, 3.1, 3.2WM, 3.3, and 3.5</li> <li>SUD Psychosocial Rehabilitation</li> <li>**Other care/case management programs</li> </ul>	**Care/case management services and programs include those listed under ARM <u>37.86.3305</u> , as well as other case management, care management, and care coordination, etc. (e.g., home and community-based services). TCM may be provided up to 180 days of a covered stay in a medical institution if provided for the purpose of transition into the community.
Program for Assertive Community Treatment (PACT) Policy 460	<ul> <li>AFC</li> <li>BHGH</li> <li>CBPRS</li> <li>DBT</li> <li>IMR</li> <li>MCT</li> <li>CMP</li> <li>Mental Health and SUD CBHPSS</li> <li>MH and SUD Outpatient Therapy</li> <li>Mobile Crisis Care Coordination</li> <li>Mobile Crisis Response Services</li> <li>PHP</li> <li>SUD ASAM 2.1, 2.5, 3.1, 3.2WM, 3.3, and 3.5</li> <li>SUD Psychosocial Rehabilitation</li> <li>**Other care/case management programs</li> </ul>	**Care/case management services and programs include those listed under ARM <u>37.86.3305</u> , as well as other case management, care management, and care coordination, etc. (e.g., home and community-based services). TCM may be provided up to 180 days of a covered stay in a medical institution if provided for the purpose of transition into the community.
Acute Partial Hospital Program (PHP) Policy 465	<ul> <li>All Mental health and SUD services</li> </ul>	
Acute Inpatient Hospital Services Policy 470	<ul> <li>All Mental Health and SUD services, except PACT/MCT*TCM*</li> </ul>	*PACT, MCT can be provided up to 30 days provided the team is maintaining coordination for continuity of care and staffing the member as require by policy. *TCM may be provided up to 180 days of a covered stay in a medical institution if provided for the purpose of transition into the community.

Service	May Not be Reimbursed	Note/Exceptions
	Concurrently	•
Community Maintenance Program (CMP) Policy 486	<ul> <li>AFC</li> <li>BHGH</li> <li>CBPRS</li> <li>DBT</li> <li>IMR</li> <li>Mental Health and SUD CBHPSS</li> <li>Mental Health and SUD Outpatient Therapy</li> <li>Mobile Crisis Response Services</li> <li>Mobile Crisis Care Coordination</li> <li>MCT</li> <li>PACT</li> <li>PHP</li> <li>SUD ASAM 2.1. 2.5, 3.1, 3.2WM, 3.3, and 3.5</li> <li>SUD Psychosocial Rehabilitation</li> <li>**Other care/case management programs</li> </ul>	**Care/case management services and programs include those listed under ARM 37.86.3305, as well as other case management, care management, and care coordination, etc. (e.g., home and community-based services). TCM may be provided up to 180 days of a covered stay in a medical institution if provided for the purpose of transition into the community.
Specimen Collection for SUD Drug Testing Policy 505	<ul> <li>Acute Inpatient Hospital</li> <li>PHP</li> </ul>	
SUD Targeted Case Management (TCM) Policy 510	<ul> <li>Acute Inpatient Hospital</li> <li>AFC</li> <li>BHGH</li> <li>Crisis Receiving &amp; Stabilization Program</li> <li>CMP</li> <li>MCT</li> <li>Mobile Crisis Care Coordination</li> <li>PACT</li> <li>PHP</li> <li>SUD ASAM 2.5, 3.2WM, 3.3, 3.5, and 3.7</li> <li>**Other care/case management programs</li> </ul>	**Care/case management services and programs include those listed under <u>ARM</u> <u>37.86.3305</u> , as well as other case management, care management, and care coordination, etc. (e.g., home and community-based services). TCM may be provided up to 180 days of a covered stay in a medical institution if provided for the purpose of transition into the community.

Service	May Not be Reimbursed Concurrently	Note/Exceptions
SUD Certified Behavioral Health Peer Support (CBHPS) – Adult Policy 515	<ul> <li>Acute Inpatient Hospital</li> <li>BHGH</li> <li>CMP</li> <li>MCT</li> <li>PACT</li> <li>PHP</li> <li>MH CBHPSS</li> </ul>	
SUD Outpatient (OP) Therapy (ASAM 1.0) – Adult & Adolescent Policy 520	<ul> <li>Acute Inpatient Hospital</li> <li>CMP</li> <li>MCT</li> <li>PACT</li> <li>PHP</li> <li>SUD ASAM 2.1, 2.5, 3.1, 3.2WM, 3.3, 3.5, and 3.7</li> </ul>	
SUD Intensive Outpatient (IOP) Services (ASAM 2.1) – Adult & Adolescent Policy 525	<ul> <li>Acute Inpatient Hospital</li> <li>CBPRS</li> <li>CMP</li> <li>MCT</li> <li>Mobile Crisis Response Services</li> <li>PACT</li> <li>PHP</li> <li>SUD Outpatient Therapy</li> <li>SUD ASAM 2.5, 3.1, 3.2WM, 3.3, 3.5, and 3.7</li> </ul>	
SUD Partial Hospitalization (ASAM 2.5) – Adult & Adolescent Policy 530	<ul> <li>Acute Inpatient Hospital</li> <li>CBPRS</li> <li>CMP</li> <li>MCT</li> <li>Mobile Crisis Response Services</li> <li>PACT</li> <li>SUD Outpatient Therapy</li> <li>PHP</li> <li>ASAM 2.1, 3.1, <u>3.2W</u>M, 3.3, 3.5, and 3.7</li> <li>**Other care/case management programs</li> </ul>	**Care/case management services and programs include those listed under ARM <u>37.86.3305</u> , as well as other case management, care management, and care coordination, etc. (e.g., home and community-based services). TCM may be provided up to 180 days of a covered stay in a medical institution if provided for the purpose of transition into the community.

Service	May Not be Reimbursed	Note/Exceptions
SUD Clinically Managed Low- Intensity Residential (ASAM 3.1) – Adult & Adolescent Policy 535	<ul> <li>Concurrently</li> <li>Acute Inpatient Hospital</li> <li>AFC</li> <li>BHGH</li> <li>CBPRS*</li> <li>CMP</li> <li>MCT</li> <li>Mobile Crisis Response Services</li> <li>PACT</li> <li>SUD Outpatient Therapy</li> <li>PHP</li> <li>SUD ASAM 2.1, 2.5, 3.2WM, 3.3, 3.5, and 3.7</li> </ul>	*CBPRS may not be provided by on-site residential staff. Only billable concurrently if performed by separate and distinct staff, not those required under licensure.
SUD Clinically Managed Residential Withdrawal Management (ASAM 3.2WM) – <i>Adult</i> Policy 536	<ul> <li>Acute Inpatient Hospital</li> <li>AFC</li> <li>BHGH</li> <li>CBPRS</li> <li>Crisis Receiving &amp; Stabilization Program</li> <li>Day Treatment</li> <li>CMP</li> <li>MCT</li> <li>Mobile Crisis Care Coordination</li> <li>Mobile Crisis Response Services</li> <li>PACT</li> <li>SUD Outpatient Therapy</li> <li>PHP</li> <li>SUD ASAM 2.1, 2.5, 3.1, 3.3, 3.5 and 3.7</li> <li>**Other care/case management programs</li> </ul>	**Care/case management services and programs include those listed under ARM <u>37.86.3305</u> , as well as other case management, care management, and care coordination, etc. (e.g., home and community-based services). TCM may be provided up to 180 days of a covered stay in a medical institution if provided for the purpose of transition into the community.
SUD Clinically Managed Population-specific High-Intensity Residential (ASAM 3.3) – Adult Policy 537	<ul> <li>Acute Inpatient Hospital</li> <li>AFC</li> <li>BHGH</li> <li>CBPRS</li> <li>Day Treatment</li> <li>CMP</li> <li>MCT</li> <li>Mobile Crisis Care Coordination</li> <li>Mobile Crisis Response Services</li> <li>PACT</li> <li>SUD Outpatient Therapy</li> <li>PHP</li> <li>SUD ASAM 2.1, 2.5, 3.1, 3.2WM, 3.5 and 3.7</li> <li>**Other care/case management programs</li> </ul>	**Care/case management services and programs include those listed under ARM <u>37.86.3305</u> , as well as other case management, care management, and care coordination, etc. (e.g., home and community-based services). TCM may be provided up to 180 days of a covered stay in a medical institution if provided for the purpose of transition into the community.

Service	May Not be Reimbursed Concurrently	Note/Exceptions
SUD Clinically Managed High- Intensity Residential (ASAM 3.5) – <i>Adult</i> Policy 540	<ul> <li>Acute Inpatient Hospital</li> <li>AFC</li> <li>BHGH</li> <li>CBPRS</li> <li>Day Treatment</li> <li>CMP</li> <li>MCT</li> <li>Mobile Crisis Care Coordination</li> <li>Mobile Crisis Response Services</li> <li>PACT</li> <li>SUD Outpatient Therapy</li> <li>PHP</li> <li>SUD ASAM 2.1, 2.5, 3.1, 3.2WM, 3.3, and 3.7</li> <li>**Other care/case management programs</li> </ul>	**Care/case management services and programs include those listed under ARM <u>37.86.3305</u> , as well as other case management, care management, and care coordination, etc. (e.g., home and community-based services). TCM may be provided up to 180 days of a covered stay in a medical institution if provided for the purpose of transition into the community.
SUD Medically Monitored Intensive Inpatient (ASAM 3.7) – Adult SUD Medically Monitored High- Intensity Inpatient (ASAM 3.7) – Adolescent Policy 545	<ul> <li>Acute Inpatient Hospital</li> <li>AFC</li> <li>BHGH</li> <li>CBPRS</li> <li>Crisis Receiving &amp; Stabilization Program</li> <li>Day Treatment</li> <li>CMP</li> <li>MCT</li> <li>Mobile Crisis Care Coordination</li> <li>Mobile Crisis Response Services</li> <li>PACT</li> <li>PHP</li> <li>SUD ASAM 2.1, 2.5, 3.1, 3.2WM, 3.3, and 3.5</li> <li>SUD Outpatient Therapy</li> <li>**Other care/case management programs</li> </ul>	**Care/case management services and programs include those listed under ARM <u>37.86.3305</u> , as well as other case management, care management, and care coordination, etc. (e.g., home and community-based services). TCM may be provided up to 180 days of a covered stay in a medical institution if provided for the purpose of transition into the community.